

# Dr Hafiz Rehman

## Quality Report

Thornton Lodge Surgery  
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Date of inspection visit: 15 November 2017

Date of publication: 25/01/2018

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

### Ratings

#### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Requires improvement 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

**This practice is rated as Good overall. The practice is rated as requires improvement for providing effective care to the population groups of People with long-term conditions and People experiencing poor mental health (including people with dementia). This resulted in the practice being rated as requires improvement for the key question of are services effective?** (The previous inspection was on 27 January 2017 and 1 February 2017 when the practice was rated as Inadequate)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Requires Improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students) – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) - Good

We carried out an announced comprehensive inspection at Dr Hafiz Rehman (also known as Thornton Lodge Surgery), 60 Thornton Lodge Road, Huddersfield, HD1 3SB on 15 November 2017.

This was to check that the practice had taken action to address a number of significant shortfalls, which we had identified during our previous inspection in January and February 2017. Following that inspection, the practice was rated as inadequate overall and for providing safe, effective and well-led services. It was rated as good for providing caring and responsive services. We issued two warning notices and a requirement notice under the Health and Social Care Act 2008 and placed the practice into special measures.

At this inspection, on 15 November 2017, we found that the practice had taken action to remedy the breaches in regulations. For example, health and safety concerns had been addressed, outdated policies had been reviewed, effective clinical audits were being undertaken, deficits in staff training had been rectified and systems to ensure the safe management of vaccines had been implemented. Overall the practice is now rated as good.

# Summary of findings

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes. When things went wrong, reviews and investigations were thorough and lessons learned were communicated to support improvement.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence based guidelines. We saw that the system for sharing drug safety alerts across the practice was sufficiently monitored.
- We saw that staff treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and told us that they were able to access care when they needed it.
- There was a focus on continuous learning and improvement at all levels of the organisation.
- The majority of patients had access to the GPs personal phone number in case of queries or emergencies, and at the time of death, the GP would facilitate early burial for religious reasons.
- The practice used visual aids in order to effectively support patients living with diabetes to modify their diets.

The areas where the provider should make improvements are:

- Continue to review and improve the care and treatment provided to people living with long-term conditions, including those living with diabetes, and for people experiencing poor mental health, including people living with dementia.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service. These improvements now need to be sustained, moving forwards.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The six population groups and what we found

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

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

# Dr Hafiz Rehman

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser and a second CQC inspector.

## Background to Dr Hafiz Rehman

Dr Hafiz Rehman (also known as Thornton Lodge Surgery), 60 Thornton Lodge Road, Huddersfield, HD1 3SB), provides services for 2,446 patients. The surgery is situated within the Greater Huddersfield Clinical Commissioning Group and provides primary medical services under the terms of a personal medical services (PMS) contract.

Services are provided from a purpose built and accessible building which is owned by the provider. The practice, located in a densely populated urban area, experiences higher levels of deprivation and the population is mainly South Asian.

Information published by Public Health England rates the level of deprivation within the practice population group as

two, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Male life expectancy is 76 years compared to the national average of 79 years. Female life expectancy is 81 years compared to the national average of 83 years.

Dr Hafiz Rehman is registered as a sole provider. Dr Rehman attends the practice two days a week and undertakes the equivalent of four clinical sessions. Locum GP cover is provided for the remainder of the week with two long-term (male and female) locum GPs offering a total of five sessions a week between them.

The practice has a nurse, a health care assistant and a practice manager. The provider also employs a team of part-time reception staff and a cleaner.

The practice is open Monday, Tuesday, Wednesday and Friday from 8am to 6:30pm and Thursday from 8am to 1pm. A neighbouring practice provides cover for urgent matters on a Thursday afternoon.

Out of hours treatment is provided by Local Care Direct, which can be accessed by calling the surgery telephone number or contacting the NHS111 service.

When we returned for this inspection, we checked and saw that the previously awarded ratings were displayed as required in the premises and on the practice's website.

