Dr Latif Hussain

Quality Report

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

Ratings

Overall rating for this service	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires improvement

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

Dr. Latif Hussain practice, also known as Milehouse Medical Practice, is located in Newcastle Under Lyme, Staffordshire. We carried out an announced comprehensive inspection on 4 August 2015. Overall, Dr. Latif Hussain practice is rated as requires improvement.

Specifically, we found the practice to be good in caring, effective and responsive and requires improvement in safe and well led. It was also rated as requires improvement for providing services for all the population groups.

Our key findings were as follows:

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Information was provided to help patients understand the care available to them.
- Patients' needs were assessed and care was planned and delivered after considering best practice guidance.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure they met patients' needs.
- The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand
- The practice had a clear vision which had quality and safety as its top priority. High standards were promoted and owned by all practice staff with evidence of team working across all roles.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- Most formal governance arrangements were in place with a few exceptions for example, a lack of a training policy, and no planner or matrix system in place to be assured that all staff were up to date with their training needs.

Summary of findings

However, there were also areas of practice where the provider needs to make improvements.

Importantly, the provider must:
Ensure recruitment arrangements include all necessary pre-employment checks and that appropriate records are held for all staff.

The provider should:
Ensure that disease modifying medicine prescribing processes including sight of patients' blood results are documented and any risks identified are mitigated between the prescriber and rheumatology department.

Ensure staff have a regular appraisal.

Consider a reaudit in respect of the high numbers of A & E attendances when compared with national figures.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

The practice is rated as requires improvement for safe. Staff understood and fulfilled their responsibilities to raise concerns, and report incidents and near misses. The system for reporting significant events was robust and included analysis to ensure on-going improvement in patient care. Lessons were learned and communicated widely to support improvement. Systems were in place to assess risks to patients and staff. However some of these needed to be reviewed to ensure all potential risks were reduced and well managed for example staff recruitment. The percentage of patient attendances at A & E was higher than the national average and the practice needed to consider and analyse these findings. There were enough staff to keep people safe.

Are services effective?

Good

The practice is rated as good for effective. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessment of capacity and the promotion of good health. Most staff had received training appropriate to their roles and further training needs had been identified and planned. Gaps included for example chaperone training. Staff usually received annual appraisals however the last appraisal dates were 2013 for staff. Staff had opportunities for ongoing professional development. Multidisciplinary working was evidenced. The practice was extremely proactive in working with other professionals and the local community.

Are services caring?

Good

The practice is rated as good for caring. Data showed patients rated the practice higher in some aspects of care and figures were comparable to that of the local Clinical Commissioning Group. Patients said they were treated with compassion, dignity and respect and they were involved in care and treatment decisions. Accessible information was provided to help patients understand the care available to them. We also saw that staff treated patients with kindness and respect ensuring confidentiality was maintained.

Are services responsive to people's needs?

Good

The practice is rated as good for responsive. The practice reviewed the needs of their local population and engaged with the Clinical Commissioning Group (CCG) to secure service improvements where these were identified. Patients reported good access to the practice with a walk in service available each weekday morning and urgent

Summary of findings

appointments available on the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. There was an accessible complaints system with evidence demonstrating that the practice responded quickly to issues raised.

Are services well-led?

Requires improvement

The practice is rated as requires improvement for well-led. 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 regular whole staff meetings had taken place which included elements of governance. Most systems were in place to monitor and improve quality. The exceptions included, a lack of a training policy, no lone worker policy, no planner or matrix system in place to be assured that all staff were up to date with their training needs and the disease modifying medicine prescribing processes needed to be risk assessed and documented. The practice data in respect of the registered patient's ethnicity could not be relied upon as 680 patients did not have their ethnicity recorded at the practice. The recruitment policy and professional registration checks were not completely followed for the recruitment of recent staff and staff personnel record keeping. The practice proactively sought feedback from staff and patients and this had been acted upon. The practice had an active patient participation group (PPG). Staff had received inductions, but had fallen behind in their regular staff appraisals but staff felt supported by attending practice meetings and training events.

Summary of findings

The six population groups and what we found

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

Older people

Requires improvement

The practice is rated as requires improvement for the care of older people. There were aspects of the practice which required improvement and these related to all population groups.

Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. For example the percentage of patients aged 75 or over with a fragility fracture on or after 1 April 2012, who were treated with an appropriate bone-sparing agent between 2013 and 2014 was 100% when compared with the national average of 81.27%. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for the population group of people with long term conditions. There were aspects of the practice which required improvement and these related to all population groups. Emergency processes were in place and referrals were made for patients in this group that had a sudden deterioration in health. When needed, longer appointments and home visits were available. All these patients had a named GP and structured annual reviews to check their health and medication needs were being met. Home visits for elderly patients with long term conditions were carried out. For those people with the most complex needs the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Requires improvement

The practice is rated as requires improvement for the population group of families, children and young people. There were aspects of the practice which required improvement and these related to all population groups. Systems were in place for identifying and following-up children living in disadvantaged circumstances and who were at risk. Childhood vaccination and immunisation rates were 100% for all age groups. We were provided with good examples of joint working with other professionals such as district nurses and health visitors.

Summary of findings

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for the population group of the working-age population and those recently retired (including students). There were aspects of the practice which required improvement and these related to all population groups. The needs of this population group had been identified and the practice had adjusted the services it offered to ensure services 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 which reflected the needs for this age group.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement for the population group of people living in vulnerable circumstances. There were aspects of the practice which required improvement and these related to all population groups. The practice had carried out annual health checks for people with learning disabilities and all of these patients had received a follow-up. The practice offered longer appointments for people with learning disabilities. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. GPs at the practice attended vulnerable families meetings with other health professionals to ensure the ongoing needs of these patients were met. The practice had sign posted vulnerable patients to 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 and out of hours.

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice is rated as requires improvement for the population group of people experiencing poor mental health (including people with dementia). There were aspects of the practice which required improvement and these related to all population groups. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health including those with dementia. The practice had access to the local community mental health team and Improving Access to Psychological Services (IAPT). The practice held a register of patients with experiencing poor mental health and carried out health checks with them at least annually. The GP had received specific training on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Summary of findings

Managers from a local care home in which the majority of people living there were patients of the practice found the practice to be responsive to their needs, offering care and support with compassion, dignity and respect.	

Summary of findings

What people who use the service say

We spoke with eight patients on the day of the inspection, four in face-to-face discussion and four by telephone. All of them were complimentary about the services provided at the practice. They said that the GPs and staff were very good. They told us all staff were kind, compassionate and respectful. All of the patients told us that there was easy access to appointments to see or speak with a GP.

We spoke with a representative of the Patient Participation Group (PPG). PPGs are a way for patients and GP practices to work together to improve the service and to promote and improve the quality of the care for patients. They told us that they felt well supported by the practice and the staff who attended the PPG meetings. We reviewed the 47 patient comments cards from our Care Quality Commission (CQC) comments box that we had asked to be placed in the practice prior to our inspection. All of the comment cards contained positive feedback about the service provided by the practice. Patients told us that all staff were kind, compassionate and respectful.

We looked at the national GP Patient Survey information published in July 2015 which found that 95% of patients described their overall experience of the practice as good. This was above the Clinical Commissioning Group's (CCG) regional average of 87% and national average of 85% and was based on 108 responses. A representative of the PPG told us that the practice was responsive to suggestions made for improvement and these were listened to and actioned.

Managers from a local care home in which the majority of people living there were patients of the practice found the practice to be responsive to their needs, offering care and support with compassion, dignity and respect.

Areas for improvement

Action the service MUST take to improve

Ensure recruitment arrangements include all necessary pre-employment checks and that appropriate records are held for all staff.

Action the service SHOULD take to improve

Ensure that disease modifying medicine prescribing processes including sight of patients' blood results are documented and any risks identified are mitigated between the prescriber and rheumatology department.

Ensure staff have a regular appraisal.

Consider a reaudit in respect of the high numbers of A&E attendances when compared with national figures.

Dr Latif Hussain

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, a specialist advisor and an Expert by Experience. Experts by Experience are members of the inspection team who have received care and experienced treatments from a similar service.

Background to Dr Latif Hussain

Dr. Latif Hussain practice is also known as Milehouse Medical Practice and is situated in the area of Newcastle Under Lyme, Staffordshire. It is part of the NHS North Staffordshire Clinical Commissioning Group. The practice is co-located with another practice in the primary care centre, a small purpose built property. There are 2,248 patients on the practice list. The practice is a single handed GP practice and the practice team includes a nurse, a healthcare assistant, a practice manager and three reception and administration staff. It is also a training centre for medical students to gain experience in general practice and family medicine.

