

Dr Samir Naseef

Quality Report

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

Ratings

Overall rating for this service	Requires improvement	
Are services safe?	Requires improvement	
Are services effective?	Requires improvement	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	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 the practice of Dr Samir Naseef on 1 June 2017. Overall the practice is still rated as requires improvement.

The practice had been previously inspected on 26 August 2016. Following that inspection the practice was rated as overall requires improvement with the following domain ratings:

Safe – Requires Improvement

Effective – Requires Improvement

Caring – Good

Responsive – Requires improvement

Well led - Requires Improvement

At that time:

- The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.
- The provider did not have a robust induction process that prepared staff for their role.
- The provider did not hold information such as ID, references, DBS checks in the files of its employees.

The practice provided us with an action plan detailing how they were going to make the required improvements.

The full comprehensive report on the August 2016 inspection can be found by selecting the 'all reports' link for Dr Samir Naseef on our website at www.cqc.org.uk.

This full comprehensive inspection on 1 June 2017 was to confirm if the required actions had been completed and award a new rating if appropriate. Following this re-inspection, our key findings across all the areas we inspected were as follows:

Summary of findings

Since the last inspection the practice had made the following improvements:

- The practice had carried out risk assessments in relation to the building such as fire safety, gas safety, substances hazardous to health and legionella, although required actions identified in the legionella assessment had yet to be completed.
- The practice had carried out one clinical audit and had a plan in place when other audits would be carried out, including second cycles.
- Practice policies and procedures were now in place and staff knew where to find them.
- The practice now had a system for reporting, recording, acting on and monitoring of significant events.
- The practice now had a process for receiving, recording and acting on complaints received.

Other key findings were as follows:

- Blinds at all windows in the surgery did not meet safety requirements and were potentially hazardous due to them having a loop system in place.
- The inspection team did not have access to staff files during the inspection and were unable to see evidence that effective recruitment procedures had been put in place since the last inspection. Information provided after the inspection did not include full and necessary employment checks for new members of staff.
- The practice did not provide evidence that they had introduced a robust induction programme which would prepare new staff for their role.
- The practice had a systematic process of dealing with and monitoring updates and guidelines from the National Institute for Health and Care Excellence.(NICE)
- Feedback from patient surveys and Family and Friends test were consistently positive about the practice. Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Some staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Information about services and how to complain was available and easy to understand.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Staff felt supported by the lead GP. The practice proactively sought feedback from staff and patients, which it acted on.
- The practice had recruited a new practice manager who was due to start with the practice the day after the inspection. The practice told us that the previous manager had left in March 2017.
- The provider was aware of and complied with the requirements of the duty of candour.

However there are areas where the provider still must make improvements :

- Ensure premises being used to care for and treat service users are safe to patients
- Ensure persons employed in the provision of regulated activities receive the appropriate training, professional development, supervision and appraisal necessary to enable them to carry out the duties.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

In addition the provider should:

- Complete the required actions identified in the legionella risk assessment.

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 still rated as requires improvement for providing safe services.

Requires improvement



- Staff, interviewed, demonstrated that they understood their responsibilities and some had received training on safeguarding children and vulnerable adults. It was unclear whether one of the GPs and one of the practice nurses had received training to the relevant level, on safeguarding children and vulnerable adults as there was no detailed evidence of the level on the Blue Stream training matrix and no training portfolios or certificates available.
- Blinds at all windows in the surgery did not meet safety requirements and were potentially hazardous due to them having a loop system in place.
- From the sample of documented examples we reviewed, we found there was now an effective system 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 were informed as soon as practicable, 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 systems, processes and practices to minimise risks to patient safety.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

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

Requires improvement



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- Staff were aware of current evidence based guidance.
- Since the last inspection one clinical audit and several drug safety searches had been carried out which demonstrated quality improvement. The practice had a plan in place for carrying out future audits.
- Staff had the skills and knowledge to deliver effective care and treatment.

Summary of findings

- There was limited evidence of appraisals and we did not see any personal development plans for any staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice in line with others for several aspects of care.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The local residential homes were given a mobile telephone number in order to bypass the surgery line.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is now rated as good for providing responsive services.

- Information about how to complain was available and evidence showed that the practice kept a record of complaints received and from two examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was now shared with staff and other stakeholders.
- The practice understood its population profile and had used this understanding to meet the needs of its population.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Good



Are services well-led?

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

- The practice had been without a practice manager since March 2017 and a new manager was due to start the day after the inspection.

