Dr Ashraf Zaman

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?	Requires improvement
Are services well-led?	Requires improvement

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced inspection of Dr Ashraf Zaman on 5 December 2014. This was a comprehensive inspection under Section 60 of the Health and Social Care Act (2008) as part of our regulatory functions. The practice achieved an overall rating of requires improvement. This was based on the safe, effective, responsive and well-led domains and six population groups we looked at achieving the same requires improvement rating.

Our key findings were as follows:

- Patients reported good phone access to the practice.
- Systems were in place to identify and respond to concerns about the safeguarding of adults and children.
- We saw patients receiving respectful treatment from staff. Patients felt that their privacy and dignity was respected by polite and helpful staff.

There were areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Ensure a coordinated approach to medicines management and that a system is in place to record the amount and type of medicines kept at the practice, keep them stored securely and within their expiry dates.
- Ensure that systems designed to assess the risk of and to prevent, detect and control the spread of infection are fully implemented and audited.
- Ensure adequate recruitment procedures are in place including completing the required background checks on staff and that the required information is available in respect of each person employed.
- Ensure there is a recurring programme of clinical audit.
- Ensure there are suitable arrangements in place to obtain and act in accordance with the consent of patients in relation to their care and treatment and

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that staff are knowledgeable about the process used. Ensure staff are trained in areas relevant to their roles, which may include details of the Mental Capacity Act (2005).

- Ensure an appropriate system is in place for identifying, receiving, handling and responding appropriately to complaints made by patients.
- Ensure that suitable arrangements are in place to obtain and have regard to the views and accounts of experiences of patients.
- Ensure that suitable arrangements are in place to ensure that care and treatment is provided to all patients with regard to their cultural and language background.

In addition the provider should:

- Ensure there is a complete annual process for the monitoring of and learning and improving from incidents and significant events.
- Ensure staff are fully aware of the processes and policies they have lead responsibilities for. Staff should be informed and mindful of their own roles and responsibilities and those of their colleagues.
- Ensure that clinical quality and effectiveness schemes such as the national Quality and Outcomes Framework (QOF) are used more extensively to improve patient outcomes. QOF is a national data management tool generated from patients' records that provides performance information about primary medical services.
- Ensure that all staff employed are supported by receiving appropriate supervision and appraisal.
- Ensure the practice and the services available are fully accessible to those patients who may find attending in working hours difficult.

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?

Requires improvement

The practice is rated as requires improvement for safe. There were incident and significant event reporting procedures in place and action was taken to prevent recurrence of incidents when required. The structure of management communications ensured that all staff were informed about risks and decision making. Systems were in place to identify and respond to concerns about the safeguarding of adults and children. There was no system in place to record the amount and type of medicines kept at the practice. The medicines we checked were not stored appropriately and some consumables were beyond their expiry dates. The practice was clean, but some areas of infection control process and practice were lacking, such as audit and the accurate completion of cleaning checklists. Systems to ensure staff received the relevant recruitment checks were lacking. Arrangements were in place for the practice to respond to foreseeable emergencies.

Are services effective?

Requires improvement

The practice is rated as requires improvement for effective. The practice reviewed, discussed and acted upon best practice guidance to improve the patient experience. However, there was no recurring programme of clinical audit at the practice to further improve patient care. The practice provided a number of services designed to promote patients' health and wellbeing. The practice took a collaborative approach to working with other health providers and there was multi-disciplinary working at the practice. However, systems to ensure staff received the relevant checks were lacking. Most staff had not received training on the Mental Capacity Act (2005). Some staff were unaware of the process used at the practice to obtain patient consent.

Are services caring?

Good

The practice is rated as good for caring. On the day of our inspection, we saw staff interacting with patients in reception and outside consulting rooms in a polite and friendly manner. There were a number of arrangements in place to promote patients' involvement in their care. Through the period of our inspection process, patients told us they felt listened to and included in decisions about their care. Accessible information was provided to help patients understand the care available to them.

Are services responsive to people's needs?

Requires improvement

The practice is rated as requires improvement for responsive. There were services targeted at those most at risk such as older people

Summary of findings

and those with long term conditions. The premises and services were adapted to meet the needs of people with disabilities. Patients provided a mixed response to access to the practice including the availability of appointments. There was no late evening or weekend access to appointments. However, during our inspection visit, appointments, including those required in an emergency were available. An available external translation service was not used placing some non-English speaking patients at a disadvantage to understanding their care and treatment and protecting their privacy. Those patients from the predominant Bangladeshi community were assisted by Bengali speaking staff. The practice was unable to demonstrate it responded to patients' comments and complaints and where possible, took action to improve the patient experience.

Are services well-led?

Requires improvement

The practice is rated as requires improvement for well-led. Staff felt engaged in a culture of openness and consultation. They were clear about their own roles, although there were examples of where their responsibilities were not fully completed. Also, staff were not always clear on the roles and responsibilities of their colleagues. The management and meeting structure ensured that clinical decisions were reached and action was taken. There was a process in place for identifying and managing risks and staff reviewed and actioned these together. However, the lack of an annual review or analysis of incidents and events reduced the practice's ability to monitor and review its learning from them. The methods available for patients to leave feedback about their experiences were considerably limited. Staff were supported by management and a system of policies and procedures that governed activity. However, the governance arrangements at the practice were not fully embedded and the practice was not yet safe and effective.

