

Dr Masud Prodhan

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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



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 Old Trafford Medical Practice on 29th July 2016. Overall the practice is rated as requires improvement.

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

- The practice was under pressure following recent major staff changes and we saw a fragmented leadership structure. Action had been taken to provide lines of management and structure for staff and continuity of care for patients.
- Not all staff understood what constituted a significant event and did not always report them. Communications were raised through electronic notifications and then transferred to learning logs; there was no analysis of trends or confirmation that learning was achieved.

- Collective clinical and staff face to face meetings were not regularly taking place to discuss where things went wrong and what could be done to stop them happening again in the future. Discussions were not documented.
- The practice was located in a building where health and safety was managed by NHS Property Services. The practice communicated with the health and safety or community managers when risks were identified. There were good facilities and the building was well equipped to treat patients and meet their needs.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with 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.

Summary of findings

- There was information on the practice website about how to make a complaint and this could be translated into different languages. The practice took appropriate action when complaints or concerns were received.
- Patients were happy with access and could make appointments easily with a named GP. The practice tried to offer continuity of care and urgent appointments were available on the day they were requested.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- The provider must ensure that the systems in place to formally record and report significant events is consistently followed and that all staff understand their responsibilities to raise concerns and to report incidents and near misses

- The provider must address the fragmented leadership structure to ensure that good governance is maintained, risks and issues are identified and addressed and communication is consistent.
- The practice must ensure that there are planned clinical audits taking place in order to drive improvement and achieve better outcomes for patients

The areas where the provider should make improvements are :

- The practice should satisfy themselves that knowledge of policies, procedures and lead roles are consistent across all staff.
- The practice should complete all planned staff appraisals.
- The practice should review and analyse complaints to identify trends and learning points.

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. Not all staff understood their responsibilities to raise concerns and to report incidents and near misses. When things went wrong, reviews and investigations were not formal enough to ensure that lessons were learned to support improvement.
- Patient safety alerts, updates and best practice guidelines such as those received from the National Institute for Health and Care Excellence (NICE), Medical Health Regulation Authority (MHRA) and the General Medical Council (GMC) were received into the practice manager or lead GP and disseminated through emails. There was nothing to evidence how they were reviewed and actioned.
- We saw that action was taken when things went wrong and patients received reasonable support, truthful information, and a written apology.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse. Risks to patients were assessed and managed.

Requires improvement



Are services effective?

The practice is rated as requires improvement for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were lower than the CCG and the national average. The surgery advised that due to the dramatic increase in patients this has impacted on their QoF outcomes.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Evidence that clinical audit was driving improvement in patient outcomes was limited. The lead GP told us they had plans to increase their administration and management hours to concentrate on improvement through clinical audit.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Not all staff had received an appraisal within the last twelve months. However these had been planned for the future.

Requires improvement



Summary of findings

- The frequency of multi-disciplinary meetings had lapsed due to GP shortages and discussions with other health and social care professionals took place as and when necessary. They were not formally documented.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for some 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.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff 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.
- They had used the services of a person who spoke many languages to telephone women in the community and encourage them to attend for cervical screening.
- Patients said they found it easy to make an appointment with a named GP 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 when issues were raised.
- Patient ethnicity had been audited to ensure that alerts were on a patient's record if an interpreter was required. The interpreter was then automatically booked when the patient made the appointment.

Good



Are services well-led?

The practice is rated as requires improvement for being well-led.

Requires improvement



Summary of findings

- The practice had a vision and a strategy but not all staff were aware of this and their responsibilities in relation to it. There was a fragmented leadership structure. Staff felt supported by management but at times they were not sure who to approach with issues.
- The practice had a number of policies and procedures to govern activity but they did not hold regular governance meetings.
- Policies and procedures were not practice specific and did not have dates of issue and dates of review.
- Clinical and other staff meetings had lapsed and were not well enough structured to ensure that all members of staff received and discussed things such as significant events and practice related risks and issues.
- The arrangements to monitor and improve quality and identify risk needed structure to ensure positive outcomes for patients were achieved.
- The practice had obtained feedback from staff and patients and had a patient participation group.

