

Dr A Karim's Practice

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 Dr A Karim's Practice, also known as Ladygate Lane Surgery, on 9 March 2016. 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 a system in place for reporting and recording significant events. However, complaints relating to clinical incidents were not investigated as significant events.
- Most risks to patients were assessed and well managed, with the exception of those relating to prescribing high risk medicines.
- 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.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Data from the national GP patient survey showed that patient satisfaction with accessing care was mostly below average. Although, patients we spoke to said they found it easy to make an appointment and there was continuity of care, with urgent appointments available the same day. The practice had taken action to improve access to care and treatment.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider should make improvements are:

Summary of findings

- Review the protocols for managing patients on high risk medicines and ensure adequate safety checks are undertaken prior to prescribing these medicines.
- Review exception reporting data and recall procedures to improve the management of patients with long-term conditions.
- Ensure there is a system in place to monitor the use of prescription pads.
- Ensure the practice actively identifies and supports patients who are also carers.
- Review patient feedback, particularly from the national GP patient survey.
- Advertise that translation services are available to patients on request.
- Ensure staff are aware of the vision and strategy for 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 requires improvement for providing safe services.

- There was a system in place for reporting and recording significant events, however we noted complaints relating to clinical incidents were not investigated as significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written or verbal apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Most risks to patients who used services was assessed and well managed. However, the systems and processes to address repeat prescribing of high risk medicines was not implemented well enough to ensure patients were kept safe.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- 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 other health care professionals to understand and meet the range and complexity of patients' needs.
- Whilst data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average, the practice had higher than average exception reporting for a number of long-term conditions. This meant the management of these patients may not have been effective. We were told the practice would look into ways to improve outcomes for these patients.

Good



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice in line with local averages and below 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.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the Clinical Commissioning Group to secure improvements to services where these were identified.
- Data from the national GP patient survey showed that patient satisfaction with accessing care was mostly below average. The practice was aware of this and offered extended hour clinics and increased the number of appointments that could be booked online to offer greater flexibility to patients. Patients we spoke to said they found it easy to make an appointment and there was continuity of care, with urgent appointments available the same day.
- The practice had good 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 the practice responded to issues raised. Learning from complaints was shared with staff.

Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Although, staff were not aware of the practice's formalised vision.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

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.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The percentage of older patients registered at the practice was similar to national averages. Patients over the age of 75 represented 6% (national average 8%), and patients over the age of 85 represented 1% (national average 2%).
- All patients over the age of 75 had a named GP who was responsible for their care.
- The practice offered a range of enhanced services which included the shingles and flu vaccinations, and avoiding unplanned admissions to hospital.
- The practice was responsive to the needs of older people, and offered longer appointments, home visits and urgent appointments for those with enhanced needs.
- Monthly multidisciplinary team meetings were used to review care plans and discuss those with enhanced needs.
- The practice was part of a local integrated care programme to improve services for vulnerable adults over the age of 65, who required GP care over the weekend.
- Patients were reviewed following discharge from hospital and referrals to support services were made to prevent readmissions. For example, to social services and occupational therapy. Patients were also told how to access support services.

People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. There were, however, examples of good practice.

Requires improvement



- The percentage of patients at the practice with a long standing health condition (42%) was lower than the national average (54%).
- Patients at risk of hospital admission were identified as a priority and discussed at clinical and multidisciplinary team meetings.
- All these patients had a named GP and were invited for structured annual review to check that their health and

Summary of findings

medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

- Patients were reviewed following discharge from hospital and referrals to support services were made to prevent readmissions.
- Longer appointments and home visits were available when needed.
- However, adequate checks were not undertaken prior to prescribing patients certain high risk medicines. The practice also had higher than average exception reporting rates for many long-term conditions. This meant that whilst they were identifying patients with long-term conditions, the management of these patients may not have been effective.

Families, children and young people

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

- The percentage of patients aged zero to four (4%), aged five to 14 (12%) and under 18 (20%) was similar to national averages (6%, 11% and 21% respectively).
- 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 were invited for an appointment.
- Urgent access appointments were available for children and pregnant women who were unwell.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice offered shared antenatal and postnatal services.

Good



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 number of patients in paid work or full-time education was the same as the national average (62%).

Good



Summary of findings

- 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.
- The practice had a website and facilities to book appointments and order repeat prescriptions online.
- Telephone consultations were offered for patients who could not attend the practice. Late appointments were available from 18:30 to 19:00 on Monday, Tuesday and Friday evenings. These appointments were prioritised for working patients.
- There was a range of health promotion and screening that reflected the needs for this age group, including NHS health checks for patients aged 40 to 74.
- The practice's uptake for the cervical screening programme was 73%, which was below the CCG average of 78% and national average of 82%.

