

Dr IK Babar

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?

Requires improvement



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	8
Areas for improvement	8

Detailed findings from this inspection

Our inspection team	9
Background to Dr IK Babar	9
Why we carried out this inspection	9
How we carried out this inspection	9
Detailed findings	11
Action we have told the provider to take	21

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr IK Babar on 2 February 2015. Overall the practice is rated as requires improvement

Specifically, we found the practice to require improvement for providing safe, effective, and responsive and well led services. It also required improvement for providing services for the population groups as detailed below.

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

- Equipment used by the practice had been tested for its safe use and fire safety tests had been carried out. The premises were clean and tidy on the day of the inspection. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control.
- The practice had arrangements in place to manage emergencies and all staff were trained in basic life support.

- The practice nurse held dedicated clinics for chronic disease management and some GP's held specialist clinics such as diabetes, heart conditions and Chronic Obstructive Pulmonary Disease.
- The practice held annual reviews for patients with a diagnosis of dementia. The practice was currently screening all patients over the age of 75 for dementia.
- The staff we spoke with said they enjoyed their work and felt well supported by the practice manager.
- Monthly educational meetings were held for GPs which provided them with an opportunity to discuss patient care and improve their learning
- A variety of health checks were offered to a range of patient groups including those aged 40 to 75.
- The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations.
- Patients told us they received support from staff following bereavement and they felt safe using the service.
- The practice offers registration to patients who are homeless and members of the traveller community.

Summary of findings

- The practice has access to a telephone translation service and most of the GPs and reception staff spoke different languages to support patients whose first language was not English.

There were areas of practice where the provider needs to make improvements. Importantly, the provider must:

- Ensure the safekeeping of medicines
- Ensure clinical audits of practice are undertaken, including completed clinical audit cycles
- Ensure a record is kept of patients' consent to treatments.
- Ensure patients know the correct procedure for making a complaint and complaints are investigated and monitored to help identify recurring issues.

- Ensure significant events are completed and recorded to monitor and review the quality and safety of services provided.

In addition the provider should:

- Obtain patients' views of the service to identify and address any concerns.
- Ensure new patient information is stored securely.
- Ensure clinical supervision is available to nursing staff.
- Ensure patients are involved in making decisions about the care and treatment they receive.
- Ensure access to appointments is improved.
- Ensure all staff are provided with an appraisal of their work and complete training to reflect their role and the needs of the patients using the service.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services. Staff understood their responsibilities to raise concerns, and to report incidents. However, we saw no evidence to demonstrate that when things went wrong, reviews and investigations had taken place to ensure lessons learned were communicated to support improvement. Documentation about significant events was minimal and there was no evidence of any review of the incident for the purpose of learning. There were very few significant events recorded considering the size of the practice. Medicines and prescriptions were not stored securely. New patient registration documents were not stored securely and patients' notes were stored in filing cabinets which were unlocked. This meant confidential information about patients could be viewed easily by patients and unauthorised people visiting the practice. There was a lack of clarity around who took responsibility for managing safeguarding referrals.

Requires improvement



Are services effective?

The practice is rated as requires improvement for providing effective services. The practice held annual reviews for patients with a diagnosis of dementia. The practice was currently screening all patients over the age of 75 for dementia. There were no completed audits of patient outcomes and we saw no evidence that audit was driving improvement in performance to improve patient outcomes. The practice nurse told us they did not receive formal clinical supervision. GPs obtained verbal consent from patients for minor operations. We were told that consent forms were available but we saw no evidence they were used. A variety of health checks were offered to a range of patient groups including those aged 40 to 75, those with diagnosed mental health problems and those patients with a learning disability.

Requires improvement



Are services caring?

The practice is rated as requires improvement for caring. Patients told us they received support from staff following bereavement and they felt safe using the service. No information was available in the patient waiting area about the support groups and organisations available to support patients with bereavement. Patients we spoke with gave a mixed response in relation to whether they were involved in making decisions about the care and treatment they received. Some patients told us the GPs always explained

Requires improvement



Summary of findings

treatments and options very well, while other told us treatment options, risks and benefits were not explained. All of the health promotion information displayed in the patient waiting area was in English, which did not reflect the diverse population group.