Good



Summary of findings

- The lead GP encouraged a culture of openness and honesty. The practice now had systems for being aware of notifiable safety incidents and now shared the information with staff and ensured appropriate action was taken.
- Staff training was carried out using Blue Stream training modules, however this was not monitored and there was not a comprehensive record kept of training carried out by GPs and staff. The practice told us this would take place when the new manager started.
- We did not see evidence of staff having received inductions or annual performance reviews. We were told that this would be in place when the new manager started.
- Staff attended meetings and training opportunities were provided by Blue Stream training modules.
- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by the lead GP. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of the requirements of the duty of candour.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.

Summary of findings

The six population groups and what we found

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

Older people

There were aspects of the practice which require improvement and this relates to all population groups. The practice is rated as requires improvement for the care of older patients. There were however some examples of good practice.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population. The practice were unable to show the inspection team examples of care plans in place.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

Requires improvement



People with long term conditions

There were aspects of the practice which require improvement and this relates to all population groups. The practice is rated as requires improvement for the care of people with long term conditions.

There were however some examples of good practice.

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes, on the register, in whom the last HbA1c was 64mmol/mol or less in the preceding 12 months was 56% compared to the CCG average of 76% and

Requires improvement



Summary of findings

national average of 78%. The practice provided evidence to show that this had improved since the last published results and data provided showed this had increased to 62%. Work was continuing to improve this further.

- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for an annual review to check their health and medicines needs were being met. For those patients 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

There were aspects of the practice which require improvement and this relates to all population groups. The practice is rated as requires improvement for the care of families, children and young people.

There were however some examples of good practice.

- We were unable to review documented examples but were told that there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Requires improvement



Summary of findings

Working age people (including those recently retired and students)

There were aspects of the practice which require improvement and this relates to all population groups. The practice is rated as requires improvement for the care of working age people (including those recently retired and students). There were however some examples of good practice.

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, the practice offered extended hours until 8pm on Monday evenings for patients who were unable to attend during normal working hours.
- 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.

Requires improvement



People whose circumstances may make them vulnerable

There were aspects of the practice which require improvement and this relates to all population groups. The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. There were however some examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- 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 had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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.

Requires improvement



Summary of findings

People experiencing poor mental health (including people with dementia)

There were aspects of the practice which require improvement and this relates to all population groups. The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). There were however some examples of good practice.

- The practice carried out advance care planning for patients living with dementia.
- 97% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was above the national average of 84%.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- Published data showed that the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 22% which was below the CCG and national averages of 89%. The practice provided evidence to show that this had improved since the last published results and data provided showed this had increased to 83%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. 352 survey forms were distributed and 86 were returned. This was a return rate of 24% and represented 3% of the practice's patient list.

- 89% of patients described the overall experience of this GP practice as good compared with the CCG average of 87% and the national average of 85%.

- 76% of patients described their experience of making an appointment as good compared with the CCG average of 77% and the national average of 73%.
- 79% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

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

Areas for improvement

Action the service **MUST** take to improve

- Ensure premises being used to care for and treat service users are safe to patients
- Ensure persons employed in the provision of regulated activities receive the appropriate training, professional development, supervision and appraisal necessary to enable them to carry out the duties.

- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

Action the service **SHOULD** take to improve

- Complete the required actions identified in the legionella risk assessment.

Dr Samir Naseef

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, a second CQC inspector and a practice manager specialist adviser.

Background to Dr Samir Naseef

Dr Samir Naseef, known locally as Orient House Medical Centre provides primary medical services in Bolton, Greater Manchester from Monday to Friday. The practice is open between 8am and 6.30pm Tuesday to Friday and until 8pm on Monday. The first appointment of the day with a GP is 10am Monday to Thursday and 9am on Friday and the last appointment with a GP is 7.50pm on Monday and 6.10pm Tuesday to Friday.

Orient House Medical Centre is situated within the geographical area of Bolton Clinical Commissioning Group (CCG).

The practice has a Personal Medical Services (PMS) contract. The PMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

Orient House Medical Centre is responsible for providing care to 3111 patients.

The practice consists of a male lead GP and a long term male locum GP, two part time practice nurses and a health care assistant. The practice recruited a new practice manager who was due to start with the practice the day after the inspection. An administration team including receptionists support the running of the practice.

When the practice is closed patients are directed to the out of hour's service provided by BARDOC (Bury and Rochdale Doctors On Call).