The practice is open 8.15am to 7pm Monday to Friday except Thursdays when they close at 1pm. They provide a walk-in surgery between 9am and 10.15am Monday to Friday. Patients requiring a GP outside of normal working hours are advised to contact the 111 out of hours service. The number of this service is clearly displayed in the reception area and on the practice website. The practice has a GMS (General Medical Services) contract and also offers enhanced services for example; various immunisation and health check schemes for timely diagnosis and support for people with dementia.

Why we carried out this inspection

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

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

How we carried out this inspection

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?

Detailed findings

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

• Older people

• People with long-term conditions

• Families, children and young people

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

• People living in vulnerable circumstances

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

Before visiting the practice we reviewed information we held and asked other organisations and key stakeholders to share what they knew about the practice. We also reviewed policies, procedures and other information the practice provided before the inspection day. We carried out an announced visit on 4 August 2015. We spoke with a range of staff including the GP, the practice nurse, practice manager, reception and administration staff, on the day. We sought views from representatives of the patient participation group, looked at the 47 comment cards and reviewed survey information.

Requires improvement

Are services safe?

Our findings

Safe track record

The practice prioritised safety and used a range of information to identify risks and improve patient safety. For example, reported incidents and national patient safety alerts as well as comments and complaints received from patients. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses. We reviewed safety records, incident reports and minutes of meetings where these were discussed for at least the last five years. This showed the practice had managed these consistently over time and so could show evidence of a safe track record over the long term.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. We reviewed records of six significant events that had occurred during the last 12 months and saw this system was followed appropriately. Significant events were discussed as a standing item on the practice meeting agenda, and during the subsequent practice meeting they reviewed actions from past significant events and complaints. Staff said they could access policies, procedures or information on changes to practice derived from any learning or action points from any incidents, events, compliments or complaints. The practice checklist signed by staff confirming they had read these updates and their awareness of any changes would improve governance in this area. All staff knew how to raise an issue for consideration at the meetings held and they felt encouraged to do so.

Staff used incident forms and these completed forms were sent to the practice manager. They showed us the system used to manage and monitor incidents. We tracked two incidents and saw records were completed in a comprehensive and timely manner. Where patients had been affected by something that had gone wrong they were given an apology and informed of the actions taken to prevent the same thing happening again.

National patient safety alerts were received by all clinical staff at the practice. Staff we spoke with were able to give examples of alerts relevant to the care they were responsible for. They also told us alerts were discussed at practice meetings to ensure all were aware of those relevant to the practice and where action was needed to be taken.

Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. We asked members of medical, nursing and administrative staff about their most recent training. Staff knew how to recognise signs of abuse in vulnerable adults and children. They were also aware of their responsibilities and knew how to share information, properly record documentation of safeguarding concerns and how to contact the relevant agencies in working hours and out of normal hours. Contact details were easily accessible. We found that one reception/administration staff member had not completed safeguarding children training. Following the inspection the practice manager forwarded a copy of the staff members safeguarding children's training which had taken place in March 2015.

The GP was appointed as lead for safeguarding vulnerable adults and children. They had been trained in both adult and child safeguarding and could demonstrate they had the necessary competency and training to enable them to fulfil these roles. All staff were aware of who to speak with in the practice if they had a safeguarding concern. There was a system to highlight vulnerable patients on the practice's electronic records. This included information to make staff aware of any relevant issues when patients attended appointments; for example children subject to child protection plans. There was active engagement in local safeguarding procedures and effective working with other relevant organisations including health visitors and the local authority.

There was a chaperone policy, which was visible on the waiting room noticeboard and in the consulting rooms. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). Not all staff that provided a chaperone service had been in receipt of chaperone training. Training ensures staff understand their responsibilities when acting as chaperones, including where to stand to be able to observe the examination. One of the staff members undertaking chaperone duties had not 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). There was no risk assessment in place in respect of chaperones without a DBS check in place.

