

Al-Shifa Medical Centre

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Al-Shifa Medical Centre on 1 December 2015. Overall, the practice is rated as good.

Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed, with the exception of those relating to recruitment checks and some aspects of infection control practices.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment. However, there were some gaps in staff training.
- The practice was proactive in monitoring and improving its performance. This included monitoring medicine prescribing costs and unplanned admissions to A&E.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Patients were complimentary about the staff at the practice.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. Telephone consultations were also available.
- Information about services and how to complain was available and easy to understand.
- The practice had facilities and equipment to treat patients and meet their needs.
- There was an awareness of where the practice needed to improve the services it provided.

Summary of findings

The areas where the provider should make improvement are:

Importantly the provider must:

- Ensure recruitment arrangements include all the required pre-employment checks for all staff.
- Improve infection control procedures to ensure cleaning procedures, cleaning equipment and storage minimise any potential risk of the spread of infection. All products used for cleaning require a control of substances hazardous to health (COSHH) risk assessment to be in place.

In addition the provider should:

- Ensure there is an auditable system for monitoring the recording of the receipt of electronic prescription paper and the serial numbers on blank hand written prescription pads held in storage and maintain a record of their allocation to each GP.
- Ensure records that monitor the expiry dates of medicines held by the practice, include the name of the medicine and the amount of stock held on the premises.
- Ensure staff receive training relevant to their role and responsibilities including chaperone and infection control training and understanding the importance of the cold chain when storing medicines in the refrigerator.
- Ensure a planned programme of clinical and internal audits is established to enable the practice to monitor quality consistently and to make improvements as required quickly.
- Record a business plan with priorities and strategies to provide focus and clarity on the development of the service and allow the whole staff team to contribute to the development of the practice

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requiring improvement for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough. For example, recruitment procedures had not been followed for all staff and there were gaps in the infection control procedures

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice at a similar level or above both local and national averages for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Good



Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had appropriate facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

The practice is rated as good for being well-led.

- The practice was a family run practice going through a period of transition where the founding GP partner was slowly stepping back allowing the next generation to take the lead.
- There was a leadership structure in place and staff felt supported by management. The practice had a number of policies and procedures to govern activity.
- The practice was aware of and complied with the requirements of the Duty of Candour. The practice encouraged a culture of openness and honesty. The practice had systems in place for reporting and responding to notifiable safety incidents.
- The practice proactively sought feedback from patients, which it acted on. The patient participation group was active.
- The practice was aware of the areas of development within the service they provided and were taking action to address this.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Care plans were in place for those patients considered at risk of unplanned admission to hospital.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

- The GP partners had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. A practice nurse worked half a day each week to support the GP partners.
- The practice maintained and monitored registers of patients with long term conditions including cardiovascular disease, diabetes, asthma and chronic obstructive pulmonary disease. These registers enabled the practice to monitor and review patient conditions effectively and patients at risk of hospital admission were identified as a priority. For example Diabetes prevalence for the practice was 9.9% compared with the CCG average of 5.7% and England average of 6.2%, (Quality and Outcomes Framework (QOF) data 2013/14).
- Longer appointments and home visits were available when needed. The practice offered evening appointments to people with a long-term condition and those who worked through the day.
- Patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.

Good



Summary of findings

- Immunisation rates were similar to the Clinical Commissioning Group (CCG) rates for all standard childhood immunisations.
- Cervical screening rates from 2013/14 for women aged 25-64 was 60.2% which was below the CCG 72.2% and England 76.9% average. The practice was aware of this and used direct contact to encourage women to attend for this screening.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- A breast feeding room was available when required.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, the practice was open until 8pm on Mondays.
- The practice provided some online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice supported potentially vulnerable patients such as those who were homeless and transgender patients.
- It offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- 83.3% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months (QOF 2013/14 data). This was higher than the Clinical Commission Group and England average.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support people with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The National GP Patient Survey results were published on 2 July 2015. The results showed the practice was performing above the local and national averages for accessing the service.

445 survey forms were distributed; the response rate was 17% with 77 forms returned.

The feedback responses showed:

- 86% found it easy to get through to this surgery by phone compared to a CCG average of 67% and a national average of 73%.
- 93% found the receptionists at this surgery helpful (CCG average 85%, national average 87%).
- 86% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 96% said the last appointment they got was convenient (CCG average 92%, national average 92%).
- 87% described their experience of making an appointment as good (CCG average 69%, national average 73%).

- 35% usually waited 15 minutes or less after their appointment time to be seen (CCG average 62%, national average 65%).