# Are services safe?

## Our findings

**At our previous inspection on 27 January 2017 and 1 February 2017, we found that recruitment checks had not been consistently followed or health and safety**

**assessment of the premises did not take place. We also saw that health and safety training had not been completed by staff. However, during our recent inspection we saw evidence that significant improvements had been made. At this inspection we rated the practice, and all of the population groups, as good for providing safe services.**

### Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. It had a range of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training.
- The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. For example, the practice worked with a local charity to support those patients who had a learning difficulty in retaining their independence.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken for all staff. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). We reviewed four staff files and found that the appropriate checks had been completed.
- Staff who acted as chaperones were trained for the role and had received a DBS check.

- There was an effective system to manage infection prevention and control (IPC). The practice had been subject to a recent IPC audit in September 2017 which showed they had achieved a score of 96%. An action plan was generated as a result and we saw that they were taking steps to address any issues that had been identified.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

### Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for new and temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. The clinicians we spoke with knew how to identify and manage patients with severe infections such as sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

### Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information. The GPs always checked the letters and tasked the administration staff accordingly.

### Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

## Are services safe?

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- We saw that refrigerators used to store vaccines were well stocked and managed correctly. The practice had mechanisms in place to prevent refrigerators being turned off accidentally and thermometers were in place in each refrigerator which were calibrated on a regular basis.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had taken actions to support the effective use of antimicrobial prescribing. There was evidence of actions taken to support good stewardship.
- We saw Patient Group Directions (PGDs) had been adopted by the practice to allow the practice nurse to administer medicines in line with legislation; these had been signed by the authorising body. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.)
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines and visited them at home if needed.

### Track record on safety

The practice had a good safety record.

- There were effective risk assessments in relation to safety issues.

- There was a health and safety policy available. Risks to patients were assessed. For example, a health and safety assessment of the premises had been carried out. We saw that an electrical system check had been undertaken recently.
- All electrical and clinical equipment, including the defibrillator, was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to improvements in safety.

### Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Managers supported them when they did so. A recent event where the nebuliser plug was missing was discussed at a team meeting and actions taken to avoid its reoccurrence.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, in response to a recent safety alert on the 3 October 2017 with regards to a respiratory update, the practice reviewed all patients on the asthma register to ensure that the alert was actioned accordingly.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

# Are services effective?

(for example, treatment is effective)

## Our findings

**We rated the practice as requires improvement for providing effective services overall. This was because the population groups of people with long-term conditions and people experiencing poor mental health were rated as requires improvement for receiving effective services. The remaining population groups, older people, families, children and young people, working age people and people whose circumstances make them vulnerable were rated as good for receiving effective services. At our previous inspection on 27 January 2017 and 1 February 2017, the practice had not undertaken any clinical audits within the last year to drive improvement in patient outcomes. We also found that data from the Quality and Outcomes Framework showed patient outcomes were lower than the local and national average.**

**During our inspection on 15 November 2017 we saw evidence that significant improvements had been made in these areas.**

### Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The practice was comparable to other practices in the Clinical Commissioning Group (CCG) and nationally for the prescribing of medications such as hypnotics (drugs whose primary function is to induce sleep), antibacterial prescription items (drugs used to kill bacteria) and antibiotic items prescribed that were Cephalosporins or Quinolones. These antibiotics should only be used in specific circumstances or when other antibiotics have failed to prove effective in treating an infection.
- We found that all patients were treated according to their personal, and cultural needs.
- Staff advised patients what to do if their condition got worse and where to seek further help and support. For example, the nurse would refer patients to advanced diabetic care at the local hospital when required.

- We saw that action was taken on anticoagulant and statin prescribing that had improved care.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan. Over a 12 month period the practice had offered 179 patients a health check; 175 of these checks had been carried out.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- We checked notes of patients living with diabetes and asthma and found some effective use of templates and care plans as well as appropriate exception reporting and prescribing. However, we saw that overall performance for diabetes related indicators was significantly below national averages. The provider was taking steps to improve the care provided to these patients. There was a yearly recall system and medication reviews, more frequent reviews were held if required.
- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given just below the target percentage of 90% overall. The 90% target was being achieved for three of the four sub-indicators.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. On the day of the inspection we spoke with

# Are services effective?

## (for example, treatment is effective)

one expectant mother who said the practice always called her or text messaged her to follow up on appointments. The patient told us that they were receiving “amazing care”.