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 requires improvement for older people. The provider was rated as requires improvement for safe, effective and well-led care. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice offered proactive, personalised care to meet the needs of their older patients including home visits and urgent appointments for those with enhanced needs.
- Provided access to a medicines manager to aid in medication compliance.
- Offered electronic prescribing, enabling prescriptions to be sent direct to pharmacy.
- Provided chronic disease management and home visits for flu vaccinations.
- A nursing home patient list and nursing home new patient checks arranged with GP on patient registration.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for people with long term conditions. The provider was rated as requires improvement for safe, effective and well-led care. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Staff used alerts as reminders to offer opportunistic vaccines to patients during consultations.
- There was a system for recall and review of patients.
- The practice worked with patients on their emotional wellbeing initially in order to engage and motivate them to manage their own conditions
- All patients have a named GP and are invited to an annual review to check their health and medicine needs are being met.

Requires improvement



Families, children and young people

The practice is rated as requires improvement for families, children and young people. The provider was rated as requires improvement for safe, effective and well-led care. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

Requires improvement



Summary of findings

- Urgent appointments were offered to all children when required
- The practice provided immunisation clinics and the nurses and assistant practitioner also undertook extra ad hoc clinics when required to catch up on child immunisations
- After school follow up appointments for parents, children and carers.
- NHS health checks were offered such as those to check patients at risk of heart disease
- A child protection register and child safety with alerts in place for children in need or care
- Contraception service, including counselling.

Working age people (including those recently retired and students)

The practice is rated as requires improvement for working age people (including those recently retired and students). The provider was rated as requires improvement for safe, effective and well-led care. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Designated Influenza clinics at different times of day to accommodate carers, workers and school children.
- A late night surgery on a Tuesday for commuters and access to the Saturday Hub for pre-bookable appointments.
- Telephone consultations
- Online access to appointments, prescription requests and medical records.
- Electronic prescribing, enabling prescription to be sent direct to pharmacy.
- NHS Health Checks.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as requires improvement for patients whose circumstances may make them vulnerable. The provider was rated as requires improvement for safe, effective and well-led care. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice held a Learning disability register and a register of hard of hearing patients which is updated monthly and a register for patients who were blind or hard of seeing. These were updated monthly.

Requires improvement



Summary of findings

- Longer appointments were available for patients with learning difficulties and needs were monitored
- The practice was part of the unplanned hospital admissions scheme to prevent hospital admission.
- Staff are trained to recognise signs of abuse in vulnerable adults and children.
- They had staff who could speak different languages and also offered translation services.

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for people experiencing mental health (including people with dementia). The provider was rated as requires improvement for safe, effective and well-led care. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- All at risk patients were identified and recalled to be assessed using a screening tool.
- Referral to talking services for psychotherapy was offered.
- Self-referral information could be texted to the patients and or printed on right hand side of prescription for patient.
- Follow-up recall was added to patient records and automated searches to recall patients were undertaken.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice the responses were variable when compared with local and national averages. 354 survey forms were distributed and 81 were returned. This represented 2% of the practice's patient list.

- 81% of patients found it easy to get through to this practice by phone compared to the CCG average of 79% and national average of 73%.
- 72% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 85% and national average of 85%.
- 74% of patients described the overall experience of this GP practice as good compared to the CCG average of 76% and the national average of 73%.

- 77% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 81% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 20 comment cards. All except one were positive about the standard of care received. Patients said that the level of care had improved, positive changes had been made and that staff were caring, helpful and supportive.

We spoke with eight patients during the inspection. There were variable responses. Most patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. One patient was very complimentary about all the staff including the doctors. One patient was very dissatisfied with difficulty getting an appointment and reporting errors with prescriptions.

Areas for improvement

Action the service **MUST** take to improve

The areas where the provider must make improvement are:

- The provider must ensure that the system in place to formally record and report significant events is consistently followed and that all staff understand their responsibilities to raise concerns and to report incidents and near misses.
- The provider must address the fragmented leadership structure to ensure that good governance is maintained, risks and issues are identified and addressed and communication is consistent.

- The practice must ensure that there are planned clinical audits taking place in order to drive improvement and achieve better outcomes for patients

Action the service **SHOULD** take to improve

The areas where the provider should make improvements are :

- The practice should satisfy themselves that knowledge of policies, procedures and lead roles are consistent across all staff.
- The practice should complete all planned staff appraisals.
- The practice should review and analyse complaints to identify trends and learning points.