The practice had systems in place which allowed for the identification and follow up of children, young people and families living in disadvantaged circumstances (including looked after children, children of substance abusing parents and young carers). The practice GP provided a report if unable to attend child protection case conferences, reviews and Serious Case Reviews (SCR). A serious case review (SCR) takes place after a serious incident or event takes place and looks at lessons that can help prevent similar incidents from happening in the future. The GP and practice nurse informed us that they followed up on children who persistently failed to attend appointments for childhood immunisations with follow up letters, phone calls and referrals to the health visitor. The practice electronic systems also identified older and vulnerable patients such as those living with dementia.

Medicines management

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential failure. Records showed temperature checks were carried out which ensured medication was stored at the appropriate temperature.

Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

All prescriptions were reviewed and signed by a GP before they were given to the patient. Both blank prescription forms for use in printers and those for hand written prescriptions were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times. We found the improvement could be made in these systems in that in addition to noting the serial numbers, the number of blank prescription sheets could be recorded for auditable purposes.

There was a system in place for the management of high risk medicines such as disease modifying drugs, which included regular monitoring in accordance with national guidance. However the local process in place meant that the GP prescribed without having sight of the actual blood results. We were informed this was a CCG wide process with the Rheumatology department in secondary care. The prescriber had been informed, unless they heard otherwise, they could rely on the fact that no changes were required. There was no documentation seen or risk assessment in place to verify this information. The GP assured us that they will take this forward to the CCG. It is the prescribers' responsibility to ensure they have sufficient reliable information available when prescribing. The GP following the inspection informed the Commission that they reviewed all blood test results prior to prescribing disease modifying drugs even though the local process in place meant that GPs could prescribe without sight of the actual blood tests.These were downloaded from an electronic software system or faxed to the surgery by the relevant consultant's secretary.

The nurse used Patient Group Directions (PGDs) to administer vaccines and other medicines that had been produced in line with legal requirements and national guidance. We saw sets of PGDs that had been recently updated in 2015. We saw evidence that the nurse had received appropriate training and been assessed as competent to administer the medicines referred to under a PGD from the prescriber. We saw a positive culture in the practice for reporting and learning from medicines incidents and errors. Incidents were logged and then reviewed promptly.

Cleanliness and infection control

We observed the premises to appear clean and tidy. We saw there were cleaning schedules in place and cleaning records were kept. Patients we spoke with told us they always found the practice appeared clean and had no concerns about cleanliness or infection control. An infection control policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement measures to control infection. For example, personal protective equipment including disposable gloves were available for staff to use and staff were able to describe how they would use these to comply with the practice's infection control policy. There was also a policy for needle stick injury and staff knew the procedure to follow in the event of an injury.

Requires improvement

Are services safe?

The practice had a lead for infection control who had undertaken further training to enable them to provide advice on the practice infection control policy and carry out staff training. We saw evidence of annual audits and that any improvements identified for action were completed on time. Minutes of the practice meetings showed that these audits were discussed.

Notices about hand hygiene techniques were displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms.

The primary care centre in which the practice premises were located had a policy for the management, testing and investigation of legionella (a bacterium which can contaminate water systems in buildings).We saw records that confirmed that regular checks were completed in line with this policy to reduce the risk of infection to staff and patients.

Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date which was September 2014. We saw evidence of calibration of relevant equipment; for example weighing scales, spirometers, blood pressure measuring devices and the fridge thermometer.

Staffing and recruitment

The practice had a recruitment policy that set out the standards to follow when recruiting clinical and non-clinical staff. Staff recruitment records contained evidence that some but not all appropriate recruitment checks had been undertaken prior to employment. For example there was no written record of a recently appointed clinical staff members references. Employment gaps in both clinical and non-clinical staff were not followed up, health assessment/declaration checks were not documented and no contracts of employment signed. However, we saw that the records held for a recently appointed clinical staff member did include proof of identification, verification of qualifications, the registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. (These 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). There were no checks in place to annually review GPs registration with their professional bodies. The practice manager assured us that this would be remedied. When GP locum staff were arranged, other than via a GP Locum agency, we found that there were no recruitment records maintained of any checks that may have taken place.

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was also an arrangement in place for members of staff, including nursing and administrative staff, to cover each other's annual leave. Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe.

Monitoring safety and responding to risk

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included regular checks of medicines management, staffing, dealing with emergencies and equipment. As the practice was located in a primary care centre, the centre manager held the general risk assessment which included records of regular checks of the building and environment.