Are services responsive to people's needs?

The practice is rated as requires improvement for being responsive to people's needs. Data showed that patients rated the practice lower than others for some aspects of care. The majority of patients said they were treated with compassion, dignity and respect. However, not all felt cared for, supported and listened to. Information was available to help patients understand the services available to them but not everybody would be able to understand it as it was only printed in English. The practice website had no up to date information about patients' views of the service. Patients were generally dissatisfied with the appointments system. They told us they found it difficult to get through to the surgery by phone to book an appointment. Patients told us they could not always get to see the same doctor and a doctor was generally appointed when booking an appointment.

Are services well-led?

The practice is rated as requires improvement for being well-led. Information about the Quality Outcome Framework was unavailable. Clinical supervision was not provided to the practice nurse. We saw no evidence of clinical audits and any evidence of learning from the review of this information. We saw little evidence of any clinical significant events which was unusual for a practice of this size. There was no evidence that clinical significant events had been logged and the information shared with staff for the purpose of learning and improving outcomes for patients. The practice nurse was not provided with formal mentoring to support her learning.

Requires improvement



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 required improvement and this related to all population groups.

A designated GP was available and on call each day to see older people, including people living in a care/nursing home. Longer appointments and home visits were available for older people when needed. We saw no evidence of any clinical audits relating to issues affecting older people. Communication systems were in place to inform GPs of terminally ill patients and home visits were carried out as requested. The practice held regular meetings with the palliative care team to discuss the needs of complex patients, for example those with end of life care needs. These meetings were attended by district nurses, palliative care nurses and decisions about care planning was documented in a shared care record.

Requires improvement



People with long term conditions

There were aspects of the practice which required improvement and this related to all population groups.

The practice had monthly multi-disciplinary team meetings which included the district nurses, community matrons and Macmillan nurses to manage patients' long term conditions and associated health care issues. Longer appointments and home visits were available when needed. The practice nurse held dedicated clinics for chronic disease management and some GP's held specialist clinics such as diabetes, heart conditions and chronic obstructive pulmonary disease. Four of the patients we spoke with told us they were not contacted to attend a check-up appointment for their long term health conditions, rather they had to telephone the surgery themselves to make an appointment.

Requires improvement



Families, children and young people

There were aspects of the practice which required improvement and this related to all population groups.

The practice had baby changing and feeding facilities. Two dedicated child health clinics were held every week. One was supported by the community health visitors as well as a GP from the practice. The practice nurses attended regular up-date training for administering the national immunisation programme. A young persons' counselling/support/information and advocacy service was available within the health centre for young people aged 14 to

Requires improvement



Summary of findings

19. GPs have referred patients to this service and patients can refer themselves. The practice offered appointments to patients from these categories when requested within the practice. Appointments were available outside of school hours.

Working age people (including those recently retired and students)

There were aspects of the practice which required improvement and this related to all population groups.

The practice offered extended clinics outside the usual surgery hours. Health promotion advice was offered but there was limited accessible health promotion material available through the practice. The practice had carried out an annual health check for people with a learning disability. Staff knew how to recognise signs of abuse in vulnerable adults and children. Most staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Requires improvement



People whose circumstances may make them vulnerable

There were aspects of the practice which required improvement and this related to all population groups.

All patients with alcohol problems were offered counselling services referrals were reviewed within the practice at regular intervals with GP. The practice offered registration to patients who were homeless and members of the traveller's community, initially as temporary patients with a review after three months. The practice has experienced difficulty in contacting these patient groups and staff were advised to record all contact attempts in medical records.

Requires improvement



People experiencing poor mental health (including people with dementia)

There were aspects of the practice which required improvement and this related to all population groups.

The practice had a GP with a special interest in mental health issues. They had availability on designated days to see extra patients at the end of clinics and for patients expressing urgent GP appointments. All staff have up to date information and contact details of community mental health services and social care team to advise or refer patients to secondary care. GP's undertook a detailed annual mental health care plan for all patients on the mental health register. The practice held annual reviews for patients with a diagnosis of dementia, and currently screening all patients over the age of 75 for dementia.