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

Requires improvement

The practice is rated as requires improvement for the population group of older people because some of the processes and procedures at the practice were not safe, effective or responsive. However, the practice offered personalised care to meet the needs of older people in its population. Older patients had access to a named GP, a multi-disciplinary team approach to their care and received targeted vaccinations. A range of enhanced services were provided such as those for end of life care. The practice participated in a frail and older people project cluster group of local practices to improve the care of those patients.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for the population group of people with long term conditions because some of the processes and procedures at the practice were not safe, effective or responsive. However, the practice provided patients with long term conditions with an annual review to check their health and medication needs were being met. They had access to a named GP and targeted immunisations such as the flu vaccine. There were GP or nurse leads for a range of long term conditions such as asthma and diabetes.

Families, children and young people

Requires improvement

The practice is rated as requires improvement for the population group of families, children and young people because some of the processes and procedures at the practice were not safe, effective or responsive. However, systems were in place for identifying and protecting patients at risk of abuse. There were six to eight week post natal checks for mothers and their children. Programmes of cervical screening for women over the age of 25 and childhood immunisations were used to respond to the needs of this patient group. Appointments were available outside of school hours and the premises was suitable for children and babies.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for the population group of working age people (including those recently retired and students) because some of the processes and procedures at the practice were not safe, effective or responsive. The practice offered some online services such as repeat prescriptions. Online appointment booking was planned for the near future. Routine

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health checks were available for patients between 40 and 74 years old. However, the practice didn't operate any extended opening times such as late evening or weekends to respond to the needs of those who found attending in working hours difficult.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement for the population group of people whose circumstances may make them vulnerable because some of the processes and procedures at the practice were not safe, effective or responsive. The practice held a register of some patients living in vulnerable circumstances including those with learning disabilities. Patients experiencing a learning disability received annual health checks. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. The practice maintained a register of patients who were identified as carers and additional information was available for those patients. Clinical and non-clinical staff at the practice spoke a number of South Asian languages, in particular Bengali, to assist in the health management of patients from the predominant Bangladeshi community whose English was poor. However, the practice did not use the available external translation service meaning some patients from some non-English speaking communities may have been disadvantaged and not properly enabled to understand their care and treatment.

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice is rated as requires improvement for the population group of people experiencing poor mental health (including people with dementia) because some of the processes and procedures at the practice were not safe, effective or responsive. The practice worked with multi-disciplinary teams in the case management of patients experiencing poor mental health including those with dementia. Patients experiencing dementia also received a specialised care plan and a named GP. However, some clinical staff demonstrated little knowledge of the Mental Capacity Act (MCA) (2005) or the process used at the practice to ensure patients' capacity to consent was assessed in line with the Act.

Summary of findings

What people who use the service say

We attempted to speak with patients during our inspection visit but none were willing to do so. However, a total of 41 patients completed CQC comment cards to provide us with feedback on the practice. A patient survey had not been completed in the past year and there was no patient participation group (PPG) at this practice. The PPG is a group of patients who work with the practice to discuss and develop the services provided. We were able to speak with one of the five patients who had expressed an interest in becoming a PPG member.

Of the 41 patients who completed CQC comment cards, most told us that staff at the practice were attentive, kind and helpful and treated them with dignity and respect. All of those who commented on how involved they felt in their care and the explanations they received about their care were positive.

There was a mixed response from patients on the appointments system and the availability of appointments. Some said they always got the appointments they wanted and an equal number said they felt they had to wait too long for an appointment. However, comments made about phone access to the practice were all positive.

Areas for improvement

Action the service MUST take to improve

Ensure a coordinated approach to medicines management and that a system is in place to record the amount and type of medicines kept at the practice, keep them stored securely and within their expiry dates.

Ensure that systems designed to assess the risk of and to prevent, detect and control the spread of infection are fully implemented and audited.

Ensure adequate recruitment procedures are in place including completing the required background checks on staff and that the required information is available in respect of each person employed.

Ensure there is a recurring programme of clinical audit.

Ensure there are suitable arrangements in place to obtain and act in accordance with the consent of patients in relation to their care and treatment and that staff are knowledgeable about the process used. Ensure staff are trained in areas relevant to their roles, which may include details of the Mental Capacity Act (2005).

Ensure an appropriate system is in place for identifying, receiving, handling and responding appropriately to complaints made by patients.

Ensure that suitable arrangements are in place to obtain and have regard to the views and accounts of experiences of patients.

Ensure that suitable arrangements are in place to ensure that care and treatment is provided to all patients with regard to their cultural and language background.

Action the service SHOULD take to improve

Ensure there is a complete annual process for the monitoring of and learning and improving from incidents and significant events.

Ensure staff are fully aware of the processes and policies they have lead responsibilities for. Staff should be informed and mindful of their own roles and responsibilities and those of their colleagues.