The practice had a health and safety policy. Health and safety information was displayed for staff to see and there was an identified health and safety representative. Risks associated with service and staffing changes (both planned and unplanned) were included.

We saw that staff were able to identify and respond to changing risks to patients including deteriorating health and well-being or medical emergencies. For example there were emergency processes in place for patients with long-term conditions. We found that for one specific medicine there was a protocol in place to ensure patients received appropriate monitoring and support.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. Records showed that the majority of staff had received training or were planned to receive training in basic life support. Emergency equipment was available

Requires improvement

Are services safe?

including access to oxygen and an automated external defibrillator (used in cardiac emergencies). When we asked members of staff, they all knew the location of this equipment and records confirmed that it was checked regularly. We saw that the oxygen was located in one locked room and the emergency medicines in another. We discussed whether this enabled timely access to emergency medicines with the practice and staff told us they could readily access emergency medicines.

Emergency medicines included those used for the treatment of cardiac arrest, anaphylaxis and hypoglycaemia. Processes were also in place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. We saw that the risks which had been identified included power failure, adverse weather and unplanned sickness. The document also contained relevant contact details for staff to refer to. The practice had carried out a fire risk assessment in August 2014 that included actions required to maintain fire safety. Records showed that staff were up to date with fire training and that they practised regular fire drills, the last one took place in December 2014.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

When new patients registered with the practice, the practice nurse or healthcare assistant carried out a full health check which included information about the patient's lifestyle as well as their medical conditions. Patients were booked for a longer appointment to discuss their needs and were also introduced to services available in order for them to make best use of the practice. The practice nurse referred the patient to the GP when necessary.

The GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners.

The practice used a system of coding and alerts to ensure that patients with specific needs were highlighted to staff on opening the clinical record. For example, patients on the 'at risk' register, learning disabilities and palliative care register. The practice took part in the avoiding unplanned admissions scheme. The clinicians reviewed their individual patients and discussed patient needs at informal meetings to ensure care plans were in place and regularly reviewed.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). This is a system for the performance management of GPs intended to improve the quality of general practice and reward good practice. They had achieved 97.7% total QOF points as a percentage of available points, compared with the practice average across England of 94.2%.

The GP undertook clinical audits including that of medicines and antibiotic prescribing. For example, the practice completed an audit in August 2014 on the prescribing of a blood thinning medicine. In July 2015 a further audit was carried out to establish whether there had been any improvement. The audit found that their prescribing had significantly improved the August 2014 audit found that 60% of patients were within the medicines' therapeutic range for at least 65% of the time. In the July 2015 audit they found that 75% of patients were within the medicines' therapeutic range for at least 65% of the time. The GP demonstrated that there was a plan in place to audit specific blood thinning medicine as per NICE atrial fibrillation guidelines from August 2015 to December 2015. (Atrial fibrillation is a heart condition that causes an irregular and often abnormally fast heart rate).

Data reviewed from January 2014 to December 2014, showed that the practice had a high accident and emergency (A&E) attendance rate of 34.3% when compared with the national average of 14.4%. (The number of Emergency Admissions for 19 Ambulatory Care Sensitive Conditions per 1,000 population). Although this had been identified, there was no formal system in place to discuss this between the nurse and GP in order to consider improvements. The GP demonstrated that an audit on A&E attendances had been completed in 2012 and improvements made subsequently. The GP informed us they would consider a reaudit.

The practice also met with the local (CCG) to discuss performance. This involvement supported the exchange of best practice and positive information sharing between practices and secondary care services in the local area.

Effective staffing

The practice had an induction programme for newly appointed members of staff that covered such topics as fire safety, health and safety and confidentiality. The practice manager told us they would review how training information was recorded to ensure they could identify any training gaps as there was no staff training schedule in place. The practice did not have a training policy. Staff files demonstrated that staff had received training which included, safeguarding vulnerable children, basic life support and information governance awareness. Staff we spoke with confirmed they had been in receipt of induction training and that they attended training organised by the local CCG each month.

The practice nurse attended local practice nurse forums and attended a variety of external training events. They told us the practice fully supported them in their role and encouraged further training. The GP was up to date with their yearly continuing professional development requirements and they had been revalidated. (Every GP is appraised annually, and undertakes a fuller assessment

Good

Are services effective?