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including housebound patients, carers, those with a learning disability, and patients receiving end of life care.
- Housebound patients and those who could not access the practice were supported via home visits.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. Patients could also be referred to an in-house counsellor.
- 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.

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).

Good



- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Summary of findings

- Patients could be referred to an in-house counsellor and those with memory problems were screened and referred to a memory clinic for further assessment.
- 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 patients with mental health needs, including during times of crisis.

Summary of findings

What people who use the service say

The national GP patient survey results were published in 2016. The results showed the practice was performing in line with or below local and national averages. 348 survey forms were distributed and 125 were returned. This represented 6% of the practice's patient list.

- 63% found it easy to get through to this surgery by phone (CCG average 69%, national average of 73%).
- 70% found the receptionists at this surgery helpful (CCG average 82%, national average 87%).
- 73% were able to get an appointment to see or speak to someone the last time they tried (CCG average 81%, national average 85%).
- 86% said the last appointment they got was convenient (CCG average 88%, national average 92%).
- 57% described their experience of making an appointment as good (CCG average 67%, national average 73%).
- 84% said the GP was good at listening to them (CCG average 83%, national average 89%)

- 81% said the last GP they spoke to was good at treating them with care and concern (CCG average 78%, national average 85%).
- 78% said the last nurse they spoke to was good at listening to them (CCG average 87%, national average 91%).
- 80% said the nurse was good at treating them with care and concern (CCG average 85%, national average 91%).

We spoke with four patients during the inspection and received feedback from a member of the patient participation group. All patients said staff treated them with dignity and respect, and they felt supported in making decisions about their care and treatment. Patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

- Review the protocols for managing patients on high risk medicines and ensure adequate safety checks are undertaken prior to prescribing these medicines.

Action the service SHOULD take to improve

- Review exception reporting data and recall procedures to improve the management of patients with long-term conditions.
- Ensure there is a system in place to monitor the use of prescription pads.

- Ensure the practice actively identifies and supports patients who are also carers.
- Review patient feedback, particularly from the national GP patient survey.
- Advertise that translation services are available to patients on request.
- Ensure staff are aware of the vision and strategy for the practice.

Dr A Karim's Practice

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 adviser and a practice manager specialist advisor.

Background to Dr A Karim's Practice

Dr A Karim's Practice, also known as Ladygate Lane Surgery, provides GP led primary care services through a Primary Medical Services (PMS) contract to around 2,100 patients living in the surrounding areas of Ruislip. PMS is one of the three contracting routes that have been available to enable commissioning of primary medical services). The practice is part of NHS Hillingdon Clinical Commissioning Group (CCG).

The practice staff comprise of a GP principal (female); two salaried GPs (male and female); a practice nurse; a practice manager; and a small team of reception/administrative staff. The GPs collectively provide nine clinical sessions per week, and the nurse works 12 hours per week.

The practice is located in a converted residential property with two consulting/treatment rooms on the ground floor, and office space on the first floor. A third consulting room on the ground floor is not currently being used for clinical purposes. The ground floor of the premises is accessible by wheelchair.

The practice is open from 08:30 to 18:30 every weekday except Thursday afternoon when it closes at 13:00. Extended opening hours are available on Monday, Tuesday, and Friday evenings from 18:30 to 19:00. If patients

telephone the practice from 08:00 to 08:30 they are directed to an out-of-hours provider, who would contact the GP principal in emergency cases. Appointments can be booked in advance over the telephone, online or in person. The practice opted out of providing out-of-hours services to their patients. Outside of normal opening hours patients are directed to an out-of-hours GP, or the NHS 111 service.

The percentage of patients aged zero to four (4%), aged five to 14 (12%) and under 18 (20%) is similar to national averages (6%, 11% and 21% respectively). Patients aged 65+ represent 15% of the practice population, patients aged 75+ represent 6%, and patients aged 85+ represent 1% (national averages 17%, 8% and 2% respectively).

The percentage of people with a long standing health condition (42%) is below local and national averages (50% and 54% respectively). The average life expectancy for the practice is 81 years for males (CCG average 79, national 79) and 85 years for females (CCG average 84, national 83).

The service is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures; treatment of disease, disorder and injury; maternity and midwifery services; and surgical procedures.

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

Detailed findings

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. The provider had not been inspected before.