Ensure that clinical quality and effectiveness schemes such as the national Quality and Outcomes Framework (QOF) are used more extensively to improve patient outcomes. QOF is a national data management tool generated from patients' records that provides performance information about primary medical services.

Ensure that all staff employed are supported by receiving appropriate supervision and appraisal.

Ensure the practice and the services available are fully accessible to those patients who may find attending in working hours difficult.

Dr Ashraf Zaman

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 second CQC inspector and a GP and practice manager acting as specialist advisers.

Background to Dr Ashraf Zaman

Dr Ashraf Zaman at the Malzeard Road Surgery provides a range of primary medical services from a partly purpose built premises at Malzeard Road, Luton, LU3 1BD. The practice is neither a training or dispensing service. The practice serves a population of approximately 2,850. The area served has an above average deprivation rate compared to England as a whole. A considerable number of the practice population are from a South Asian and in particular Bangladeshi background. The practice serves a considerably higher than average population between the ages of 0 and 39 and a considerably lower than average population over the age of 45. The full clinical staff team includes a male senior GP and a female locum GP and two part-time practice nurses. The team is supported by a practice manager and three reception and administration staff.

Why we carried out this inspection

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

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

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.

How we carried out this inspection

Before our inspection visit, we reviewed a range of information we held about the practice and asked other organisations to share what they knew about the practice. We carried out an announced inspection visit on 5 December 2014. During our inspection we spoke with a range of staff including the senior GP, a GP locum, a nurse, the practice manager and members of the reception and administration team. We attempted to speak with patients during our inspection visit but none were willing to do so. However, we reviewed 41 CQC comment cards left for us by patients to share their views and experiences of the practice with us. We spoke with one of the five patients who had expressed an interest in becoming a PPG member (the PPG is a group of patients who work with the practice to discuss and develop the services provided). We observed how staff interacted with patients.

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

- Is it safe?

Detailed findings

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

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

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

Requires improvement

Are services safe?

Our findings

Safe track record

The staff we spoke with demonstrated an understanding of their roles in reporting incidents and significant events and were clear on the reporting process used at the practice. The senior staff understood their roles in discussing, analysing and reviewing reported incidents and events. We saw that the relevant guidance was available to all staff.

Initially, the practice manager and senior GP reviewed all reported incidents and events through unrecorded discussion and conversation. Immediately following this, staff meetings were held to review and take action on all reported incidents, events and complaints. We looked at minutes of the meetings that demonstrated this happened as and when required. Details of any discussions and decisions made were immediately available to staff who were all required to attend. Those staff unavailable on the day had access to the minutes of those meetings through the shared drive on the practice's computer system.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and taking action on significant events. Significant event analysis is used by practices to reflect on individual cases and where necessary, make changes to improve the quality and safety of care. We looked at examples of how staff had used the procedure to report incidents and significant events relating to clinical practice and/or staff issues. The minutes of the staff meetings available at the practice demonstrated that all incidents and events were discussed as soon as possible after they occurred or were reported. The meetings included discussion on how the incidents could be learned from and any action necessary to reduce the risk of recurrence.

However, when we asked to see an annual review or analysis of all significant events at the practice, this could not be provided. The practice manager confirmed an annual review was not completed. This reduced the practice's ability to monitor and review its learning from previous incidents and events.

Safety alerts were reviewed by and distributed to the relevant staff by the practice manager. The staff we spoke with displayed an awareness of how safety alerts were communicated and told us they were receiving those relevant to their roles. They were able to give examples of recent alerts relevant to the care they were responsible for.

Reliable safety systems and processes including safeguarding

There were systems in place for staff to identify and respond to potential concerns around the safeguarding of vulnerable adults and children using the practice. We saw the practice had safeguarding policies in place and the senior GP was the nominated lead for safeguarding issues. Most of the staff we spoke with demonstrated a knowledge and understanding of their own responsibilities, the role of the lead and the safeguarding processes in place. From our conversations with them and our review of training documentation, we saw that all staff had received safeguarding and child protection training at the level specific to their roles.

However, the safeguarding lead displayed little knowledge of the policies and procedures in place at the practice. Despite this, we saw that the practice response to recent safeguarding concerns was well documented and all the relevant agencies were informed and involved.

Medicines management

A system was in place to store vaccinations at the required temperature. The checks included daily monitoring of the temperature at which the vaccines were stored. All of the staff we spoke with were aware of the system in place and how to use it.

Patients were not fully protected from the risks associated with the unsafe use and management of medicines. There was no system in place to record the amount and type of medicines (including vaccinations) kept at the practice. This included the absence of an inventory of incoming and outgoing medicines. Although all the medicines and vaccines we looked at were within their expiry dates, some medical consumables such as syringes, syringe needles and specimen pots were beyond their expiry dates. Also, we saw that medicines and vaccines kept at the practice were not stored securely. Medicine cabinets and vaccine fridges were unlocked when we checked. Some were lockable, but for others the keys could not be located.