(for example, treatment is effective)

called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).

The nurse held various clinics for example, respiratory illness, diabetes, children's immunisations and travel vaccinations. They were in the process of completing the role specific practice nurse qualification and had a nurse practitioner mentor supporting them through their role specific training. They were clear on their responsibilities to work within their scope of practice and competence and said they had access to advice and support from the GP. However we found there were no formal clinical meetings between the nurse and GP.

The practice had systems and arrangements in place to deal with unforeseen events such as GP sickness, in which case a locum GP agency would be contacted and arrangements with another local GP practice to provide support. The local CCG would be informed should difficulties arise with any of these arrangements.

There was an annual appraisal system in place however we found that the last staff appraisals took place in 2013. The practice manager was aware of these gaps and assured us the appraisals would be scheduled.

The practice usually held regular whole practice meetings at least four times a year of which we saw minutes. Staff confirmed they attended whole practice meetings which they found supportive and helpful.

The practice had monitored the increase in the patients registered at the practice from 1,850 to 2, 248 and their needs and had adjusted the service provision accordingly, for example by extending opening hours to 7pm, and by considering an increase in practice nurse hours.

Working with colleagues and other services

The practice had a policy outlining the responsibilities of all relevant staff in passing on, reading and acting on any issues arising from communications with other care providers on the day they were received. The GP who saw these documents and results was responsible for the action required. All staff we spoke with understood their roles and felt the system in place worked well. Patients were referred to hospital using the 'Patient Choose and Book' system and used the two week rule for urgent referrals such as cancer. The practice had monitoring systems in place to check on the progress of any referral.

The practice liaised with other healthcare professionals such as the Community Diabetic Specialist, Health Visitor, the Community Matron and the Community Mental Health Nurse. We spoke with two managers from a local care home in which the majority of people living there were patients registered at the practice. They told us the practice worked collaboratively and provided effective communication and supported patients with compassion, dignity and respect.

Information sharing

Systems were in place to ensure information regarding patients was shared with the appropriate members of staff. Individual clinical cases were analysed at informal meetings between clinicians. The practice in conjunction with community nurses and matrons held regular Gold Standard Framework (GSF) meetings for patients who were receiving palliative care. The practice also took part in regular multi–disciplinary meetings to discuss the needs of vulnerable patients with partner agencies such as drug and alcohol services. The practice used summary care records to ensure that important information about patients could be shared between healthcare settings. The practice planned and liaised with the out of hours provider regarding any special needs for a patient; for example faxes were sent regarding end of life care arrangements for patients who may require assistance over a weekend. The practice operated a system of alerts on patients' records to ensure staff were aware of any relevant information. For example alerts were in place if a patient was a carer.

Consent to care and treatment

The practice had policies and procedures related to the Mental Capacity Act 2005 to help GPs with determining the mental capacity of patients. We spoke with the GPs about their understanding of the Mental Capacity Act 2005 and Gillick guidelines. All the clinical staff we spoke with understood the key parts of the legislation and were able to describe how they implemented it in their practice. The lead GP was aware of Gillick guidelines for children. Gillick competence is used in medical law to decide whether a child (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge. The practice carried out minor surgical procedures such as joint injections and we found appropriate information and consent had been sought from patients prior to the procedure being carried out.

Good

Are services effective?

(for example, treatment is effective)

Health promotion and prevention

The practice had a variety of patient information available to help patients manage and improve their health. There were health promotion and prevention advice leaflets available in the waiting rooms for the practice including information on dementia and carer support. The practice staff sign posted patients to additional services such as lifestyle management and smoking cessation clinics. We saw that the practice performed well in its screening activities for example the practice achieved 100% in all age groups for providing a childhood vaccination and immunisation service for its patients. The QOF data also showed for example that the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months 2013 to 2014 was 96.77% when compared with the national average of 88.35%. The practice's uptake for the cervical screening programme was 83.13%, which was comparable to the national average of 81.88%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous caring and very helpful to patients both attending at the reception desk and on the telephone. We received 47 CQC comment cards and patients we spoke with all indicated that they found staff to be helpful, caring, and polite and that they were treated with dignity.