Requires improvement



Summary of findings

What people who use the service say

We received 25 completed patient CQC comment cards and spoke with nine patients who were using the service on the day of our inspection. Fifteen of the comment cards reflected patients were happy with the service they received. Patients told us that the staff were helpful and the doctors were understanding and listened to what they had to say. They said they were always treated with dignity and respect. A number of patients commented on the environment describing it as clean and tidy. Ten of the comment cards reflected that patients were unhappy with the service they received. Most of the comments related to the difficulty patients experienced getting through on the phone to make an appointment. A number of patients commented on the standard of the service. They described the service as average, and commented that staff needed more training and the customer service needed improving.

We met with the chair of the patient participation group (PPG) who told us the group was well supported by the practice staff. They said their ideas were taken on board by the staff team. They told us that the staff training had improved as a result of their proposal. They said the practice manager attended their meetings which were held about every six weeks, although this was being changed to once or twice a year due to lack of

attendance. The chair of the PPG explained how they were trying to recruit more members and they had promoted the group on the local radio and at local community groups.

We spoke with nine patients on the day of the inspection. Patients said the staff were caring and they were treated with respect. Patients told us they received support from staff following bereavement and they felt safe using the service. They said they were offered a chaperone when needed and they were always asked for their consent to treatments. Most patients knew how to make a complaint.

Five patients raised a concern about trying to get through on the phone to make an appointment. Five of the patients said they did not have enough time during consultations to discuss their need because they felt rushed. Consequently their treatment options were not always explained. There was a mixed response to the way referrals to secondary care were managed. Some patients told us about delays in this area and having to chase-up these referrals. Four patients told us they were not contacted to attend a check-up appointment for their long term health conditions, rather they had to telephone the surgery themselves to make an appointment.

Areas for improvement

Action the service **MUST** take to improve

- Ensure the safekeeping of medicines
- Ensure clinical audits of practice are undertaken, including completed clinical audit cycles
- Ensure a record is kept of patients' consent to treatments.
- Ensure patients know the correct procedure for making a complaint and complaints are investigated and monitored to help identify recurring issues.
- Ensure significant events are completed and recorded to monitor and review the quality and safety of services provided.

Action the service **SHOULD** take to improve

- Obtain patients views of the service to identify and address any concerns.
- Ensure new patient information is stored securely.
- Ensure an up to date copy of the local adult protection procedure is in place.
- Ensure clinical supervision is available to nursing staff.
- Ensure patients are involved in making decisions about the care and treatment they receive.
- Ensure access to appointments is improved.
- Ensure all staff are provided with an appraisal of their work and complete training to reflect their role and the needs of the patients using the service.

Dr IK Babar

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 with management experience and an expert by experience. Experts by experience are people who have experience of using or caring for someone who uses health and/or social care services.

Background to Dr IK Babar

The practice has five GPs, four male and one female. All the GPs are partners and one is a locum.

There is one nurse practitioner supported by two health care assistants. There is also a practice manager who leads the administration / reception team.

The Croft Shifa Health Centre is situated within the geographical area of NHS Oldham Clinical Commissioning Group.

Surgery opening hours:

Monday - 08.00 - 19.30

Tuesday - 08.00 - 19.30

Wednesday - 08.00 - 18.30

Thursday - 08.00 - 18.30

Friday - 08.00 - 18.30

The CQC intelligent monitoring placed the practice in band 3. The intelligent monitoring tool draws on existing national data sources and includes indicators covering a range of GP practice activity and patient experience including the Quality Outcomes Framework (QOF) and the

National Patient Survey. Based on the indicators, each GP practice has been categorised into one of six priority bands, with band six representing the best performance band. This banding is not a judgement on the quality of care being given by the GP practice; this only comes after a CQC inspection has taken place.

At the last inspection on 1 May 2014, a compliance action was issued because we had concerns that appropriate pre-employment checks were not being undertaken before staff began work. At that inspection we were told that the provider had decided not to complete Disclosure and Barring Service (DBS) checks on non-clinical staff employed at the practice. At this inspection we were informed that this decision had changed and a DBS check was currently being carried out on all non-clinical staff.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme.