As part of our inspection, we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 25 comments cards all were positive about the standard of care received, praising the GPs and reception staff team. Five comment cards referred to issues that they believed could be improved on such as the long wait for their appointment and the contact telephone number (0844 number). In all we spoke with 13 patients during the inspection, three were also members of the patient participation group. We also spoke with one carer who was not a patient. All were extremely complimentary about the quality of care and treatment they received. They confirmed they were satisfied with appointment access and they liked that they received continuity of care. They confirmed that staff were approachable, committed and caring.

Areas for improvement

Action the service **MUST** take to improve

- Ensure recruitment arrangements include all the required pre-employment checks for all staff.
- Improve infection control procedures to ensure cleaning procedures, cleaning equipment and storage minimise any potential risk of the spread of infection. All products used for cleaning require a control of substances hazardous to health (COSHH) risk assessment to be in place.

Action the service **SHOULD** take to improve

- Ensure there is an auditable system for monitoring the recording of the receipt of electronic prescription paper and the serial numbers on blank hand written prescription pads held in storage and maintain a record of their allocation to each GP.

- Ensure the records which monitor the expiry dates of medicines held by the practice, detail the name of the medicine and the amount of stock held on the premises.
- Ensure staff receive training relevant to their role and responsibilities including chaperone training, infection control and understanding the importance of the cold chain when storing medicines in the refrigerator.
- Ensure a planned programme of clinical and internal audits is established to enable the practice to monitor quality consistently and to make improvements as required quickly.
- Record a business plan with priorities and strategies to provide focus and clarity on the development of the service and allow the whole staff team to contribute to the development of the practice.

Al-Shifa Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor and an Expert by Experience.

Background to Al-Shifa Medical Centre

The Al-Shifa Medical Centre is part of the NHS South Manchester Clinical Commissioning Group (CCG). Services are provided under a general medical service (GMS) contract with NHS England. The practice has approximately 2850 (data provided by the practice) patients on their register.

Information published by Public Health England rates the level of deprivation within the practice population group as three on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Male and female life expectancy in the practice geographical area is below the England average for males at 76 years and 80 years for females (England average 79 and 83 respectively).

National data showed that the percentage of patients within the different age ranges were similar or lower than the Clinical Commissioning Group (CCG) and England averages. Data from 2014/15 showed that 15.7% of the patient population was unemployed compared to the CCG average of 7.3% and the England average of 4.9%. The GP partners told us that they accepted patients from a wide geographical area and usually kept patients on their register even when they moved out of area.

The practice is a family run business. The GP partners are father and daughter and the practice manager is the wife of the senior partner. The practice employs one long term locum GP (male) and one practice nurse, both work half a day per week. There are also three reception staff.

The practice is a teaching practice and supports undergraduate medical students. Manchester University has recently awarded the practice a bronze award for their "Quality Teaching" of undergraduate medical students.

The practice opens Monday, Tuesday, Thursday and Friday from 8.30am to 6pm. The practice is open until 8pm on Mondays and on Wednesdays is open from 8.30 am to 12.30pm. Emergency calls from 6.00pm are managed by the Out of Hours service provided by Go To Doc.

The practice provides online patient access that allows patients to book appointments.

The practice is an older property that has been adapted to allow access to people with disabilities. A refurbishment plan to update the practice is in place with a provisional commencement date for this in early 2016.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 1 December 2015.

During our visit we:

- Spoke with a range of staff including the lead GP, the practice manager and all three reception staff. We spoke by telephone with the practice nurse the day after the inspection.
- Spoke with 13 patients including three members of the patient participation group. We spoke with one carer who was supporting a relative.
- Observed how people were being cared for and observed the practice's systems for recording patient information.
- Reviewed work place records and staff records.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was an incident recording form which was available to all staff in the reception office.
- Records provided by the practice showed that there had only been three significant events in the last 12 months. These were analysed and the outcome of the analysis and investigation recorded. Action points to prevent reoccurrence were also recorded.
- Documented evidence confirmed that incidents were appropriately reported. Staff we spoke with all said that there was an open and 'no blame' culture at the practice that encouraged them to report adverse events and incidents.
- We were told that following a serious untoward event investigation that the outcome and actions were shared between the small team of clinicians informally and this was not always recorded formally within clinical meetings.

Overview of safety systems and processes

Some of the practice's systems and processes kept people safe and safeguarded from abuse, but some systems needed to be improved.