Results from the national GP patient survey July 2015 showed that:

- 80% of patients said the last GP they saw or spoke to was good at treating them with care and concern which was slightly lower than the local CCG (84%) and national average (85%).
- 76% of patients said that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care this was slightly lower than the local CCG and national average of 81%.

Curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Staff we spoke with were aware of the need to ensure they maintained patient's confidentiality.

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national patient survey published in July 2015. For example:

- 89% said the GP was good at listening to them in line with the CCG average of 89% and national average of 89%.
- 86% said the GP gave them enough time compared to the CCG average of 88% and national average of 87%.
- 96% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%.

Care planning and involvement in decisions about care and treatment

Results from the national GP patient survey published in July 2015 showed:

- 83% said the last nurse they saw or spoke to was good or very good at involving them about their care which was slightly lower than the local CCG and national averages of 85%.
- 84% of respondents said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 86%.

The practice participated in the avoidance of unplanned admissions scheme. The system in place ensured that the GP monitored and read all A&E letters and actioned them. Informal meetings took place to discuss patients on the scheme to ensure all care plans were regularly reviewed.

The service had access to a language service to support those patients where English was not their first language. Staff we spoke with told us they did not need to use this service often but knew how if needed.

The practice provides a service to two local residential care homes which supports for patients with dementia and a nursing home. We spoke to two managers from a local care home in which the majority of people living there were registered as patients at the practice found the practice to be caring and supported patients and ensured their involvement in understanding their own individual treatment and care.

Patient/carer support to cope emotionally with care and treatment

There was supporting information to help patients who were carers in the waiting room. The practice also kept a list of patients who were carers and alerts were on these patients' records to help identify patients who may require extra support. The majority of patients we spoke with on the day of our inspection and the 47 comment cards we received were consistent with the national GP survey information. For example, these highlighted that staff responded compassionately when they needed help and provided support when required.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The NHS England Area Team and Clinical Commissioning Group (CCG) told us that the practice engaged regularly with them and other practices to discuss local needs and service improvements that needed to be prioritised. We saw minutes of meetings where this had been discussed and actions agreed to implement service improvements. For example the practice had signed up to a CCG led service for patients with dementia to promote early diagnosis and intervention. The practice Quality and Outcomes Framework system (QOF) data showed that the percentage of patients diagnosed with dementia who had a face-to-face review in the preceding 12 months (2013 to 2014) was 92.31%, when compared with the national average of 83.82%. (QOF is a system for the performance management of GPs intended to improve the quality of general practice and reward good practice).

Tackling inequity and promoting equality

The practice had a small proportion of patients for whom English was not their first language. We saw that patients' language and ethnicity at registration had not been recorded for all patients at registration. For example, of the 2,248 patients currently registered at the practice, 680 patient details of ethnic origin were recorded as unknown. The GP suggested that approximately 15% of patients registered at the practice were from ethnic minority groups. The surgery had access to translation services. The building had access for disabled people. The practice had an equal opportunities and anti-discrimination policy which was available to all staff on the practice's computer system.

Access to the service

The practice was open between 8.15am and 7pm Monday to Friday with the exception of Thursday when they opened from 8.15am to 1pm. They provided a walk-in surgery between 9am and 10.15am every week day. Patients requiring a GP outside of normal working hours including Thursday afternoons were advised to contact the 111 out of hours service. The practice saw every patient who needed to be seen urgently. There were pre-bookable appointments available and these included times between 6.30pm and 7pm on Monday and Wednesdays. The practice could offer patients telephone consultations with the GP when assessed as appropriate by the GP as an alternative to an appointment. Members of the PPG told us that the walk in service worked extremely well and the practice made every effort to provide a high standard of care. The service offered home visits to those patients who were housebound or too ill to attend the practice. The national GP patient survey indicated that 91% were satisfied with the surgery's opening hours, which was significantly higher than the local CCG average of 77% and national average of 75%.

The national GP patient survey also indicated that in the majority of access questions asked the practice performed higher than the local CCG and national average for example:

- 96% find it easy to get through to this surgery by phone compared to the local CCG average of 73% and national average, 73%.
- 98% with a preferred GP usually get to see or speak to that GP compared to the local CCG average of 58% and national average, 60%.
- 99% were able to get an appointment to see or speak to someone the last time they tried compared to the local CCG average of 88% and national average, 85%.
- 93% say the last appointment they got was convenient compared to the local CCG average of 94% and national average, 92%.
- 95% describe their experience of making an appointment as good compared to the local CCG average of 76% and national average, 73%.