- We saw that written consent for non-therapeutic circumcision services was routinely sought from both parents; in line with best practice guidelines.
- From the sample of documented examples we reviewed, we found that all children who were known to be at risk of safeguarding were routinely followed up if they did not attend an appointment.

Working age people (including those recently retired and students):

- The practice’s uptake for cervical screening was 80%, which was in line with the 80% coverage target for the national screening programme.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time or when travelling abroad. The practice had a register for patients eligible for the meningitis vaccine and contacted those patients via text or telephone to arrange an appointment. We were told that most of the patients made their own appointments due to the university they were attending promoting uptake of the meningitis vaccine.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate follow-ups on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- The practice was proactive in offering online services (10% of patients were registered for online services) as well as a full range of health promotion and screening that reflected the needs for this age group.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances which may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- Vulnerable patients could appoint a named individual in line with the practice’s policy to request and collect their repeat prescriptions.

- A charity called ‘Safe Haven’; a scheme to help those with learning difficulties retain their independence, was working with the practice on Wednesday afternoons. The practice hosted the service providing rooms and equipment needed.

People experiencing poor mental health (including people with dementia):

- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is higher than the national average of 84%.
- 73% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is significantly lower than the national average of 90%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption was 87%, which is lower than the national average of 89%.
- The practice informed patients who experienced poor mental health how to access various support groups and voluntary organisations.
- All staff had received training in supporting patients who lived with dementia.

### Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example a recent DMARD (disease-modifying antirheumatic drug) audit was undertaken. A sample of 11 patients were discussed and medication amendments made as a result. This audit will be repeated on a six month cycle. The practice routinely attended local CCG protected learning sessions for updates and MRC (Medical Research Council) advice was discussed at minuted practice meetings. The GPs were aware of CKS (Clinical Knowledge Summaries) and National Institute for Health and Care Excellence (NICE) guidance.

The most recent published Quality Outcome Framework (QOF) results for 2016/17 showed that the practice had achieved 85% (previously 87%, a decrease of 2%) of the

# Are services effective?

(for example, treatment is effective)

total number of points available compared with the clinical commissioning group (CCG) average of 95% and national average of 95%. The overall exception reporting rate was 11% compared with a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

This practice was an outlier for some QOF (or other national) clinical targets. Data from 2016-17 showed:

- Overall performance for diabetes related indicators was significantly lower than comparable practices achieving 66% of available QOF points. This was 25% below the national average. We saw that 54% of diabetic patients on the register had achieved a blood sugar result of 59 mmol or less in the preceding 12 months. This demonstrated that diabetes for these 54% of patients was being well controlled.
- The practice manager told us that they usually conduct NHS Health Checks for patients that are 40 years and above who are at risk of developing diabetes. These patients have blood tests as part of this health check. In the last six months the practice has identified six new patients diagnosed with diabetes. This demonstrates that the practice is aware about these patients and are taking steps to address diabetic care.
- Performance for mental health related indicators was mixed. Some indicators showed performance was lower than the local and national averages. For example 73% of eligible patients experiencing a serious mental illness had an up to date care plan. This was 17% lower than the national average.
- 87% of patients with a serious mental illness had a record of their blood pressure taken in the last year. This was 3% lower than the national average.

The provider told us they were in the process of reviewing all of their QOF results, They told us that they try and engage with patients opportunistically when they come and see the GP or the nurse. They also have a recall system and print out recalls monthly and invite patients in for their reviews that are due that month by either sending them an

SMS or telephoning them. The practice manager told us that they are actively reviewing QOF data and receiving support with improving their score with the help of the 'Data Quality Team' from the CCG.

The practice used information about care and treatment to make improvements. We saw examples of where best practice guidelines were implemented into practice and reviews undertaken.

## Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected learning time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop, protected time had been set aside at various points throughout the next 12 months for learning.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the e-LFH (e-Learning for Healthcare) which is a 'Health Education England Programme' in partnership with the NHS and Professional Bodies to support patient care.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.
- Recent recruitment had enabled the practice to employ a nurse with bilingual skills.

## Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when

# Are services effective?

(for example, treatment is effective)

they were referred, or after they were discharged from hospital. The practice attended regular multidisciplinary team meetings as well as sharing information about their patients with out of hours providers.

- The practice held a pre-diabetes list of patients they had identified as being at risk of developing the condition and recalled patients every six months.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

## Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers. For example, patients were referred to social services if they had any housing needs.
- Figures for 2015/16 showed that the practice proactively referred 75% of new cancer cases using the urgent two week wait referral pathway, compared to the national average of 50%. Practices with higher detection rates positively impact on the survival rates of their patients.

- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity and diabetes.
- Smoking and dietary advice and weight management clinics were run by a nurse and a healthcare assistant (HCA).

## Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

The practice monitored the process for seeking consent appropriately. We looked at clinical records and saw recordings of when consent was given. We saw that written consent for non-therapeutic circumcision services were routinely sought from both parents; in line with best practice guidelines.

# Are services caring?

## Our findings

**We rated the practice, and all of the population groups, as good for caring.**

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- 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. A patient told us that they were offered a drink without them asking for it when they appeared distressed in reception.
- All of the 29 patient Care Quality Commission comment cards we received were exceptionally positive about the service experienced. This was in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 368 surveys were sent out and 89 were returned. This represented about 3.6% of the practice population. Patient satisfaction on consultations with GPs was generally higher than their satisfaction on consultations with nurses. For example:

- 91% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 91% of patients who responded said the GP gave them enough time compared to a CCG average of 90% and the national average of 86%.
- 95% of patients who responded said they had confidence and trust in the last GP they saw compared to CCG average of 97% and national average of 95%.
- 88% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 86%.

- 88% of patients who responded said the nurse was good at listening to them compared to a CCG average of 89% and the national average of 86%.
- 84% of patients who responded said the nurse gave them enough time compared to a CCG average of 93% and the national average of 92%.
- 92% of patients who responded said they had confidence and trust in the last nurse they saw compared to a CCG average of 98% and the national average of 97%.
- 83% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared to a CCG average of 92% and the national average of 91%.
- 87% of patients who responded said they found the receptionists at the practice helpful compared to a CCG average of 89% and the national average of 87%.

### Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available. The practice used visual aids to enable patients to understand healthy food options.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers by asking patients about caring responsibilities when they booked appointments. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 34 patients as carers (1.4% of the practice list). Members of staff directed carers' to other carer organisations to help ensure that the various services supporting carers were coordinated and effective.

## Are services caring?

- Staff told us that if families had experienced bereavement, the GP contacted them. The GP gave their mobile phone number to patients who required support during this difficult time.
- We were told by patients that in recognition of the religious and cultural observances, the GP would respond quickly, at times during the night, in order to provide the necessary death certification to enable prompt burial in line with families' wishes. The GP would then continue to liaise with the coroner, family and Iman as necessary and bereavement support information was given to the relatives of the deceased.

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:

- 89% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 89% and the national average of 86%.
- 84% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 82%.
- 86% of patients who responded said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 92% and the national average of 90%.
- 84% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 88%.

On the day of inspection all the patients we spoke with told us that they felt involved in their care and treatment.

### Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**We rated the practice, and all of the population groups, as good for providing responsive services.**

### Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. The practice was positively embedded into the local community and liaised regularly with the local mosque, local leaders, community staff and the PPG. GPs at the practice would meet regularly with the Imans from the local mosques who would promote health promotion and health screening within their congregation.
- The practice offered online services for making appointments and requesting repeat prescriptions. The service regularly reviewed the uptake of these appointments so that they continued to meet demand. Currently 10% of patients were registered for online services.
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. The GP told us that they would conduct home visits as and when required.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

#### Older people:

- All patients had a named GP who supported them.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

#### People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- Overall performance for diabetes related indicators was significantly below national averages.

#### Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

#### Working age people (including those recently retired and students):

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

#### People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- A charity called 'Safe Haven'; a scheme to help those with learning difficulties retain their independence, was working with the practice on Wednesday afternoons.

#### People experiencing poor mental health (including people with dementia):

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice had four patients who lived with dementia on its register. These patients were managed proactively.