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined whom to contact for further guidance if staff had concerns about a patient's welfare. Staff were trained to the required level in safeguarding children. The registered manager was the lead GP for safeguarding. The GP attended external safeguarding meetings, and told us that the practice had been commended for their attendance at these meetings. Reports were also provided to other agencies as required. Staff demonstrated they understood their responsibilities in relation to safeguarding.
- A notice in the waiting room advised patients that chaperones were available upon request. Reception

staff confirmed that they undertook this role on occasion but had not received specific training for this role. The reception staff had received a disclosure and barring check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The practice maintained appropriate standards of cleanliness. We observed the premises to be clean and tidy. The lead partner GP was the lead for infection control practices at the surgery. There was an infection control protocol in place and we saw evidence that an infection control audit had been undertaken. One staff member we spoke with said they had not received training in some aspects of infection control such as specimen handling. In addition, the cleaning equipment and storage we viewed did not follow good practice guidelines for infection control requirements. For example, cleaning equipment was not colour coded. A control of substances hazardous to health (COSHH) risk assessment was reported to be in place for a cleaning agent used but other products did not have a risk assessment in place.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Fridge temperatures were monitored twice daily by reception staff. This check ensures medicines such as immunisations and vaccinations are stored at the correct temperature so that they remain viable for use. The reception staff knew to report to the GP any deviance of temperature outside the specific range of two to eight degrees centigrade. However, they were not aware why it was important to monitor these temperatures. Checks on the expiry dates of medicines held by the practice were undertaken monthly, however records did not detail the medicine's name or amount of stock held on the premises. The practice carried out regular medicine audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads and prescription printer paper was securely stored, however systems to record and monitor the receipt and use of these were not implemented.

Are services safe?

- We reviewed a sample of personnel files and found that appropriate recruitment checks had been undertaken prior to employment for reception staff. However, the recruitment files were not available for the locum GP or the practice nurse on the day of inspection. Therefore, we could not reassure ourselves that the practice had carried out safe recruitment checks such as a review of employment history, professional references, professional registration and DBS checks. We heard that the locum GP had worked at the practice for a number of years and within two days following the inspection a copy of the Locum GP DBS certificate was supplied to us. The practice nurse confirmed that they commenced employment at the practice earlier this year and an employment contract was dated May 2015. The practice nurse stated they had worked at the practice previously a number of years ago. A DBS certificate was supplied by the practice for the practice nurse within two days of the inspection visit. The DBS check was dated the day after the inspection visit date. Evidence of identity was also provided after the inspection but other recruitment checks required by regulation such as references and employment history were not.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and carried out fire safety checks. Electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor the safety of the premises such as Legionella.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The reception staff team had agreed set working times. They confirmed they were flexible if they needed to change their hours. The GPs worked flexibly to an agreed rota. The lead GP monitored each Friday the availability of appointments for the following week and if patient demand was high the other GP partner increased their availability to meet this demand.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There were systems in place to alert staff to an emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available.
- Emergency medicines were accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for key personnel.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The GP partners received alerts directly by email. Clinical staff confirmed they had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results (April 2013 to March 2014) showed the practice achieved 95.2% of the total number of points available, with 5.7% exception reporting. Data supplied by the practice (not yet validated) for April 2014 to March 2015 showed that practice had sustained its achievement to meet QOF targets and scored 95.88%. The practice was not an outlier for any QOF (or other national) clinical targets. QOF data from April 2013 to March 2014 showed:

- Performance for diabetes related indicators showed prevalence was 9.9%; higher than the Clinical Commissioning Group (CCG) at 5.7% and the England average of 6.2%. Exception reporting was much lower for the practice at 5.4% compared with the CCG average of 12% and England average of 8.9%. 94.7% of newly diagnosed diabetic patients were referred to an education programme within nine months compared to the CCG and England average of 84.4% and 85.4% of patients had a dietary review compared with the CCG average of 80% and the England average of 82.2%.
- The percentage of patients with hypertension having regular blood pressure tests were higher than the CCG

and the England average at 80.4%, 74.1% and 79.2% respectively. 94.3% of patients with hypertension also received a physical activity assessment compared to the CCG average of 88% and the England average of 86.3%.

- Performance for mental health related indicators were similar to CCG and national averages.
- The percentage of patients who had a diagnosis of dementia whose care had been reviewed in the last 12 months was 83.3%, which was above the CCG average of 75.5% and the England average 77%.

Clinical audits demonstrated quality improvement.