Dr Masud Prodhan

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP SPA and an expert by experience.

Background to Dr Masud Prodhan

Old Trafford Medical Practice is situated within a purpose built community centre and shares their reception facilities with another practice. The building is managed by NHS Property Services and they have good facilities and are equipped to treat patients and meet their needs. The practice is situated at 70 Seymour Grove, Old Trafford, Manchester, near to the main road and public transport. There is car parking on the grounds of the building. The practice is based in an area that is at number three on the scale of deprivation with one being the worst and 10 being the best.

within Trafford Clinical Commissioning Group (CCG).

The practice population of young families with young children in this area is much higher than the local and national averages. The practice are commissioned to provide services under a general medical services contract and there are currently 3698 patients registered at the practice. This number has increased by approximately 500 patients with the closure of a neighbouring practice which was in the same building and also managed by the lead GP of this practice. The practice are currently accepting new patients.

The practice have been and continue to be under pressure following recent major staff changes and we saw a

fragmented leadership structure. There is currently a male lead GP supported by a part time long term locum and a female salaried GP who works one day a week. There is one (newly started) part time practice nurse, a part time assistant practitioner and a part time health care assistant who work at this practice and the lead GPs other practice in Urmston.

The clinical team is supported by a full time practice manager, part time assistant managers and a number of full and part time reception and administration staff. They are in the process of recruiting another part time practice nurse and an advanced nurse practitioner who will have overall management responsibility for the nurses across both this and Gloucester House Medical Practice which also belonged to the provider. They have also recruited additional reception staff and increased the hours of other staff where possible.

The practice opening hours are :

Monday to Friday 8am until 6.30pm. They offer extended hours on a Tuesday evening until 7.30pm ideally for patients who work. The practice is closed at the weekends. When the practice is closed medical cover is provided by the out of hours' service, Mastercall. The local walk in centre is at Manchester Royal Infirmary.

Why we carried out this inspection

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.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 29 July 2016. During our visit we:

- Spoke with a range of staff including the lead GP, the locum GP, the advanced practitioner and the new practice nurse. We also spoke with eight patients who used the service.
- Observed how patients were being looked after and spoken to at reception.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed policies and procedures submitted to us by the practice.
- 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 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

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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.

- Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice did not monitor 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 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 93% of the total number of points available. Exception reporting was 7.3%. Exception reporting is where some patients are omitted from the overall data due to extenuating circumstances.

This practice were outliers in the following areas:

- Females screened for breast cancer in the last 36 months was 55% compared to the CCG average of 68% and the national average of 72%
- Patients screened for bowel cancer in the last 30 months was 34% which was lower than the CCG average of 57% and the national average of 58%
- The number of Ibuprofen and Naproxen items prescribed as a percentage of all non-steroidal anti-inflammatory drugs prescribed was 51% compared to the CCG average of 68% and the national average of 77%.

Breast and Bowel cancer screening

Performance for diabetes related indicators was

- The percentage of patients with diabetes, on the register, with recorded blood results in the preceding 12 months was 69% compared to the CCG average of 77% and national average of 78%.
- The percentage of patients with diabetes on the register with recorded blood pressure checks was 86% compared to the CCG average of 76% and the national average of 78%.
- The percentage of patients with diabetes on the register who received an influenza immunisation in the preceding 12 months was 100% compared to the CCG average of 95% and the national average of 94%.

Performance for mental health related indicators was similar or better than the CCG and national averages. For example :

- The percentage of patients diagnosed with dementia that had their care reviewed in a face to face meeting between April 2014 and March 2015 was 100% compared to the CCG average of 83% and the national average of 84%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their record in the preceding 12 months was 100% compared to the CCG average of 85% and the national average of 88%.
- Other mental health related indicators were similar to or better than local and national averages.

Evidence that clinical audit was driving improvement in patient outcomes was limited. The lead GP told us they had plans to increase their administration and management hours to concentrate on improvement through clinical audit.

- The practice presented two audits for review. The first related to patient ethnicity and how to record this in the patient's notes. An action plan was circulated to all the staff. Work was still ongoing so no second cycle was available to show any improvement yet. Another audit looked at appointment consultation times because one GP was always over-running clinics. An action plan was put in place. A second cycle audit demonstrated the

Are services effective?