# Are services responsive to people's needs?

## (for example, to feedback?)

- Performance for mental health related indicators was mixed. Some indicators showed performance was lower than the local and national averages.

### Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Out of the 368 surveys that were sent out 89 were returned. This represented about 3.6% of the practice population. The practice was generally above for its satisfaction scores on consultations with GPs and nurses. For example:

- 87% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 76% and the national average of 77%.
- 81% of patients who responded said they could get through easily to the practice by phone compared with the CCG average of 75% and the national average of 71%.
- 81% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 86% and the national average of 84%.

- 85% of patients who responded said their last appointment was convenient compared with the CCG average of 84% and the national average of 81%.
- 86% of patients who responded described their experience of making an appointment as good compared with the CCG average of 77% and the national average of 73%.
- 56% of patients who responded said they don't normally have to wait too long to be seen compared with the CCG average of 59% and the national average of 58%.

### Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Two complaints had been received in the last year. We reviewed these complaints and found that they had been satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example an emergency telephone call handling protocol was developed as a result of patients wanting to access the surgery in an emergency.

# Are services well-led?

Good 

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

## Our findings

**We rated the practice as good for providing a well-led service. At our previous inspection on 27 January 2017 and 1 February 2017, we found that the practice had not developed a clear vision or strategy. There was not an effective or overarching governance framework to fully support the delivery of good quality care. Key practice policies were out of date.**

**At our most recent inspection, we saw that significant improvements had been made in all areas of concern. These improvements now need to be sustained, moving forwards.**

### Leadership capacity and capability

- Leaders had shown they had the capacity and skills to deliver high-quality care. The practice had accepted support and advice from the Clinical Commissioning Group (CCG) and the Royal College of General Practitioners (RCGP), which included support with the implementation of policies. Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Staff told us that they felt there was an open door management approach and that they felt comfortable raising issues with the partners and managers.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

### Vision and strategy

The practice had a new clear vision and credible strategy that aimed to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities. The strategy was “To provide an appropriate and rewarding experience for patients whenever they need support”.

- The core values that were shared among the partners and staff were:
  - Openness
  - Fairness
  - Respect
  - Accountability
- The practice developed its vision, values and strategy jointly with patients, staff and external partners (with the CCG).
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

### Culture

The practice had taken steps to encourage a culture of high-quality care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice. The practice staff we spoke with felt and acted more like a family and had regular meals and nights out to maintain relationships.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values. For example, in the development of a procedure to meet the requirements of duty of candour.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received had received annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.

# Are services well-led?

Good 

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

- All clinical staff were considered valued members of the practice's clinical team. They were given protected time once a month for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. All the staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

## Governance arrangements

There were now clear responsibilities, roles and systems of accountability to encourage and support good governance and management moving forwards.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. For example the practice now have a Defibrillator, Oxygen, Nebuliser, Spirometer, and an ECG machine at the surgery, staff also have yearly life support training.
- Communication and supervision between clinicians was effective and managed through tasks using a formal processes. There was consistent leadership from the lead GP.

## Managing risks, issues and performance

The provider had introduced some clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.

- The practice had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality. The practice had a good level of antimicrobial prescribing as advised from CCG and the practice had 40% lower than the CCG average prescribing of these medicines.
- The practice had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.
- We saw evidence that learning from significant events and complaints was now shared amongst staff.

## Appropriate and accurate information.

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses. For example, to improve the uptake of self-help clinics and further diabetes checks.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

# Are services well-led?

Good 

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

## **Engagement with patients, the public, staff and external partners**

The practice involved patients, the public, staff and external partners to support their aim to provide high-quality, sustainable services.

- A range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- There was an active patient participation group. We spoke with six members of the group who told us the practice was proactive and listened to the needs of patients. Recently patients requested better seating in the waiting area. This change was put forward by the PPG and was being considered by the practice management team.
- The service was transparent, collaborative and open with stakeholders about performance.
- There was now a patient group and survey activity at the practice.

## **Continuous improvement and innovation**

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice. The provider had acted upon the findings from the previous CQC inspection and taken steps to improve the quality of the services provided. These improvements now need to be sustained, moving forwards.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance. We saw a rota for the full year where each staff member had protected learning time once a month.

The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.