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. 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 (QOF) data, this relates to the most recent information available to the CQC at that time.

Detailed findings

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?

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, 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 2 February 2015. During our visit we spoke with four GPs, one nurse, the practice manager and reception staff. We also spoke with patients who used the service and the chair of the patient participation group (PPG).

We saw how staff interacted with patients and managed patient information when patients telephoned or called in at the service. We saw how patients accessed the service and the accessibility of the facilities for patients with a disability. We reviewed a variety of documents used by the practice to run the service.

Are services safe?

Our findings

Safe track record

Issues of health and safety had been addressed and risk assessments were in place to ensure a safe environment was maintained. Equipment used by the practice had been tested for its safe use and fire safety tests had been carried out. There was an accident book available to staff in reception and staff knew how to log accidents.

All staff we spoke with knew to report concerns and incidents to the practice manager so they could be dealt with immediately. We looked at the safety alert documentation. The information held was very brief and there were very few alerts for the size of the practice. This meant we were unable to accurately assess the safety track record of the practice in this area of the running of the practice.

The practice did not keep data collected for monitoring patients' safety. Patients views had not been sought to ensure issues of concern were identified and addressed.

New patient registration documents were not stored securely and patients' notes were stored in filing cabinets which were unlocked. This meant confidential information about patients could be viewed easily by patients and unauthorised people visiting the practice.

Learning and improvement from safety incidents

Reception staff we spoke with were aware of their responsibilities to raise concerns and how to report incidents to the practice manager straight away. Documentation about significant events was minimal and there was no evidence of any review of the incident for the purpose of learning. There were very few significant events recorded.

We were informed that national patient safety alerts were disseminated to GPs by a member of the practice staff. The practice manager gave an example of recent alert that was relevant to the care they were responsible for. They told us alerts were read by staff to ensure they were aware of the matter concerned.

Reliable safety systems and processes including safeguarding

There was a lack of clarity around who took responsibility for managing safeguarding referrals. Some staff reported

that a safeguarding lead had not been appointed at the practice however, other staff were clear that one of the GPs was appointed to manage safeguarding vulnerable adults and children referrals. This GP was trained to the appropriate level (level 3) as was the practice manager. Reception staff we spoke with were aware which GP took responsibility for managing safeguarding vulnerable adults and children referrals. They knew how to recognise signs of abuse and were aware of their responsibilities and knew to report their concerns immediately. A whistle blowing policy was available to staff which further ensured patients' safety.

The reception staff training records were up to date. The practice manager did not hold the GP staff training records. They were in the process of collating this information so they could see clearly when staff needed their training updated.

There was a chaperone policy, which was visible on the waiting room noticeboard. (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). Nursing staff had been trained to be a chaperone. Reception staff would also act as a chaperone. Some receptionists had also undertaken training and understood their responsibilities when acting as chaperones, including where to stand to be able to observe the examination.

An up to date copy of the local child protection procedure was in place along with a copy of the local adult protection procedure, although this was dated 2013. A copy of the local multi agency protocol was dated 2007. A copy of the adult and children's safeguarding contacts and information pack was available to staff so they could establish at a glance who to contact for advice or make a referral.

No safeguarding incidents have occurred at the practice. No formal safeguarding meetings took place at the practice to discuss general issues around safeguarding or any changes to practice.

Medicines management

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were not stored securely. The fridge and cupboards which held medicines were not locked and the keys were still in the lock. The medicines store room was also not locked which meant patients and member of the public could access this room.

Are services safe?

This issue was raised with the nurse and practice manager at the time of the inspection. They gave us an assurance that this issue would be addressed immediately to ensure improvements in the management of medicines.

The temperature of the fridge was regularly checked and a record of this information was kept to ensure medicines were stored in line with the manufacturer's guidance.

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.

The nurses administered vaccines using directions that had been produced in line with legal requirements and national guidance. Nurses had received appropriate training to administer vaccines.

The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. These were being followed by the practice staff. For example, controlled drugs were stored in a controlled drugs cupboard and access to them was restricted and the keys held securely.

Blank prescription forms were handled by the GP however, they were not numbered and a large amount were stored in one of the doctor's bags. The practice has a protocol for reviewing uncollected prescriptions in order to identify patients who had not picked up their prescription.