(for example, treatment is effective)

appointment time was reduced from 20.5 minutes to 11.9 minutes. However, there was nothing to describe the reasons for the longer consultations in the first place and what had changed to enable the reduction.

- We saw findings from a cytology audit where call and recall had been changed and patients attending for screening had improved from 76% in December 2014 to 82% in March 2015.
- Findings were used by the practice to improve services. They identified that more staff were required and had recruited medical and nursing staff.

Information about patients' outcomes provided by the Clinical Commissioning Group (CCG) and quality outcomes framework (QoF) was used to make improvements. The provider had recently re-engaged (following a period of dis-engagement) with the CCG to review requirements and take action on prescribing overspend. A documented action plan had not yet been completed.

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. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. We saw that the practice nurse and assistant practitioner attended nurse forums and were able to show how they kept their own professional development up to date by taking part in courses and updates of special interest such as asthma and chronic obstructive pulmonary disease (COPD).
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- 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. Not all staff had received an appraisal within the last 12 months but there was a programme and action plan in place.
- Staff received training that included: safeguarding, fire safety awareness, and basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- The lead GP acknowledged that there was not enough clinical sessions and appointment times to meet the demands of the patients at the present time due to the increase in the list size since another practice had closed. They were trying to combat this issue by using locum GPs in the interim to recruiting staff.

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 shared relevant information with other services, for example when referring patients to other services.

There was evidence, and the practice acknowledged, that they could work more effectively with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. They had an action plan to have more frequent and more formalised meetings when care plans would be routinely reviewed and updated for patients with complex needs.

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.

Are services effective?

(for example, treatment is effective)

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.
- The process for seeking consent was not monitored.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Those patients, and patients with mental health problems were signposted to the relevant service.
- The assistant practitioner was able to provide guidance on diet, smoking and alcohol cessation.

The practice's uptake for the cervical screening programme was 89% which was higher than the CCG average of 83% and national average of 82%. There was a call and recall process that included letters and telephone reminders for patients who did not attend for their cervical screening test.

The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sampler was available and the assistant practitioner would communicate and explain the process to women with language barriers or fears. They had used the services of a person who spoke many languages to telephone women in the community to explain the process and encourage them to attend for cervical screening. There were systems in place to ensure that results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice figures for national screening programmes for bowel and breast cancer screening were lower than the CCG and national averages.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds were at 97% to 100% and for five year olds they ranged between 79% and 100%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very 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 but conversations taking place in those rooms could be heard. There had been no formal complaints about this.
- The area at the reception desk was not private and was not structured in a way that conversations could be kept private. There had been no formal complaints about this. Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All but one of the 20 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with (the sole) member of the patient participation group (PPG). That person also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They were very complimentary about the practice, how supportive the lead GP was and how the service had improved over time. Comment cards highlighted that staff responded compassionately when patients needed help and provided support when required.

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 GPs and nurses. For example:

- 86% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.

- 74% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 77% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 85%.
- 89% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 91%.
- 85% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the 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. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 88% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 74% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 82%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.

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

Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language. They had staff who spoke different languages including Urdu and Polish.
- Information leaflets were available in easy read format. A Polish speaking member of staff had translated a letter template into Polish for Polish patients.
- Translators were automatically arranged when an appointment was made by a person who had the required alert on their record.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 32 patients as carers 0.8% of the practice list. Written information was available to direct carers to the various avenues of support available to them. The practice also supported carers by providing annual health checks and flu vaccinations.

Staff told us that condolence letters were sent if families had suffered bereavement. They offered advice and signposted patients to bereavement services if the need was identified. Deaths were recorded within family members records and alerts were placed on records to highlight bereavement to clinicians.

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.

- Offered extended hours on a Tuesday evening for patients who worked and could not get to the practice during the day.
- There were longer appointments available for patients with a learning disability and others who needed them.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. Nursing home patients were visited when required.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- Staff were considerate and knowledgeable of their patient population such as gender reassignment, pregnancy and maternity status, race, religion or belief and sexual orientation.
- A minor surgery clinic, ad-hoc flu clinics and alcohol assessment sessions were offered.