The practice performance was lower than the CCG and national average in that 43% usually waited 15 minutes or less after their appointment time to be seen compared to the local CCG average of 69% and national average, 65%. The practice found that this was reflective of their walk in clinic appointments. However, the national GP survey found that 82% felt they didn't normally have to wait too long to be seen compared to the local CCG average of 61% and national average, 58%.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England. Information about how to make a complaint was available on the practice's website, leaflet and in the waiting area. The complaints procedure clearly outlined a time framework for when the complaint would be acknowledged and responded to. The complaints leaflet

Good

Are services responsive to people's needs?

(for example, to feedback?)

outlined who the patient should contact if they were unhappy with the outcome of their complaint. The practice kept a complaints log book and there had been very few formal complaints received over the past 12 months. The whole staff practice meetings included complaints as a regular agenda item.

Are services well-led?

Requires improvement

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

Our findings

Vision and strategy

Staff we spoke with were aware of the culture and values of the practice and told us patients were at the centre of everything they did. They felt that patients should be involved in all decisions about their care and that patient safety was also paramount. Comments we received were very complimentary of the standard of care received at the practice and confirmed that patients were consulted and given choices as to how they wanted to receive their care. The practice engaged with the local Clinical Commissioning Group (CCG) to ensure services met the local population needs. The practice did not have a written development plan in place; however the GP had plans which included the future employment of another GP.

Governance arrangements

The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for this practice showed it performed highly in respect of the national standards, achieving 97.7% in total QOF points as a percentage of available points. There was a system in place for the QOF data to be discussed and action plans monitored effectively to maintain or improve outcomes. The practice did not hold monthly governance meetings to discuss performance, quality and identified risks. However, systems to support the quality and safety of the service provided were embedded, such as within the whole staff practice meetings. These meetings also included the analysis and actions in response to any significant events or complaints.

The practice had the majority of policies and procedures in place to support governance arrangements and these were available to all staff on the practice's computer system. There were exceptions however, for example there was no training policy or lone worker policy. The disease modifying medicine prescribing processes needed to be risk assessed and documented. The practice data in respect of the registered patients' ethnicity could not be relied upon as 680 patients were recorded as unknown.

Leadership, openness and transparency

Staff had specific lead roles within the practice. For example safeguarding and infection control. The practice manager oversaw the administrative support staff. The practice had a protocol for whistleblowing and staff we spoke with were aware of what to do if they had to raise any concerns. As a small team it was said by a staff member that it would be difficult to follow the whistleblowing policy, but they had awareness of how to raise concerns. The practice held regular whole staff meetings; the last one took place in July 2015. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did. Staff said they felt respected, highly valued and supported. We saw that formal clinical meetings were not taking place between the GP and practice nurse.

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

The practice had an established patient participation group (PPG). PPGs are a way for patients and GP practices to work together to improve the service and to promote and improve the quality of the care for patients. Adverts encouraging patients to join the PPG were available on the practice's website as well as the PPG reports and leaflets were in the practice waiting room. The PPG met quarterly and they last completed a patient survey six months prior to the inspection. The practice manager attended the meetings; the GP had yet to attend. We spoke with a representative of the group who told us the practice had been responsive to issues raised by the group. For example, the practice continued to listen and there had been an increase to the disabled park bays available to patients. They told us that the practice was very patient centred and had involved them in any proposed changes to the service. Staff attended regular whole staff meetings, could add to the meeting agendas and told us that it was an open discussion in which they all contributed.

Management lead through learning and improvement

The practice staff told us they worked well together as a team and there was some evidence that staff were supported to attend training appropriate to their roles. There were meetings in place to support shared learning and to drive forward improvements. The GP was involved in revalidation, appraisal schemes and continuing professional development. There was evidence that the practice had learnt from some incidents and complaints. We saw that regular appraisals had taken place up to 2013 which included a personal development plan. The practice manager and GP were aware and staff appraisals were to take place in the near future.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed Ensure recruitment arrangements include all necessary pre-employment checks and that appropriate records are held for all staff. **Regulation 19 (1) (c) (3)**