Cleanliness and infection control

The premises were clean and tidy on the day of the inspection. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control.

There was some confusion about who took responsibility for managing infection control and who had undertaken further training to enable them to provide advice on the practice infection control policy and carry out staff training. All staff received training about infection control when they were first employed. Ongoing training was also provided. Records indicated this was completed in September / October 2014.

We were informed that an infection control audit had been carried out; however the report of this audit was not available at the time of the inspection. The practice manager emailed this document to us after the inspection, however we could not establish the overall rating for the practice.

An infection control policy and supporting procedures were available for staff to refer to. Personal protective equipment including disposable gloves, aprons and coverings were available for staff to use. There was a policy for needle stick injury and the nurse spoken with during the inspection knew the procedure to follow in the event of an injury.

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.

Arrangements were in place for the testing of legionella (a bacterium that can grow in contaminated water and can be potentially fatal). The record for this check was not looked at during the inspection as it was held by the health centre management who owned the building.

A spills kit was not available at the surgery although an order for this had been made. Spills kits are used to clean up bodily fluids and to ensure the prevention of cross infection.

Equipment

Staff told us they had the necessary 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 tested and displayed stickers indicating the last testing date to be 2013. We saw evidence of calibration of relevant equipment; for example weighing scales, spirometers and blood pressure measuring devices.

Arrangements were in place to the disposal of clinical waste. The records for this were not looked at during the inspection as they were held by the site's management who owned the building.

Staffing and recruitment

At the last inspection on 1 May 2014, a compliance action was issued because we had concerns that appropriate

Are services safe?

pre-employment checks were not being undertaken before staff began work. At that time the provider had decided not to complete Disclosure and Barring Service (DBS) checks on non-clinical staff employed at the practice. At this inspection we were informed that this decision had changed and a DBS check was currently being carried out on all non-clinical staff.

We looked at the staff recruitment and selection procedure. The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff. Although information was available about how to manage poor staff performance, no formal policy was in place. However, a recruitment company acted as an advisor to the practice for issues relating to human resources and policy development.

One new member of staff had been employed at the practice since 1 May 2014. Records indicated that appropriate checks had been completed prior to them being employed.

The practice manager had made some recent changes to the staffing situation to ensure the smooth running of the practice. She told us she monitored this situation regularly to ensure patients' needs were met. Additional training was provided for reception staff so that workloads were managed more efficiently. A female GP had been recruited and appointments with this GP were now being managed more effectively. All GPs worked Mondays to deal with the patient demand after the weekend and telephone consultations were offered if a patient could not get an to see their GP. Complaints were now being managed differently. The practice manager now made themselves available to speak with patients as soon as a complaint arose so the matter can be resolved straight away. The practice manager now works with staff at the front desk during busy periods so that patients can be seen quickly and waiting times were kept to a minimum.

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 annual and monthly checks of the building, the environment, medicines management, staffing, dealing with emergencies and equipment. The practice also had a health and safety policy along with a range of risk assessments. This was available to staff at all times so they were aware of their responsibilities and knew how to work safely.

An infection control audit had taken place in 2014 and was due to be reviewed in 2016. The practice manager discussed the findings of the audit with staff so they were aware of any risks that may be identified to ensure the safety and welfare of the staff and patients.

We saw evidence that all staff received regular cardiopulmonary resuscitation (CPR) training.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. All staff were trained in basic life support. Emergency equipment was available including access to oxygen and an automated external defibrillator (used to attempt to restart a person's heart in an emergency). We were informed that a visual check of the oxygen was carried out daily; however no record of this was kept of this check. The defibrillator was checked monthly rather than weekly.

A detailed business continuity plan was in place. This was reviewed annually and outlined clearly what would happen in the event of an emergency occurring on the premises such as water, gas or electricity failure. The plan contained the contact details for utility suppliers and arrangements for the safekeeping of confidential information.

The practice had carried out a fire risk assessment that included actions required to maintain fire safety. Records showed that staff were up to date with fire training.

