

Dr Alma Sarajlic

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Alma Sarajlic on 5 May 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- In some areas risks to patients were assessed and well managed; however, there were some areas where the assessment and mitigation of risk was not sufficiently robust, for example, with regards to the Legionella risk and infection prevention and control.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. The practice carried-out clinical audits; however, audit cycles were not always completed and there was limited evidence of quality improvement as a result of audit.
- In most areas staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment; however, there were gaps in training with regards to infection prevention and control.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. We noted that the number carers identified by the practice was very low. We also noted that patients were not aware that they could request a chaperone.
- Information about services and how to complain was available and easy to understand; however, patients were not sign-posted to the Health Service Ombudsman or provided with the contact details for patient advocacy organisations. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- At the time of the inspection the practice was undergoing major redevelopment work of its

Summary of findings

permanent premises, and was therefore temporarily operating from a small section of the main building and from temporary cabins to the rear of the main building. We found that as a temporary arrangement the premises were adequate to treat patients and meet their needs.

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvements are:

Arrangements for patient safety to include: infection control processes including staff training; schedules and records of cleaning being maintained; reviewing the arrangements for the storage of blank prescriptions; a process for checking emergency equipment is in good working order and reviewing fire procedures.

In addition, the areas where the provider should make improvement are:

- They should consider formalising the risk assessment in relation to the Legionella risk at the practice, in order to determine whether a full Legionella assessment is required.
- They should introduce a schedule of clinical audit and ensure that they are completing re-audits of any areas where improvements have been made, in order to assess the effectiveness of the measures introduced.
- They should put a process in place to ensure that all new staff are made aware of the practice's policies and procedures as part of their induction, and that this is recorded.
- They should ensure that they are making patients aware that they can request a chaperone.
- They should review their action to identify patients who are carers so they can be signposted to relevant services.
- They should review arrangements for patients to see a male GP.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safeguarded from abuse.
- In some areas risks to patients were assessed and well managed; however, there were some areas where the assessment and mitigation of risk was not sufficiently robust, particularly around infection control, storage of blank prescriptions and fire procedures.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits were carried-out, but there was little evidence that they resulted in quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.

Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand. The practice did not have much information displayed in the waiting area; however, this was due to the limited space in the temporary premises which was being used whilst the practice renovated their main building. Detailed information about the services provided was available on their website.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. At the time of the inspection they were in the process of a completely renovating their premises to provide a larger and better equipped building.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- At the time of the inspection the practice was operating from temporary premises, which were adequate to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

Good



Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality.
- The provider was aware of and complied with the requirements of the duty of candour. The management team encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice was pro-active in encouraging older people to have flu vaccinations and would telephone patients to remind them to attend. In the preceeding 12 months, 87% of patients aged 65 and over had received a flu vaccination.

Good



People with long term conditions

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

- The practice had identified those patients at most risk of hospital admission, and had put care plans in place for these patients.
- Performance for diabetes related indicators were mixed. Overall the practice achieved 82% of the total QOF points available, compared with an average of 90% locally and 89% nationally. The proportion of diabetic patients who had a record of well controlled blood pressure in the preceding 12 months was 95%, which was above the the CCG average of 80% and national average of 78%, and the proportion of these patients with a record of a foot examination and risk classification in the preceding 12 months was 92% (CCG average 91%, national average 88%); however, the proportion of patients with well controlled blood sugar was 67%, which was below the CCG and national average of 78%.
- Longer appointments and home visits were available when needed.
- All these patients had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- We saw evidence that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Cervical screening had been carried-out for 79% of women registered at the practice aged 25-64, which was comparable to the CCG average of 84% and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including carers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

Good



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

- The practice had 14 patients diagnosed with dementia and 80% had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the the CCG average of 86% and national average of 84%.
- The practice had 16 patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses, and had recorded a comprehensive care plan for all of these patients, compared to a CCG average of 94% and national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. Three hundred and fifty one survey forms were distributed and 95 were returned. This represented approximately 4% of the practice's patient list.

- 94% of patients found it easy to get through to this practice by phone compared to the CCG average of 78% and national average of 73%.
- 87% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 80% and national average of 76%.
- 95% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and national average of 85%.

- 89% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 82% and national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 39 comment cards which were all positive about the standard of care received. Patients noted that the doctor always listened to them and provided them with a caring and personalised service.