The staff we spoke with were mostly aware of their own roles in relation to medicines management and not of the

responsibilities of others. From our conversations with them we found that some practice varied. All of the staff we spoke with said there were no controlled drugs at the practice. However, we found one controlled drug kept in one of the unlocked medicine cabinets.

Cleanliness and infection control

We saw that the practice appeared clean. Hand wash facilities, including hand sanitiser were available throughout the practice. The records we looked at showed that staff were trained in and had access to a policy on infection control issues. The practice had a nominated lead for infection control issues. There were appropriate processes in place for the management of sharps (needles) and clinical waste.

However, some systems to maintain the appropriate standards of cleanliness and protect people from the risks of infection were lacking. A Legionella risk assessment was completed at the practice in July 2014. Some risk areas were identified including the lack of water temperature checks and flushing records (flushing is a process for running water for a set period of time through rarely used water outlets) at the practice. We looked at the accompanying log sheets and found that water temperature and flushing checks were still not regularly completed and recorded. Water temperatures had been recorded twice since July 2014 and there were no flushing records completed in that time. The action plan required monthly recorded checks and this was not being adhered to.

A documented audit of cleanliness and infection control issues at the practice was not available. Staff told us that visual checks were completed. We saw cleanliness and infection control checklists displayed in the surgery and treatment rooms. However, the checklists were not fully completed.

Equipment

Patients were protected from the risk of unsuitable equipment because the practice had procedures in place to ensure the equipment was maintained and fit for purpose. We looked at documentation which showed the practice completed annual checks on its equipment. This included the calibration of medical equipment to ensure the accuracy of measurements and readings taken. All of the equipment we saw during our inspection appeared fit for purpose. All portable electrical equipment was routinely tested. However, we saw that although all the necessary documentation was in place, the labels and stickers displayed on the equipment did not match with the most recent documented test dates.

Staffing and recruitment

The staff we spoke with understood what they were qualified to do and this was reflected in how the practice had arranged its services. The practice had calculated minimum staffing levels and skills mix to ensure the service could operate safely. The staffing levels we saw on the day of our inspection met the practice's minimum requirement and there was evidence to demonstrate the requirement was regularly achieved.

Records we looked at contained evidence that some of the appropriate recruitment checks were undertaken prior to employment. Senior staff at the practice told us they accepted criminal records checks on staff completed within the past three years from previous or other employers. This was because the nurses at the practice worked for various employers. They also told us that reception staff had been assessed as not requiring criminal records checks.

Patients were not protected from the risks of unsafe or inappropriate care and treatment as the practice had not ensured the required information in respect of each person employed was available and up-to-date. From our review of documentation, we saw that some clinical staff's criminal records checks were from other employers and these were more than three years old. From our conversations with reception staff we found they were regularly participating in roles such as chaperoning and translating for patients and as such were privy to private medical conversations and the potential to be left alone with patients.

Monitoring safety and responding to risk

From our conversations with staff and our review of documentation we found the practice had a system in place to ensure that all staff received safety alerts. The practice manager received and distributed safety alerts to the relevant staff. Initially, the practice manager and senior GP reviewed all reported incidents and events through unrecorded discussion and conversation. Staff meetings were called in response to all incidents and events and were used for staff to review and action these together. We looked at minutes of the meetings that demonstrated this

happened as and when required. Details of any discussions and decisions made in those meetings were made available to any staff who could not attend through a shared drive on the practice's computer system.

Arrangements to deal with emergencies and major incidents

The practice had procedures in place to respond to emergencies and reduce the risk to patients' safety from such incidents. We saw that the practice had a business contingency plan in place. The plan covered the emergency measures the practice would take to respond to any loss of premises, records and utilities among other things. The relevant staff we spoke with understood their roles in relation to the contingency plan.

There was documentary evidence to demonstrate staff at the practice had completed Cardiopulmonary resuscitation (CPR) training. We looked at the emergency medical equipment and drugs available at the practice including oxygen, adrenaline and a defibrillator. All of the equipment and emergency drugs were within their expiry dates. However, there were no documented check or contents list for the equipment and drugs and no way for staff to know if something had been used and not replaced.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice reviewed, discussed and acted upon best practice guidelines and information to improve the patient experience. A system was in place for National Institute for Health and Care Excellence (NICE) quality standards to be distributed and reviewed by clinical staff.

The practice participated in recognised clinical quality and effectiveness schemes such as the national Quality and Outcomes Framework (QOF). QOF is a national data management tool generated from patients' records that provides performance information about primary medical services. However, from talking with staff and our review of the practice's systems and records, we found the practice was only able to demonstrate a limited use of the information generated by QOF to improve services and outcomes for patients.

A coding system was used to ensure the relevant patients were identified for and allocated to a chronic disease register and the system was subject to checks for accuracy. Once allocated, each patient was able to receive the appropriate management, medication and annual review for their condition. A register was also maintained to assist in the appropriate care and treatment of patients identifying as carers. There were 23 patients on the carer register at the time of our inspection visit.

Management, monitoring and improving outcomes for people

From our conversations with staff and our review of documentation we found the practice did not have an appropriate system in place for completing clinical audit. Clinical audit is a way of identifying if healthcare is provided in line with recommended standards, if it is effective and where improvements could be made.