- Evidence from two completed audits was available which demonstrated improvements were implemented and monitored. For example, the audit of laxative prescribing identified some patients requiring this as an acute prescription and not a repeat prescription. An audit of pregnancy care identified a number of areas where care could be improved. The re-audit showed improvements in some aspects of the care to pregnant ladies including an increase in preconception counselling for physical and mental health conditions however further improvements were identified such as action to ensure women received the correct dose of folic acid.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. For example, data supplied by the practice produced by the CCG showed that emergency admissions to hospital for respiratory conditions between April 2015 and February 2015 for patients of the practice was the lowest when compared with the other 23 GP practices in the CCG. Alongside this data, the monitoring of medicine prescribing costs for the practice for February 2015 showed the practice had an increasing underspend (2.2%) on their medicine budget. This data indicated that patients were receiving a good standard of respiratory care and treatment, without incurring additional costs from the use of expensive medicines.
- Following a review and audit, the practice prevented local pharmacists from automatically re-ordering patient's repeat prescriptions. This resulted in patients having to request from the practice their repeat

Are services effective?

(for example, treatment is effective)

prescription, which increased patient medicine reviews and effectively reduced the practice's prescribing costs. This strategy was shared with other GP practices within the CCG.

- The practice carried out other audits including those for minor surgery to identify any trends in relation to infection rates and prevalence of pain.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- Certificates available for the practice nurse demonstrated they had role-specific training including updates for reviewing patients with long-term conditions and taking samples for the cervical screening programme.
- Staff were supported to develop their skills and abilities. For example, one reception staff member was the designated non clinical lead for supporting patients with cancer and had attended a training session on this.
- The learning needs of staff were identified through a system of appraisals and meetings. Staff confirmed that the 'family' practice made it easy to discuss personal development needs, issues and concerns quickly and easily in an informal way. All staff had had an appraisal within the last 12 months.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services. The lead GP explained that

they called physicians directly if they needed to discuss or refer a patient for secondary care. This they explained was quicker and the appropriate treatment or referral improved patients' outcomes.

- Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. Multi-disciplinary team meetings took place on a regular basis.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme (2013/14 QOF) was 60.2%. This was significantly below the CCG average of 72.2% and the national average of 76.9%. The practice was aware of this shortfall and advised that the low uptake was due to the diverse cultural beliefs of the patient population. GPs told us that they tried to encourage patients to attend for the screening and the uptake rate was improving slowly. Verbal information provided on the day of inspection identified uptake to be 63%.

The practice also encouraged its patients to attend national screening programmes for bowel and breast

Are services effective?

(for example, treatment is effective)

cancer screening. One staff member was the non clinical lead for the bowel screening programme. Their responsibilities included contacting patients who had not carried out the test to discuss the benefits of the screening.

Childhood immunisation rates for the vaccinations given were similar or slightly below CCG averages. For example, data from 2014/15 showed childhood immunisation rates for the vaccinations given to under two year olds ranged from 100% to 72% and five year olds from 91.7% to 66.7%.

Flu vaccination rates (September 2013 to January 2014) for the over 65s were 67.48% which was slightly below national average of 73.24%, and at risk groups 71.34% which was considerably higher than the national average of 52.29%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- A private quiet room was available for breast feeding mums.

All 25 CQC comment cards we received were extremely positive about the service they experienced from staff including GPs, nurses and reception staff. Patients said staff were helpful, compassionate, caring and treated them with dignity and respect. Many cards described the service as excellent. A number of the comment cards stated that the GPs listened to them. Three cards stated the surgery was very busy at times with long waiting times, but comments also included the wait was worthwhile.

We also spoke with one carer and 13 patients, three of which were members of the patient participation group. All were complimentary about the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with doctors. For example:

- 91% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 94% said the GP gave them enough time (CCG average 87%, national average 87%).

- 91% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%)
- 84% said the last GP they spoke to was good at treating them with care and concern (CCG average 85%, national average 85%).
- 84% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 90%).
- 93% said they found the receptionists at the practice helpful (CCG average 85%, national average 87%)

Care planning and involvement in decisions about care and treatment

Patients told us that they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed patients were satisfied with their involvement in planning and making decisions about their care and treatment. Results were either in line with or slightly higher than local and national averages. For example:

- 86% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 85% said the last GP they saw was good at involving them in decisions about their care (CCG average 84%, national average 81%)

Staff told us that translation services were available for patients who did not have English as a first language. Practice posters and leaflets were displayed in a range of languages and patients confirmed in comment cards that translators were used when needed.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. The GP provided examples of how they supported patients with their individual circumstances to ensure they could access care and treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The GPs monitored its service delivery to improve efficiency without compromising patient care.