We spoke with six patients during the inspection. All six patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Dr Alma Sarajlic

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 an Expert by Experience.

Background to Dr Alma Sarajlic

Dr Alma Sarajlic provides primary medical services in Twickenham to approximately 2600 patients and is one of 29 practices in Richmond Clinical Commissioning Group (CCG).

The practice population is in the third least deprived decile in England. The proportion of children registered at the practice who live in income deprived households is 13%, which is higher than the CCG average of 9%, and for older people the practice value is 14%, which is higher than the CCG average of 11%. The practice has a larger proportion of patients aged 0-4 years and 25-44 years than the CCG average, and a smaller proportion of patients aged 45+ years. Of patients registered with the practice, the largest group by ethnicity are white (78%), followed by asian (13%), mixed (4%), black (3%) and other non-white ethnic groups (2%).

The practice is currently undergoing a major re-build and is therefore temporarily operating from a small section of the main building and from temporary cabins to the rear of the main building. Car parking is available on the surrounding streets. The reception desk and main waiting area are situated in one cabin. The room used by the nurse and the healthcare assistant are situated in a neighbouring cabin, and cabins used for an administrative office and storage

area are situated above these. There is a separate cabin which houses the toilet, which is accessible to wheelchairs and includes baby changing facilities. The doctor's room is in a conservatory at the rear of the main building, which connects to a small waiting area and secure notes storage.

The practice team at the surgery is made up of one full time female GP, one part time female nurse and one part time female healthcare assistant. The practice team also consists of a practice manager and two reception/administrative staff.

The practice operates under a General Medical Services (GMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract).

The practice is open between 8:30am and 6.30pm Monday to Friday. Appointments are from 9am to 11.30am every morning, and 4pm to 6pm every afternoon apart from Wednesdays when there is no scheduled afternoon surgery (emergencies are seen when necessary). An extended hours surgery is offered between 6pm and 7pm on Thursdays. In total 9 GP sessions are available per week. Patients can also access appointments via the CCG seven-day opening Hub, which offers appointments from 8am until 8pm every day.

When the practice is closed patients are directed to contact the local out of hours service.

The practice is registered as a sole provider with the Care Quality Commission to provide the regulated activities of diagnostic and screening services; maternity and midwifery services; treatment of disease, disorder or injury; surgical procedures; and family planning.

The practice was last inspected in June 2013 and was found to be fully compliant with the regulations of the Health and Social Care Act 2008.

Detailed findings

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 5 May 2016. During our visit we:

- Spoke with a range of staff including the principal GP, practice manager and a receptionist, and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events, however, there was no process in place for them to periodically review the effectiveness of measures put in place following a significant event.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice had recorded an incident as a significant event where the nurse had realised that she had not given a patient one of the travel vaccinations required for the destination the patient was travelling to. The nurse had contacted the patient to inform them of the mistake and arranged to provide the outstanding vaccination. Following this incident, the practice introduced a new process whereby patients had to complete a form, detailing the arrangements for their travel, prior to their appointment for vaccinations so that the nurse had opportunity to research and prepare in advance.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse; however, these were not always robust. These included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements

reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. All staff were trained to child protection or child safeguarding level 3.

- We were told that staff were available to act as chaperones to patients; however, there were no signs informing patients that this was available, and some patients that we spoke to were not aware that they could request a chaperone. Staff could describe the training they had received for this role, which had been delivered informally by the GP. All staff who acted as chaperones had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- We observed the premises to be clean and tidy. The principal GP was the infection control clinical lead. There was an infection control protocol in place, which staff were aware of; however, staff did not receive infection control training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. A cleaning schedule was in place for the general cleaning of the practice, but no record was kept of the cleaning that had been carried-out. A protocol was in place for the cleaning of clinical equipment, but this did not specify how frequently equipment should be cleaned and no record was kept of the cleaning having been completed. The cleaner was responsible for emptying the clinical waste bins from the consulting rooms but the practice had no record of their hepatitis B immunity status.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk

Are services safe?

medicines. We observed that blank pads were locked in a secure cabinet. Blank prescription forms were stored in rooms which were locked when they were not in use; however, they were left in printer drawers overnight and there was no system in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation (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). Patient Specific Directions (PSDs) were in place to allow the healthcare assistant to administer medicines. (PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis).