We looked at examples of clinical audits. These included audits on chronic obstructive pulmonary disorder (COPD) medications, hypnotic medications and calcium and vitamin D3 deficiency in Osteoporosis patients. We found these audits to be incomplete with no outcomes or recommendations identified. Some clinical staff we spoke with were unaware of any audits being completed at the practice.

The senior staff we spoke with were aware of the importance of clinical audit and acknowledged the importance of establishing a recurring programme. Patients were not fully protected from the risk of inappropriate or unsafe care and treatment due to the absence of clinical audit.

We found that clinical case discussions were held at multi-disciplinary team meetings. This included individual patient based discussions among the relevant clinical staff. This assisted in patients' care being managed appropriately.

Effective staffing

The practice had systems in place to ensure that its staff remained competent and effective in their roles. From speaking with staff and our review of documentation we found that staff received an appropriate induction when joining the service. Where applicable, the professional registrations and revalidations of staff at the practice were up-to-date and as part of this process, the relevant bodies check the fitness to practise of each individual.

Most of the staff we spoke with said they received an annual appraisal of their performance and competencies. We looked at some examples of these and saw that there was also an opportunity for staff to discuss any training requirements. Staff told us that the training provision at the practice was good and they accessed much of their training during protected learning time. The various certificates we looked at demonstrated staff had access to a range of training, including relating to clinical skills. The resulting clinical competence and professional development of staff promoted improved patient care. However, a nurse at the practice who worked for a number of employers had not received an appraisal at this practice. Also, there was no clinical supervision (monitoring of her clinical skills and abilities) provided to the nurse.

There was a risk to patients of unsafe or inappropriate care because the practice had not ensured the required information in respect of each person employed was available and up-to-date. Records we looked at contained evidence that some of the appropriate recruitment checks on staff were undertaken prior to employment. Senior staff at the practice told us they accepted criminal records checks on staff completed within the past three years from

previous or other employers. This was because the nurses at the practice worked for various employers. They also told us that reception staff had been assessed as not requiring criminal records checks.

From our review of documentation, we saw that some clinical staff's criminal records checks were from other employers and these were more than three years old. From our conversations with reception staff we found they were regularly participating in roles such as chaperoning and translating for patients and as such were privy to private medical conversations and the potential to be left alone with patients.

Working with colleagues and other services

The practice worked with other service providers to meet patients' needs and manage complex cases. We saw that a system was in place for such things as patient blood and pathology results and radiology reports to be received electronically. The process allowed for patients requiring follow up to be identified and contacted. All the staff we spoke with understood how the system was used.

The practice held multi-disciplinary team meetings once each month to discuss the needs of complex patients. This included those with end of life care needs. These meetings were attended by district nurses, health visitors and community matrons among others. We saw that the issues discussed and actions agreed for each patient were documented. However, the minutes of the meetings we looked at showed that external attendance (district nurses and community matrons) at the meetings was sometimes limited, despite the relevant health professionals being invited each time.

The practice was part of a frail and older people project within a cluster group of local practices. The aim of the group was for the practice managers to discuss the needs of frail and older (over 75) patients, learn from each other's practice and improve the care provided to those patients. This included reducing hospital admissions among those patients. The cluster group was in its infancy and at the time of our inspection visit no data was available to demonstrate its successes.

Information sharing

The practice used several processes and electronic systems to communicate with other providers. For example, there was a system in place with the local out of hours provider to enable patient data to be shared in a secure and timely manner. An electronic system was also in place for making referrals through the Choose and Book system. The Choose and Book system enables patients to choose which hospital they will be seen in and to book their own outpatient appointments in discussion with their chosen hospital.

The practice had systems in place to provide staff with the information they needed. An electronic patient record system was used by all staff to coordinate, document and manage patients' care. All staff were fully trained on the system. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

Consent to care and treatment

From our conversations with staff and our review of training documentation we saw that most staff at the practice had not received Mental Capacity Act (MCA) training. Also, there was a mixed response from staff on their understanding of the MCA and its implications for patients at the practice. Some clinical staff demonstrated little knowledge of the MCA or the process used at the practice to ensure patients' capacity to consent was assessed in line with the Mental Capacity Act (2005). There was a risk that patients who lacked capacity would not be properly assessed or receive the appropriate care and treatment.

Staff demonstrated a better understanding and awareness of the Gillick competency test (a process to assess whether children under 16 years old are able to consent to their medical treatment, without the need for parental permission or knowledge).

Health promotion and prevention

We saw that all new patients at the practice were offered a health check. This included a review of their weight, blood pressure, smoking and alcohol consumption. Routine health checks were also available for all patients between 40 and 74 years old.

We saw that the practice operated patient registers and nurse led clinics for a range of long term conditions (chronic diseases). The senior GP was the lead for some of the registers such as patients with diabetes. The nurses were the leads for patients with asthma and chronic obstructive pulmonary disorder (COPD) among others.

Requires improvement

Are services effective?