- The practice offered an evening surgery on a Monday for working patients who could not attend during normal opening hours.
- The practice was a small family run GP practice that offered continuity of care, which patients valued.
- Evidence provided by the practice demonstrated their responsiveness to the specific needs of individual patients. Examples included staying open later in an evening to enable specific patients to see the GP, flexibility in providing support to homeless people, and supporting people with mental health illnesses and gender reassignment.
- There were longer appointments available for people with a learning disability.
- Patients could request a telephone consultation and home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities and a quiet private breast-feeding room available.
- The practice responded proactively in providing translators and information in a wide range of languages to cater for the variety of languages spoken by its patient population.
- Refurbishment plans to improve the practice's physical environment and develop the service were in place, and plans to start the improvement were scheduled for early in 2016.
- The practice confirmed that due to contractual obligations they were tied to the provider of the 0844 telephone contact number. This contract was due to end in the first quarter of 2016 and a new telephone

system and number would be installed. To reduce the potential financial cost to patients the practice staff always offered to call patients back when they called the surgery. We observed staff doing this and a returned patient comment card confirmed this also.

Access to the service

The practice opened Monday, Tuesday, Thursday and Friday from 8.30am to 6pm, with a later surgery on Mondays until 8pm and half day closing on Wednesdays.

Urgent appointments were available each day and appointments could be booked in advance. Patients could request telephone consultations and home visits were undertaken as required.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was considerably higher than local and national averages. People told us on the day that they were able to get appointments when they needed them. Comments received regarding the long wait experienced on occasion by patients were balanced with the patients' preference to see the GP of their choice.

- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 75%.
- 86% of patients said they could get through easily to the surgery by phone (CCG average 67%, national average 73%).
- 87% of patients described their experience of making an appointment as good (CCG average 69%, national average 73%).
- 35% of patients said they usually waited 15 minutes or less after their appointment time (CCG average 62%, national average 65%).

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The main partner GP was the designated responsible person who handled all complaints in the practice.

Are services responsive to people's needs? (for example, to feedback?)

- We saw that information was available to help patients understand the complaints system.

The practice had received three formal complaints in the last year. These were acknowledged and responded to in a timely manner. Lessons were learnt from concerns and

complaints and action was taken as a result to improve the quality of care. The practice also recorded all informal complaints or grumbles and these were also used to improve service delivery.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Vision and strategy

The practice's aims and objectives were to deliver high standards of health care and advice to their patients. The practice was striving hard to ensure patient care was of a good standard. The Quality and Outcomes Framework (QOF) data and the Clinical Commissioning Group (CCG) dashboard data showed the practice was achieving their targets. However, the family run practice was going through a period of transition where the founding senior partner was taking a step back to allow his daughter and GP partner to take over the leadership of the practice with his support. Discussion with the GP partner (daughter) identified that there was a succession plan and business plan in place to develop the service provided however, this was not recorded formally. A recorded business plan with priorities and strategies to mitigate potential risks would provide focus and clarity and allow the whole staff team to contribute to the development of the practice.

Governance arrangements

The practice had an overarching governance framework, which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were available to all staff in paper format.
- Clinical and internal audits were undertaken. However a planned programme of continuous clinical and internal audit would assist the practice to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

The partners in the practice had the experience and capability to run the practice and ensure high quality care. They prioritised high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and had time to listen to them.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. Evidence from complaints and significant events showed that the practice gave affected people reasonable support, truthful information and a verbal and written apology as required.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us that the reception team meetings were held occasionally. Staff said the small staff team ensured that any issues that were identified were discussed informally on a day to day basis.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported by the partners in the practice.

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was a small active PPG, which met on occasional basis. We heard that regular planned meetings had been unsuccessful and many of the PPG came into the practice individually to discuss issues with the GP partners.

Continuous improvement

There was an awareness of where the practice needed to improve.

- The practice monitored the service it provided and benchmarked service within the CCG to ensure continuous improvement.
- The practice's contribution to undergraduate medical students training was recognised and valued.
- The practice recognised future challenges and areas for improvement, including developing the services it provided, improving staff IT skills and developing the practice website.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed The registered provider must ensure recruitment procedures are established and all information specified in Schedule 3 is available in respect of all staff employed to ensure staff are safely and effectively recruited and employed. Regulation 19 (1), (2), (3) Schedule 3
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered person must ensure cleaning equipment and storage reflect good practice guidelines to minimize the risk of the spread of infection. Cleaning products require control of substances hazardous to health (COSHH) risk assessments Regulation 12 (2) (h)