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 9 March 2016. During our visit we:

- Spoke with a range of staff including: the GP principal; a salaried GP; the practice manager; and two receptionists / administrators.
- Spoke with four patients who used the service.
- Received feedback from a member of the patient participation group.
- Observed how people were being cared for and talked with carers and/or family members.
- Reviewed the personal care or treatment records of patients.

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 were provided for specific groups of people and what good care looked 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 a recording form available on the practice's computer system.
- The practice carried out an analysis of the significant events.

We reviewed safety records, incident reports, and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, there was a break in the cold chain of medicines stored in the fridge. The practice contacted the manufacturers to report the incident and identify what medicines were no longer viable to use. Learning from the incident was discussed with the member of staff responsible and shared with all other staff. As a result of the incident a checklist of duties to perform when closing the practice was created for staff to complete.

There was a 'significant/critical event' protocol to help staff identify what constituted a significant event. However we noted that whilst complaints relating to clinical incidents were discussed at meetings, they were not investigated as significant events.

Safety alerts were received by the GPs and practice manager and cascaded to relevant staff. Staff were able to provide recent examples of alerts received.

We were told when there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal or written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- 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 who to contact for further guidance if staff had concerns

about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to child safeguarding level 3, the nurse to level 2, and non-clinical staff to level 1. Staff had also received training in safeguarding vulnerable adults.

- There was a chaperone policy in place and notices in the waiting room and consulting rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (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 and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who kept up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, the walls had been painted in response to the audit.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The practice had a repeat prescribing policy, however this did not refer to the prescribing of high risk medicines. We reviewed the records of patients taking the medicine methotrexate and found adequate safety checks were not undertaken prior to prescribing. For example, recent blood tests were not available on the patient record however a prescription had been issued. We immediately made the practice aware of these safety issues and were assured that the practice would look into this as a matter of urgency. Following our inspection the practice carried out an audit of patients taking methotrexate. This showed seven out of 11 patients had been issued a prescription in line with the

Are services safe?

guidelines. The practice provided the reasons why the remaining four patients had been issued a prescription, however these details were not recorded on the patients' records when we reviewed them.

- Prescription pads were securely stored although there was no system in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

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. The practice received a health and safety risk assessment in November 2015 and had taken action based on the recommendations of the report. For example, cleaning products had been moved to a secure area of the practice and all staff had completed health and safety training.
- There was a fire safety policy in place and staff had received training in fire safety. The practice had undergone a fire risk assessment and were awaiting the report for this. We were told a fire alarm was due to be installed, and in the interim hand bells were used to alert people during fire drills.
- All 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 had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. The practice were in the process of recruiting a second nurse.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice had a defibrillator, which is used in cardiac emergencies, available on the premises. We saw evidence that they had ordered medical oxygen.
- Emergency medicines were easily 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 staff.

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 practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and 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 were 98% of the total number of points available. Data from 2014/15 showed;

- Performance for diabetes related indicators was above the CCG and national average (practice 97%; CCG 86%; national 89%). Examples of the practice's performance included patients with diabetes who had a blood pressure reading in the preceding 12 months of 150/90 mmHg or less (practice 93%, CCG 90%, national 91%); and patients with diabetes with a record of a foot examination and risk classification within the last 12 months (practice 93%, CCG 86%, national 88%).
- Performance for hypertension related indicators was above the CCG and national average (practice 100%; CCG 97%; national 98%). Examples of the practice's performance included patients with hypertension who had a blood pressure reading in the preceding nine months of 150/90 mmHg or less (practice 80%, CCG 82%, national 84%).
- Performance for mental health related indicators was above the CCG and national average (practice 100%; CCG 94%; national 93%). Examples of the practice's performance included patients with schizophrenia, bipolar affective disorder and other psychoses, who had a comprehensive care plan documented (practice 100%, CCG 91%, national 88%); and patients with

schizophrenia, bipolar affective disorder and other psychoses, who have a record of alcohol consumption in the preceding 12 months (practice 100%, CCG 92%, national 90%).

- Performance for dementia related indicators was above the CCG and national average (practice 100%; CCG 95%; national 95%). Examples of the practice's performance included patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months (practice 100%, CCG 85%, national 84%); and patients with a new diagnosis of dementia who received the recommended blood tests (practice 100%, CCG 86%, national 82%).