(for example, treatment is effective)

We found that the practice offered a number of services designed to promote patients' health and wellbeing and prevent the onset of illness. We saw various health related information was available for patients in the waiting area. This included information on bowel cancer, prostate problems, smoking cessation, drug and alcohol services and mental health advice.

The practice had participated in targeted vaccination programmes for older people and those with long term conditions. These included the shingles vaccine for those aged 70 to 79, and the flu vaccine for people with long term conditions and those over 65. At the time of our inspection 81.4% (92 of 113) of eligible patients had received the flu vaccine since April 2014.

One of the nurses at the practice was qualified to carry out cervical screening. A system of alerts and recalls was in place to provide smear tests to women aged 25 years and older. At the time of our inspection there was an 80.1% take up rate for this programme (443 of 553 eligible patients) from April 2014. This was achieved due to the efforts made by the practice to ensure a high take up rate.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

During our inspection we saw that staff behaviours were respectful and professional. We saw examples of patients receiving polite and helpful treatment from the practice reception staff. We saw the clinical staff interacting with patients in the waiting area and outside clinical and consulting rooms in a friendly and caring manner.

We attempted to speak with patients during our inspection visit but none were willing to do so. However, a total of 41 patients completed CQC comment cards to provide us with feedback on the practice. Most of the responses received about staff behaviours were positive. They said staff were attentive, kind and helpful and treated them with dignity and respect. The one exception to this was a patient who felt that non-English speaking patients weren't very well respected by reception staff.

We saw that consultations and treatments were carried out in the privacy of a consulting room. Curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We found that doors were closed during consultations and that conversations taking place in those rooms could not be overheard.

Care planning and involvement in decisions about care and treatment

Results from the national GP survey of 2013/2014 showed that 73% of patients at the practice felt the GPs were good at involving them in decisions about their care and treatment. Although this was below the national average, we found the practice had made suitable arrangements to ensure that patients were involved in, and able to participate in decisions about their care.

Of the 41 patients who completed CQC comment cards, all of those who commented on how involved they felt in their care and the explanations they received about their care were positive. Themes among the responses on the cards were how attentive the staff were, how willing they were to listen to patients and how any concerns they had were responded to.

Patient/carer support to cope emotionally with care and treatment

Although there was no register of recently bereaved patients at the practice, all patients receiving palliative care and those recently deceased were discussed at the monthly multi-disciplinary team meetings. From speaking with staff, we found that the approach of the practice was one of familiarity with the community served. As a small practice of patients mainly from the local Bangladeshi community, most of the staff were familiar with many of the patients through their own ties and interactions with that community. As such, staff felt bereavement within the patient group was identifiable. The practice response was to contact close family of the recently deceased, provide home visits by the senior GP where necessary and refer patients requiring further support to a local bereavement counselling service (CRUISE).

Patients in a carer role were identified where possible. From our conversations with staff and our review of documentation we saw the practice maintained a register of 23 patients who identified as carers. This information was mainly sourced from patients approaching the practice directly or raising the issue in consultations with the GPs. Staff told us that patients on the register had access to same day and longer appointments and the flu vaccine. We saw information aimed at carers displayed in the waiting area. This gave details of the local support available among other things.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice was responsive to patients' needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs.

The practice provided an enhanced service in an effort to reduce the unplanned hospital admissions for vulnerable and at risk patients including those aged 75 years and older. As part of this, each relevant patient received a specialised care plan and multi-disciplinary team monitoring. If needed, these patients had access to same day appointments and home visits among other things. There was also a palliative care register at the practice with regular multi-disciplinary meetings to discuss patients' care and support needs. There were 15 patients on the register at the time of our inspection visit.

The practice was engaged as part of a local cluster group developing systems and services for frail and older patients. The aim of the group was to provide each patient with coordinated care from the organisations involved and reduce such things as hospital admissions among those patient groups.

Smoking cessation services including advice were provided at the practice by a qualified nurse. Smoking cessation services had been offered to 269 identified and eligible patients. However, only six of those patients had accepted intervention by accessing a smoking cessation course.

We saw that patients with dementia received a specialised care plan, a named GP and multi-disciplinary team monitoring. The practice also maintained a register of patients with learning disabilities and provided annual health checks to those patients.

Tackling inequity and promoting equality

From our review of documentation we saw that most staff at the practice had completed equality and diversity training. We saw the premises and services were adapted to meet the needs of people with disabilities. We saw that the practice had step free access to the main entrance and lift access to the first floor. We saw that the waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for manageable access to the treatment and consultation rooms. Accessible toilet facilities were available for all patients attending the practice.

Some staff at the practice were able to speak a number of languages other than English including Hindi and Bengali. This allowed patients from the considerable local Asian (in particular Bangladeshi) population to see a doctor without an external translator. Although an external translation service was available to the practice, we saw it had not been used. We spoke with staff about the arrangements made when non-English speakers from European backgrounds accessed the practice. We were told those patients were required to bring a friend or relative to translate for them. The practice's reluctance to use the external translation service available put some non-English speaking patients at a disadvantage to understanding their care and treatment and protecting their privacy.