The practice is part of a group of practices who offer appointments with a GP and practice nurse seven days a week. It also belongs to a group of small practices who provide GP cover for each other during sickness and holidays.

The practice is a teaching practice but is currently not taking students due to a difficulty in recruiting an additional GP.

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.

A previous inspection had been carried out on 26 August 2016 and as a result requirement notices had been issued to the practice. This inspection was also to check the required improvements had been made.

Detailed findings

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 1 June 2017. During our visit we:

- Spoke with a range of staff including the lead GP, a practice manager that had been looking after the practice whilst it recruited a new manager, the health care assistant and members of the administration and reception team and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area. Reviewed policies, audits, limited personnel records and other documents relating to the running of the practice.

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 living 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 now a system for reporting and recording significant events.

- Staff told us they would inform the lead GP 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).
- From the sample of documented examples we reviewed, we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice.

Overview of safety systems and processes

The practice had clearly defined systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were now accessible to all staff and 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.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and some had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. It was unclear whether one of the GPs and one of the practice nurses had received training to the relevant level, on safeguarding children and vulnerable adults as there was no detailed evidence of the level attained on

the Blue Stream training matrix and no training portfolios or certificates available. The training certificate for the lead GP had been provided following the inspection

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and 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). The practice told us that the nursing team acted as chaperones when required.

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The lead GP was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being given to patients and there was a reliable process to ensure this occurred.
- The practice had now started to carry out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored and there were systems to monitor their use.

Are services safe?

- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

We were unable to access staff personnel files on the day of the inspection. Information sent after the inspection did not include evidence of appropriate recruitment checks prior to employment. For example, for the newest member of staff there was no proof of identification, evidence of satisfactory conduct in previous employments in the form of references, or the appropriate checks through the DBS or risk assessment.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment but did not carry out regular fire drills. They told us that they had arranged one to be carried out in the near future. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular

bacterium which can contaminate water systems in buildings). However the practice had yet to complete identified, required actions in a recent legionella risk assessment.

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- 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. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan 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

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems 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.
- The practice monitored that these guidelines were followed through risk assessments.

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 73% of the total number of points available compared with the clinical commissioning group (CCG) average of 95% and national average of 95%.

The practice told us that year on year the QoF figures had improved since the current GP took over the practice in 2012. It also has a lower than average exception reporting rate of 4% compared to the CCG average of 7% and the national average of 10%. (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). They were working towards improving these figures further and had submitted data which showed some areas where improvements had been made.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was still lower than the CCG and national averages, however the practice had provided evidence to show that it had improved its achievement and were working towards improving it further.

- Performance for mental health related indicators was also still lower than the the CCG and national averages, however the practice had provided evidence to show that it had improved its achievement and were working towards improving it further.

There was evidence of quality improvement including clinical audit:

- Since the last inspection the practice had started one clinical audit, this was planned to be completed and improvements made will implemented and monitored.
- So far findings were used by the practice to improve services. For example, recent action taken as a result included the lead GP reviewing all patients with an HbA1C of 59 or above.

We were told that Information about patients' outcomes will be used to make improvements.

Effective staffing

Evidence reviewed showed that some staff had the skills and knowledge to deliver effective care and treatment.

- We did not see evidence of an induction programme for newly appointed staff. This would include such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality although staff did carry out training in these areas.
- We were unable to interview staff responsible for administering vaccines and taking samples for the cervical screening programme. We were also unable to access staff files therefore we did not see that these staff members received specific training that included an assessment of competence. We were unable to see that staff who administered vaccines stayed up to date with changes to the immunisation programmes.
- The practice did not demonstrate how they ensured role-specific training and updating for relevant staff, such as those reviewing patients with long-term conditions.
- Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. The practice did not provide support in the form of one-to-one meetings, coaching and mentoring, however clinical supervision and facilitation and support for revalidating GPs and nurses was provided by the lead GP. The practice did not provide evidence of staff having received an appraisal within the last 12 months.

Are services effective?

(for example, treatment is effective)

- Some staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and most made use of e-learning training modules and in-house training. However, there wasn't a central system in place for monitoring and recording that training had taken place.

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, medical records and investigation and test results.
- We were told that 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. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis when patient records were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

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.

- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. 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.
- A health Trainer was available on the premises twice a week and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 71%, which was lower than the CCG average of 82% and the national average of 81%. The practice had provided evidence to show that this achievement had improved and was now 80% which was comparable with the CCG and national averages.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line or above CCG and national averages. For example, rates for the vaccines given to under two year olds were 97.5% and five year olds ranged from 90% to 93.5%.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

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

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex. The practice were able to offer appointments with a local female GP for anyone requesting this.