The practice's total achievement for the QOF was above the clinical commissioning group (CCG) and national averages of 95%. However, overall exception reporting was high at 19% compared to the CCG and national averages of 8% and 9% respectively. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The practice had higher than average exception reporting rates for atrial fibrillation, heart failure, stroke, asthma, chronic kidney disease, diabetes mellitus, dementia, depression, and mental health. We noted there was a low prevalence of patients with conditions such as atrial fibrillation and stroke when compared to local and national figures, however the exception reporting for these patients was high. The practice's current system for patients to be excepted involved contacting patients by telephone and inviting them for a health review. If the patient had not responded after two phone calls a letter was sent, and if they still did not attend their appointment this was coded on the system. The practice were therefore identifying patients with long term conditions, but the high exception reporting meant the management of these patients may not have been effective. Management told us they would look into the exception reporting figures to identify ways of improving outcomes for these patients.

There was evidence of quality improvement including clinical audit.

- We were shown three audits completed in the last year, all of which were completed audits where the improvements made were implemented and monitored.

Are services effective?

(for example, treatment is effective)

- Findings were used by the practice to improve services. For example, we reviewed an audit which looked at patients with atrial fibrillation (AF) who were on anticoagulation therapy for stroke prevention. The aims of the audit were to ensure the AF register was accurate, and that all patients on the AF register had a risk score recorded and offered anticoagulation therapy if appropriate. The first audit cycle showed there were 24 patients on the AF register, although 27 patients were identified as having an entry of AF in their records. The audit also showed 56% of patients were on anticoagulation therapy, compared to the 75% standard set. The practice took action by reviewing and offering anticoagulation therapy to the remaining patients. The second audit cycle showed 26 patients were on the AF register, and 63% of AF patients were taking anticoagulation therapy. There was some improvement from the first audit, however the practice recognised the need for further improvement and continual monitoring to improve patient outcomes.
- The practice participated in local audits, national benchmarking, accreditation, and peer review. For example, we saw evidence that prescribing was comparable to the locality.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff.
- Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. The nurse was now due for updated training.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding children and adults, chaperoning, fire safety, basic life

support, infection control, equality and diversity, and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

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 and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice received blood test results, X ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service electronically, by post or by fax. We were told all doctors reviewed results after each session and correspondence was reviewed daily. The GP reviewing the information was responsible for the action required.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Multi-disciplinary team meetings, where care plans were routinely reviewed and updated, took place on a monthly basis. We were told these were not minuted and updates were recorded in patients' notes, which we saw evidence of.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- 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, recorded the outcome of the assessment.

Are services effective?

(for example, treatment is effective)

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, carers, 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's uptake for the cervical screening programme was 73%, which was below the CCG average of 78% and national average of 82%. We were told performance may have been affected by the limited nursing hours available, and the practice expected this to improve once a second nurse started work in April 2016. It was practice policy to

offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given was above CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds was 100% (CCG 90% to 94%), and five year olds ranged from 94% to 97% (CCG 88% to 94%).

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 for the outcomes of health assessments and checks were made where abnormalities or risk factors were identified. Leaflets, posters and a television playing health promotion information was available in the waiting room.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and helpful to patients and treated them with 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; 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 area to discuss their needs.

We spoke with four patients and a member of the patient participation group. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

Results from the national GP patient survey 2016 showed the practice was performing in line with local averages and below national averages for its satisfaction scores on consultations with doctors. Satisfaction scores on consultations with the nurses was below local and national averages. For example:

- 84% said the GP was good at listening to them compared to the CCG average of 83% and national average of 89%.
- 81% said the GP gave them enough time compared to the CCG average of 80% and national average of 87%.
- 89% said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and national average of 95%.
- 81% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 78% and national average of 85%.
- 80% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 85% and national average of 91%.
- 78% said the nurse was good at listening to them compared to the CCG average of 87% and national average of 91%.
- 70% said they found the receptionists at the practice helpful compared to the CCG average of 82% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us 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. We saw that care plans were personalised.

Results from the national GP patient survey 2016 showed patients had mixed responses to questions about their involvement in planning and making decisions about their care and treatment. Results for consultations with the doctors were in line with local averages and below national averages, whilst results for consultations with the nurses were below local and national averages.

- 77% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and national average of 86%.
- 74% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 74% and national average of 82%.
- 78% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 90%.
- 74% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. Although we did not see notices informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area and directed patients to support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 13 patients as carers (1% of the practice list) however we did not see evidence they were proactively trying to identify carers. Carers were offered the flu vaccination and practice data

Are services caring?

showed 10 carers (77%) had received the flu vaccine within the last 12 months. Information was available in the waiting room to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered a bereavement the GP principal would usually contact them. This call was

either followed by a patient consultation or by giving them advice on how to find a support service. For example patients could be referred to in-house counsellors who provided two sessions per week, or external bereavement counselling services.