Access to the service

On the day of our inspection we checked the appointments system and found the next routine bookable appointment to see a GP was the next working day. The same applied to the next available nurse appointment. Dedicated urgent and telephone consultation appointment slots were available on the day of our inspection. We saw that the appointments system was structured to ensure that urgent cases could be seen on the same day and the GPs were able to complete home visits following morning surgery (after midday).

Information was available to patients about appointments on the practice website. However, patients were not yet able to book their appointments online. Staff told us the new IT system which would allow for online appointment booking was due to be installed at the practice on 17 December 2014.

Patients were able to make their repeat prescription requests in person or online through the practice's website. There were also arrangements in place to ensure patients received urgent medical assistance when the practice was closed. Information on the out of hours (OOH) service was provided to patients.

We saw there was a standard process in place for the practice to receive notifications of patient contact and care

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

from the out of hours provider. We saw evidence that the practice reviewed the notifications and took action to contact the patients concerned and provide further care where necessary.

The practice was open from 9am to 6.30pm Monday to Friday except Wednesday when the practice closed at 1pm. There was no late evening or weekend surgery. The lack of extended opening hours potentially reduced access to services for those who found attending in working hours difficult. The senior staff we spoke with said the practice was previously open until 8pm one day each week but this stopped three years ago due to lack of use from the patients.

We attempted to speak with patients during our inspection visit but none were willing to do so. However, a total of 41 patients completed CQC comment cards to provide us with feedback on the practice. There was a mixed response from patients on the appointments system and the availability of appointments. Some said they always got the appointments they wanted and an equal number said they felt they had to wait too long for an appointment. However, comments made about phone access to the practice were all positive.

Results from the NHS England GP patient survey in 2014 showed that 73.3% of patients were satisfied or very satisfied with the practice's opening hours. This was below average when compared to the rest of England. The figure increased considerably to 86.4% of those patients who felt phone access to the practice was good. This was above average when compared to the rest of England.

Listening and learning from concerns and complaints

The practice's complaints policy was 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. Information on the complaints procedure was displayed in the waiting area. A leaflet informing patients of how to complain about the practice was available from the reception team. However, this required each patient to ask staff for the leaflet. Also, the information was not available on the practice's website.

We spoke with senior staff and looked at documentation about complaints received by the practice. We saw that no complaints were made directly to the practice. However, complaints were made about the practice directly to NHS England. In both cases, the practice had been asked to investigate and respond to the complaints by NHS England. We saw that the documentation held by the practice was disorganised. Some, but not all of the appropriate documentation was available. Senior staff appeared uncertain where to locate much of the documentation. The practice was unable to demonstrate if it had fully responded to NHS England's requests or if any action was taken as a result of the complaints received. The system in place for handling complaints and concerns at the practice was lacking.

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

From speaking with staff and our review of documentation, we found the practice had no clear formal or documented vision or strategy. All the staff we spoke with felt the informal vision and strategy of the practice was to deliver a quality primary care service whilst understanding the cultural and medical needs of its practice population. Staff said that objectives of the practice included recognising the cultural sensibilities of the mainly Bangladeshi practice population to promote access to the service and to improve the knowledge and awareness among its patient group through health education and promotion. We saw that the practice always employed one female locum GP as a result of this and a number of the staff spoke Bengali.

Monthly meetings requiring all staff attendance were used to involve all staff in the running and direction of the practice. Staff told us this made them feel included and supported and provided them with the opportunity to discuss and contribute to the development of practice arrangements and processes.

Governance arrangements

The practice had decision making processes in place. Staff at the practice were clear on the governance structure. They understood that the senior GP was the overall decision maker strongly supported by the practice manager. All staff contributed to practice processes and issues through multi-disciplinary and practice staff meetings.

The practice had a system of policies and procedures in place to govern activity and these were available to all staff. The policies and procedures we looked at during our inspection were reviewed and up-to-date. However, policies and systems around areas such as medicines management and infection control were not yet embedded at the practice. Also, where individuals had lead roles, they were not always aware of the relevant practice processes. Therefore the practice was not yet fully safe and effective and there was a risk to patients from the lack of some infection control systems and the potential for the unsafe use and management of medicines among other things.

There was a process in place for identifying and managing risks. Initially, the practice manager and senior GP reviewed all reported incidents and events through unrecorded discussion and conversation. Staff meetings were called in response to all incidents and events and were used for staff to review and action these together. We looked at minutes of the meetings that demonstrated this happened as and when required. Details of any discussions and decisions made in those meetings were made available to any staff who could not attend through a shared drive on the practice's computer system.

However, when we asked to see an annual review or analysis of all significant events at the practice, this could not be provided. The practice manager confirmed an annual review was not completed. This reduced the practice's ability to monitor and review its learning from previous incidents and events.

Leadership, openness and transparency

There was a clear leadership structure at the practice which had named members of staff in lead roles. We saw the senior GP was the lead for some areas. There were nurse leads for cervical screening and patients with asthma and chronic obstructive pulmonary disorder. All staff knew who the relevant leads were. However, where individuals had lead roles, they were not always aware of the relevant practice processes. The staff we spoke with were clear about their own roles, although there were examples of where their responsibilities were not fully accomplished, such as the completion of cleaning checklists. Also, staff were not always clear on the roles and responsibilities of their colleagues, notably in relation to medicines management.