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The practice did not routinely take up written references for new employees, but explained that they would consider this was necessary on a case by case basis; however, there was no record of this decision-making process in the files that we saw.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments, but did not carry-out regular fire alarm tests or fire drills. There was no fire alarm fitted in the temporary accommodation; however, we were informed that a fire alarm would be fitted in the permanent premises. Fire extinguishers were available in every cabin in the temporary premises.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was

checked to ensure it was working properly. The practice had risk assessments in place for the control of substances hazardous to health and infection control. They had considered the risk of Legionella and had received some informal advice regarding this; however, they had not produced a formal risk assessment to determine whether a full Legionella assessment was required.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the administrative and nursing staff, and arrangements were in place for the GP's role to be covered during her absence.

Arrangements to deal with emergencies and major incidents

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

- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks; however, we noted that there was no schedule in place for these to be checked to ensure they were in working order. A first aid kit was available.
- Emergency medicines and equipment were securely stored and all staff knew of their location. These medicines would be accessible to staff whilst this room was occupied; however, both the room and the cupboard that the medicines were in were locked at times when the nursing and healthcare staff were not working. During the inspection the GP agreed to review their access to emergency medicines. All the medicines we checked were in date.
- There was no emergency alarm system in the temporary premises; however, we were informed that an alarm system would be fitted to the main building.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 94% of the total number of points available. The practice's overall clinical exception rate was 4%, which was below the CCG average of 7% and national average of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators were mixed. Overall the practice achieved 82% of the total QOF points available, compared with an average of 90% locally and 89% nationally. The proportion of diabetic patients who had a record of well controlled blood pressure in the preceding 12 months was 95%, which was above the CCG average of 80% and national average of 78%, and the proportion of these patients with a record of a foot examination and risk classification in the preceding 12 months was 92% (CCG average 91%, national average 88%); however, the proportion of patients with well controlled blood sugar was 67%, which was below the CCG average and national average of 78%.

- The practice had 14 patients diagnosed with dementia and 80% had their care reviewed in a face to face meeting in the last 12 months, which was slightly below the CCG average of 86% and national average of 84%.
- The practice had 16 patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses, and had recorded a comprehensive care plan for 100% (with an exception rate of 13%) of these patients, compared to a CCG average of 94% (with 8% exception rate) and national average of 88% (with 13% exception rate).

There was evidence of quality improvement including clinical audit.

- There had been three clinical audits completed in the last two years, one of these, relating to inadequate cervical cytology samples, was a completed audit cycle.
- From the audit reports that we saw, it was unclear what actions had been put in place as a result of the audits, and there was little evidence that audit was being used to drive improvement at the practice.

Effective staffing

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

- The practice did not have a formalised induction programme for all newly appointed staff; however, staff we spoke to told us that they felt they had received all the information they needed in order to carry-out their role when they joined the practice team. We saw evidence that a personal development plan was developed for each new member of staff which included a plan for the training that they needed to complete; however, it was not evident how the practice ensured and recorded that new members of staff were aware of the practice policies for topics such as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, we saw evidence that the healthcare assistant had received regular training on topics such as spirometry, diabetes care, phlebotomy and administering vaccines.

Are services effective?

(for example, treatment is effective)

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. We saw evidence of ongoing training and updates for staff who administered vaccines.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

Cervical screening had been carried-out for 79% of women registered at the practice aged 25-64, which was comparable to the national average of 82%. However, only 67% of eligible women had attended for screening within the target period, compared to a national average of 73%. The principal GP explained that she had run reports from their computer system to identify women who had not attended for cervical screening, in order that these patients could be telephoned with a reminder; however, the member of staff responsible had not carried this out. A new nurse had started at the practice a few days prior to the inspection, and it was explained that the new nurse would be carrying-out these reminders in future. There was no failsafe system in place to ensure results were received for all samples sent for the cervical screening programme; however, following feedback at the end of the inspection, we saw evidence that a new procedure was implemented shortly afterwards.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 76% to 96% (national averages ranged from 82% to 94%) and five year olds from 65% to 94% (national averages ranged from 69% to 94%).

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- The way that the reception waiting area was set-up in the temporary premises allowed for receptionists to have discreet conversations with patients which could not be overheard.

All of the 39 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 94% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) and national average of 89%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 86% and national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG and national average of 95%.
- 92% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 85%.

- 86% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 91%.
- 90% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 94% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 90% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national average of 82%.
- 81% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information on common health issues and health promotion was available on the practice's website.