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 Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice was part of a local integrated care programme to improve weekend GP services for vulnerable adults over the age of 65. Patients who required assistance or monitoring over the weekend could be referred. A GP from the network would visit the patient over the weekend and provide an update to the practice on the outcome.

- The practice offered extended hour clinics on Monday, Tuesday, and Friday evenings from 18:30 to 19:00 for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with complex or multiple conditions.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children under five and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There was disabled toilet facilities.
- A translation service was available.
- Patients could access a male or female GP.

Access to the service

The practice was open from 08:30 to 18:30 every weekday except Thursday afternoon when it closed at 13:00. Extended opening hours were available on Monday, Tuesday, and Friday evenings from 18:30 to 19:00. Appointments could be booked in advance over the telephone, online or in person. Urgent appointments were also available for people that needed them.

Results from the national GP patient survey 2016 showed that patient's satisfaction with how they could access care and treatment was mostly below local and national averages. For example:

- 63% of patients said they found it easy to get through to the surgery by phone compared to the CCG average of 69% and national average of 73%.
- 57% of patients described their experience of making an appointment as good compared to the CCG average of 67% and national average of 73%.
- 56% of patients were satisfied with the practice's opening hours compared to the CCG average of 69% and national average of 75%. Staff told us the evening extended hour clinics offered greater flexibility to patients outside of the practice's normal opening hours.

However, satisfaction with waiting times was above average with 76% of patients saying they usually waited 15 minutes or less after their appointment time compared to the CCG average of 62% and national average of 65%.

All the patients we spoke with were satisfied with the appointments system and said it was easy to use and they could get an appointment when they needed one. Patients confirmed that they could usually see a doctor on the same day and were aware there may be a wait to be seen.

Listening and learning from concerns and complaints

The practice had a 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.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example, information was available on a noticeboard in the waiting room, the practice leaflet, and the website.

The practice had received one complaint in the last 12 months, and four complaints the prior year. We found these were satisfactorily handled and dealt with in a timely way. Lessons were learnt from individual concerns and complaints, and action was taken as a result to improve the quality of care. For example, a delay in an urgent referral was discussed with all clinical staff to ensure they were aware of the practice procedures and to prevent a reoccurrence of such an event. A complaints review meeting was conducted annually with all staff.

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 had a vision to deliver high quality care and promote good outcomes for patients.

- We did not see information on the practice's vision or values displayed.
- Staff spoke about the importance of providing patient-centred care however they were not aware of the practice's formalised vision.

Governance arrangements

The practice had a 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 implemented and were available to all staff.
- Weekly governance meetings between the GP principal and practice manager were held. An action log of these discussions was kept.
- An understanding of the performance of the practice in relation to their peers was maintained, however the practice had not reviewed their exception reporting data from the quality and outcomes framework (QOF).
- A programme of clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the GP principal and practice manager demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us management were approachable and took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The management encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The management team encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment, people affected were given reasonable support, truthful information and a written or verbal apology.

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

- Staff told us the practice held quarterly team meetings and we saw minutes to these meetings were kept.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the practice manager. All staff were involved in discussions about how to run and develop the practice, and the management team encouraged all members of staff to identify opportunities to improve the service delivered by 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 sought patients' feedback and engaged patients in the delivery of the service.

- The practice gathered feedback from patients through the patient participation group (PPG), practice surveys, the friends and family test (FFT), and complaints and comments received. The PPG was a newly formed group and consisted of eight representatives. During the last meeting in December 2015 the PPG submitted proposals to the management team for improvements to the practice. Following this meeting the practice collated the suggestions from the PPG and carried out a patient survey (January 2016) to identify which of the improvements other patients prioritised. The two action

Are services well-led?

Good 

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

points prioritised by the 100 patients surveyed were introducing evening appointments with the nurse and offering a wider range of appointments slots for patients booking appointments online. The practice had implemented both these action points and communicated the results to the PPG.

- Results from the friends and family test in January 2016 showed 75% of patients would recommend the practice. Results from the friends and family test in February 2016 showed 89% of patients would recommend the practice.

- The practice gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

This section is primarily information for the provider

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person had not reviewed the protocols for managing patients on high risk medicines, and there were weaknesses in how the results of blood tests were reviewed before a high risk medicine was prescribed.</p> <p>This was in breach of Regulation 12 (2)(a)(b)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>