We spoke with three patients including one member of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments 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 with the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 94% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and the national average of 92%.
- 92% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 90% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and the national average of 91%.

- 92% of patients said the nurse gave them enough time compared with the CCG average of 91% and the national average of 92%.
- 99% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 97% and the national average of 97%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 91% of patients said they found the receptionists at the practice helpful compared with the CCG average of 89% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Children and young people were treated in an age-appropriate way and recognised as individuals.

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:

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 88% and the national average of 86%.
- 86% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 89% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 88% and the national average of 90%.
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language.

Are services caring?

We saw notices in the reception areas informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.

- Information leaflets were available in easy read format.
- The NHS e-referral service (previously known as Choose and Book) was used with patients as appropriate. (NHS e-referral service is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 72 patients as carers (2% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support.

Staff told us that if families had experienced bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours on a Monday evening until 8pm 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.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS, those only available privately were referred to other clinics.
- There were accessible facilities and interpretation services available. The practice did not have a hearing loop for patients with hearing difficulties.

Access to the service

The practice was open between 8am and 8pm every Monday, between 8am and 6.30pm Tuesday to Friday. Appointments were from 10am to 12.20pm Monday to Thursday and 9am to 11.40am on Friday and 4pm until 6.10pm Tuesday to Friday and 4pm until 7.50pm every Monday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

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

- 73% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 81% and the national average of 76%.
- 71% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 76% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 78% and the national average of 76%.
- 98% of patients said their last appointment was convenient compared with the CCG and the national averages of 92%.
- 76% of patients described their experience of making an appointment as good compared with the CCG average of 77% and the national average of 73%.
- 63% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 59% and the national average of 58%.

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

The practice had a system to assess:

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

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

Listening and learning from concerns and complaints

The practice now had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system.

Are services responsive to people's needs?

(for example, to feedback?)

We looked at two complaints received in the last 12 months and found these were dealt with in a timely way with

openness and transparency with dealing with the complaint. Lessons were learned from individual concerns and complaints and action was taken as a result to improve the quality of care.

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 mission statement which staff now knew and understood the values.
- The lead GP had plans for the practice which included building on improvements already made. This would be taken forward with the new practice manager.

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 and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. The lead GP was the lead in all areas such as safeguarding, Information Governance, infection control and QoF.
- Practice specific policies were implemented and were available to all staff. These were new and the practice had a plan to update them and review them regularly. However, not all staff knew where they were located on the IT system.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly.
- A new programme of continuous clinical and internal audit was started and was to be used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

The lead GP told us they prioritised safe, high quality and compassionate care. Staff told us the lead GP was approachable and always took the time to listen to all members of staff. The practice had a new practice manager who was due to start with them the day after the inspection.

The provider was aware of and had systems 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 lead GP encouraged a culture of openness and honesty. From the sample of two documented examples we reviewed we found that the practice had systems 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 and staff felt supported by the lead GP.

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the lead GP in the practice. Staff were encouraged 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 and staff. It proactively sought feedback from:

- patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, an automatic door had been installed for wheelchair access, following consultation with the PPG.
- the NHS Friends and Family test, complaints and compliments received
- staff through generally through staff meetings and discussion. Staff told us they would not hesitate to give

Are services well-led?

Good 

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

feedback and discuss any concerns or issues with colleagues and management . Staff told us they felt involved and engaged to improve how the practice was run.

The practice wanted to build on the improvements made to QoF achievements.

The practice were planning to recruit another GP.

Continuous improvement

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The premises being used to care for and treat service users were not safe for use. In particular they had failed to identify the risks associated with the type of blinds fitted throughout the surgery which did not meet safety requirements.</p> <p>This was in breach of regulation 12 (2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>How the regulation was not being met:</p> <p>The service provider had failed to ensure that persons employed in the provision of a regulated activity received such support, training, professional development, supervision and appraisal as was necessary to enable them to carry the duties they were employed to perform. In particular the provider did not have a robust induction process that prepared staff for their role.</p> <p>This was in breach of regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>

This section is primarily information for the provider

Requirement notices

Regulated activity

Diagnostic and screening procedures
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

How the regulation was not being met:

The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Registered Activities) Regulations 2014 was available for each person employed. In particular the provider did not hold information such as ID, references, DBS checks in the files of all its employees.

This was in breach of regulation 19(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014