Access to the service

The practice was open Monday to Friday from 8am until 6.30pm and until 7.30pm on Tuesdays. Appointments were offered at varying times during those hours and lunchtime appointments could be requested. Longer appointments could also be requested if one or more problem needed to be discussed. In addition to pre-bookable appointments, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 83% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 76%.
- 81% of patients said they could get through easily to the practice by phone compared to the CCG average of 79% and the national average of 73%.
- 57% of patients said they don't normally have to wait too long to be seen compared to the CCG average of 58% and the national average of 58%.
- 82% described their experience of making an appointment as good compared to the CCG average of 76% and the national average of 73%.
- 99% said the last appointment they got was convenient compared to the CCG average of 91% and the national average of 92%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

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.
- 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

We looked at eight complaints received in the last 12 months. Outcomes had been recorded and action had been taken to apologise and explain to the patient what had gone wrong. We were not shown any analysis of complaints and outcomes which identified trends and learning points.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

- The provider had a clear vision to deliver high quality care and promote good outcomes for patients. The vision was known and shared by all staff at the practice.
- The provider had a strategy and an action plan for the future of the practice.
- There were no written formal business plans to support the strategy and no clear dates for implementation, improvement and review.

Governance arrangements

The arrangements for governance and performance management did not always operate effectively.

- The practice had a number of policies to govern activity. The policies were generated from an electronic system and when generated were not personalised to the practice. They did not have dates of issue or review. The practice manager did have a spreadsheet system to review and make changes but this was not reflected within each individual policy.
- There was an assumption that the lead GP was the lead for multiple areas at the practice such as safeguarding, infection control and medicines management, however this was not the case.
- Staff were not clear who was responsible for infection control and/or medicines management checks and stock control. The lead GP thought the practice nurse was responsible, we found main areas of responsibilities were not clearly defined.
- Arrangements for identifying, recording and managing risks were not robust enough; staff told us that they did not always report significant events.

Leadership and culture

The lead GP told us that they prioritised safe, high quality and compassionate care. Most staff told us the leaders were approachable and always took the time to listen to all members of staff.

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). This included support training for all staff on communicating with patients about notifiable safety incidents. The leaders tried to encourage a culture of openness and honesty.

The practice had systems in place to ensure that when things went wrong with care and treatment:

- They gave reasonable support, truthful information and a verbal and written apology to those affected by the issue.
- They kept written records of verbal interactions as well as written correspondence.

There was a leadership structure in place and staff felt supported by management. However we found and it was acknowledged by the practice, that the leadership was fragmented due to considerable clinical and nursing staff changes and the practice were under pressure to maintain a robust governance foundation. For a period of over 12 months, regular administration and clinical practice meetings and formal communication had not taken place. One member of staff said there had not been a meeting since January 2016. However, action was being taken to resolve this and staff told us that :

- New medical support was being initiated and a new partnership was being discussed.
- A new nursing lead and practice nurses had been, or were being, recruited.
- New administration and reception staff had been, or were being, recruited.
- There was a new structure and plan for regular clinical and administration meetings.
- Most staff said there was an open culture within the practice and that they had the opportunity to raise any issues. Some were more comfortable than others to do this.
- Staff said they felt respected, valued and supported, particularly by the leaders in the practice.

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

Are services well-led?

Requires improvement 

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively made attempts to gain patients' feedback and engage patients in the delivery of the service. There was only one person involved in the patient participation group.

- The practice had reviewed the national GP patient survey and identified areas where the scores were low. For example patients felt that they did not have enough

time during consultations. To address this they planned to advertise the choice of booking 20 minute appointments with a GP and assess appointment templates to incorporate booked appointment times so that GPs could catch up if they were running behind.

- The practice informally obtained feedback from staff. Some staff told us they would not hesitate to give feedback whilst others preferred to remain quiet.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.
Maternity and midwifery services	The registered provider did not have suitable arrangements in place for the proper and safe management of emergency medicines
Surgical procedures	This was in breach of regulation 12(1)(2)(a)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Family planning services	The registered person did not have adequate checks and process in place.
Maternity and midwifery services	They had failed to identify the risks associated with the lack of formal and structured internal and external clinical and other staff meetings due to a fragmented leadership structure.
Surgical procedures	They had failed to identify the risks associated with too little time to investigate, review and improve the quality of the services provided.
Treatment of disease, disorder or injury	Systems or processes were not fully established and operated effectively to manage risks.
	This was in breach of Regulation 17(1) and (2)(a) and (b)