Staff told us they felt valued, well supported and knew who to go to in the practice with any concerns. All the staff we spoke with said they felt part of a committed team.

From our conversations with staff and our review of documentation, we saw there was a regular schedule of all staff and multi-disciplinary meetings at the practice. Staff told us there was an open culture within the practice and they had the opportunity to raise and discuss issues at the meetings.

Practice seeks and acts on feedback from its patients, the public and staff

From our conversations with staff and our review of documentation, we found there was no patient participation group (PPG) at the practice. The PPG is a

Are services well-led?

Requires improvement

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

group of patients who work with the practice to discuss and develop the services provided. We found that five patients had expressed an interest in forming an organised group, but at the time of our inspection visit the practice had not succeeded in formalising the group and establishing a schedule of meetings. During our inspection visit, we spoke with one of the patients who had expressed an interest in becoming a PPG member. Although the feedback on the practice was very good, it was clear from our discussions with the individual that the PPG was not yet an established and productive body.

A patient survey had not been completed at the practice since the 2012/2013 year. We looked at an undated report we were told had followed the survey and saw this was a collation of the number of responses of each type to each question. There was no qualitative analysis of the results and no action plan was produced to progress areas where feedback was less positive.

We saw a notice in the waiting area informing patients of how to raise comments and suggestions. This required patients to ask for a form from reception. Senior staff at the practice told us there had been no returns from patients through this method. They said there had been a suggestions box in the waiting area in the 2012/2013 year, but this was not used by patients.

The senior staff we spoke with said an open door approach was taken to receiving feedback from patients who were able to phone or visit the practice manager whenever they needed to. They said this approach worked well, particularly with the predominant Bangladeshi patient population. However, there was a risk that the lack of mechanisms in place at the practice to listen to the views of patients and those close to them excluded some patients from having their feedback received and acted upon. This was particularly relevant, but not exclusively so, to patients who were not from a Bangladeshi background.

Management lead through learning and improvement

Clinical staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. Non-clinical staff also said their development was supported. With the exception of a nurse working for various practices in the locality, the staff files we looked at demonstrated that regular appraisals took place which included a personal development plan. We saw that protected learning time was used to provide staff with the training and development they needed to carry out their roles effectively.

A system was in place for senior staff to review and action all reported incidents and events. The minutes of the all staff meetings available at the practice demonstrated that all incidents and events were discussed as soon as possible after they occurred or were reported. The meetings included discussion on how the incidents could be learned from. However, the lack of an annual review or analysis of all significant events reduced the practice's ability to monitor and review its learning from previous incidents and events.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** We found that the registered person had not protected people from the risks associated with the unsafe use and management of medicines by means of the making of appropriate arrangements for the recording, storing and safe use of medicines used for the purpose of the regulated activity. This was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** We found that the registered person had not protected people against the risk of infection because some systems designed to assess the risk of and to prevent, detect and control the spread of infection were lacking, or did not meet specification. This was in breach of Regulation 12 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 (2) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **How the regulation was not being met:** We found that the registered person had not protected people from the risks of unsafe or inappropriate care and treatment by ensuring all the required information in respect of each person employed was available and up-to-date. This was in breach of Regulation 21 (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 19 (3) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** We found that the registered person had not protected people against the risk of inappropriate or unsafe care and treatment because systems designed to assess, monitor, mitigate risks to and improve the quality and safety of services for patients were lacking. This included a programme of clinical audit. This was in breach of Regulation 10 (1) (a) and (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 (2) (a) and (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 11 HSCA (RA) Regulations 2014 Need for consent **How the regulation was not being met:** We found that the registered person had not protected people from the risks of unsafe or inappropriate care and

Requirement notices

treatment by ensuring there were suitable arrangements in place to obtain and act in accordance with the consent of patients in relation to their care and treatment and that staff were knowledgeable about any process used.

This was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 11 (1) and (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints **How the regulation was not being met:** We found that the registered person did not operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by patients. This was in breach of Regulation 19 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 16 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** We found that the registered person did not have appropriate processes in place to seek and act on feedback from patients for the purpose of continually evaluating and improving the service. This was in breach of Regulation 10 (2) (b) (i) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 (2) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care **How the regulation was not being met:** We found that the registered person had not protected people from the risks of unsafe or inappropriate care and treatment because it did not make every reasonable effort to involve patients in their care by providing information in an accessible format. The lack of use of a translation service left some patients without the relevant information provided in the most suitable way they could understand. This was in breach of Regulation 17 (2) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 9 (3) (d) and (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** We found that the registered person had not protected people from the risks of unsafe or inappropriate care and treatment arising from a lack of proper information in records appropriate to the management of the regulated activity. Clear and accurate records around the management of medicines, cleanliness, complaints, recruitment checks on staff and clinical audit at the practice were lacking. This was in breach of Regulation 20 (1) (b) (ii) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 (2) (d) (ii) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.