Patient and carer support to cope emotionally with care and treatment

There was some patient information available in the patient waiting area which told patients how to access support groups and organisations, however, this was limited due to the practice temporarily operating from temporary premises.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 31 patients as carers which represented approximately 1% of the practice list. The practice offered annual health checks and influenza vaccinations for carers. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered a bereavement, the GP contacted them by phone. This call was either followed by a patient consultation, either at the surgery or at the patient's home, at a flexible time and location to meet the family's needs.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. At the time of the inspection they were in the process of a completely renovating their premises to provide a larger and better equipped building.

- The practice offered a 'Commuter's Clinic' on a Thursday evening from 6.30pm until 7.00pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately/ were referred to other clinics for vaccines available privately.
- There were disabled facilities and translation services available.

Access to the service

The practice was open between 8:30am and 6.30pm Monday to Friday. Appointments were from 9am to 11.30am every morning, and 4pm to 6pm every afternoon apart from Wednesdays when there was no scheduled afternoon surgery (emergencies were seen when necessary). An extended hours surgery was offered between 6pm and 7pm on Thursdays. Patients could also access appointments via the CCG seven-day opening Hub, which offered appointments from 8am until 8pm every day.

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

- 79% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 78%.
- 95% of patients said they could get through easily to the practice by phone compared to the CCG average of 78% and national average of 73%.

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

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- Information about formal written complaints was recorded, however, the practice did not record details of concerns raised verbally, and therefore did not have a mechanism for monitoring trends in the concerns raised.
- 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 on the practice's website and a comments box was located in the waiting area.

The practice had not received any formal complaints in the past 12 months, and therefore we looked at two complaints received from the previous year. We found that the complaints were responded to promptly and that a full explanation was given and an apology was made where required; however, we noted that the complaint responses did not provide the contact details for the Health Service Ombudsman or for the local patient advocacy organisation.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a strong ethos to provide high quality care to its patients, and this was understood and shared by all the staff that we spoke to.
- The practice had a clear vision and strategy, which included the completion of the premises renovation and the recruitment of a GP partner; however, this had not been formalised into a written business plans.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- The practice had a yearly management plan which included a schedule for reviewing and updating processes and procedures.
- Clinical and internal audit was used to monitor quality; however, there was little evidence of improvements having been made as a result of audits and there was no planned schedule of audits.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, however, these were not always robust.

Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of

candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The management team encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.

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

- The practice team was very small, and therefore much of the communication between staff and management was carried-out face-to-face as issues arose. Staff told us that whole practice meetings were held but these were not regularly scheduled.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues as they occurred and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported by the management team at the practice. All staff were involved in discussions about how to run and develop the practice, and the management team encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

The practice had experienced difficulties in recruiting members for their PPG. They explained that a large proportion of their patient population were of working age and therefore had difficulty in committing to attending meetings. In light of this, the practice had established a virtual PPG and had gathered feedback from members using a survey. The feedback received from the survey had been considered and a report and action plan had been created. For example, the report highlighted that some patients had commented about the lack of privacy around the reception desk. The practice had noted that the design of the reception area at the new building should address

Are services well-led?

Good 

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

this concern; however, in the interim whilst they were operating from the temporary premises, they had discussed the issue with their receptionists and asked that they pay greater attention to ensuring that they are discreet with patient information.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice was in the process of re-developing and extending its

premises in order to provide improved facilities for patients. They had received an in-principle agreement from NHS England for funding for this work which had not yet been received, and they had self-funded the work in the interim to ensure that the improved patient facilities were made available as quickly as possible.

The practice demonstrated that they were committed to developing their staff. For example, the practice manager had begun working at the practice as a receptionist, and had been gradually trained by the previous practice manager to take on the role as their successor. Once in post, the practice manager had achieved an AMSPAR (Association of Medical Secretaries, Practice Managers, Administrators and Receptionists) diploma in health management, which was funded by the practice.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.: Safe care and treatment
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	How the regulation was not being met: The provider did not have in place comprehensive arrangements to assess the risk of, prevent, detect and control the spread of infections. The providers arrangements for storing and monitoring prescription pads were not suitable. The provider did not have arrangements for checking emergency equipment is in full working order. The arrangements for fire safety required review while the practice is in temporary accommodation and when they move back into the practice. This was in breach of regulation 12(1)(2)(e)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.