Some staff had been trained to deal with conflict resolution and there were panic buttons on all computers to alert other staff in the event of an emergency.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

We were informed that multi-disciplinary meetings were held regularly to discuss individual patient cases making sure that all treatment options were covered.

We saw that GPs took a lead in specialist clinical areas such as mental health. The practice core services included GP consultations, asthma management, vaccinations and immunisations and general health advice.

Management, monitoring and improving outcomes for people

We have a GP who has special interest in mental health and had availability on designated days to see more patients at the end of clinics for patients expressing an urgent GP appointment.

GPs undertook annual mental health care plan reviews for patients on mental health register

The practice nurse held dedicated clinics for chronic disease management and some GP's held specialist clinics such as diabetes and, heart conditions and Chronic Obstructive Pulmonary Disease.

The practice held annual reviews for patients with a diagnosis of dementia. The practice was currently screening all patients over the age of 75 for dementia.

Clinical audits were not routinely carried out. We saw evidence of one audit, however, some GPs spoken with confirmed they had not sent this documentation. In light of this we were unable to accurately assess how clinical issues were monitored to improve outcomes for patients.

Effective staffing

Records looked at indicated that staff had completed a range of training in 2014 relating to their role. This included basic life support, infection control, immunisation, IT systems and how to conduct the friends and family test. We were informed the training records were not up to date and the practice manager was in the process of updating the records and developing a training plan for the forthcoming year through the staff annual appraisal programme. We were not provided with information about the training completed by the GPs.

The practice manager explained that she was in the process of carrying out staff appraisals as this had not been completed for a number of years. This issue was discussed at a team meeting so that staff understood the appraisal process and could prepare for their meeting. Some of the staff confirmed they had already received an appraisal of their work which gave them an opportunity to talk about their role and learning needs for the year. They confirmed they found this meeting useful for the learning and development.

Staff spoken with confirmed they did not receive formal supervision. Issues and concerns were discussed informally with the practice manager or during team meetings.

The practice nurse spoken with during the visit told us they did not receive formal clinical supervision; however they would discuss any concerns or issues with one of the GPs.

Many of the staff team have worked at the practice for many years and there is a low turnover of staff. The staff we spoke with said they enjoyed their work and felt well supported by the practice manager.

Working with colleagues and other services

Communication systems were in place to inform GPs of terminally ill patients and home visits were carried out when requested. The practice held regular team meetings with the palliative care team to discuss the needs of complex patients, for example those with end of life care needs. These meetings were attended by district nurses, palliative care nurses and decisions about care planning were documented in a shared care record.

Monthly educational meetings were held for GPs which provided them with an opportunity to discuss patient care and improve their learning. This included working with colleagues from other services.

Information sharing

Staff used an electronic patient record, EMIS, to coordinate, document and manage patients' care. All staff that used this system were fully trained. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

Information was shared amongst relevant professionals and patient confidentiality was always maintained. During discussion staff demonstrated they were aware of the need to respect patient confidentiality at all times.

Are services effective?

(for example, treatment is effective)

Regular team meetings were held with the staff teams. The reception staff met every month to ensure good communication amongst the team and to ensure the effective and efficient running of the practice. The GPs met weekly to discuss clinical issues. The practice nurse did not always attend these meetings, rather only when she felt it relevant.

Consent to care and treatment

GPs obtained verbal consent from patients for minor operations. We were told that consent forms were available but we saw no evidence that they were used. Most patients we spoke with told us their GP always obtained their consent before treatments were given and they understood they could change any decisions made about any treatments that had been agreed to. Some patients confirmed that the risks to treatments were discussed with them, so they were fully informed of all the necessary information prior to giving consent.

Health promotion and prevention

It was practice policy to offer a health check with the practice nurse to all new patients registering with the practice. A variety of health checks were offered to a range of patient groups including those aged 40 to 75, those with diagnosed mental health problems and those patients with a learning disability. The practice kept a register of all patients with a learning disability and they were offered an annual physical health check.

There was a range of information available for patients in the waiting area and on notice boards in the reception areas. This included information on bowel cancer, British heart foundations, shingles, Ebola and the flu jab. Limited information was also provided to patients via the practice website.

Patients we spoke with confirmed that they were referred to secondary care as necessary. However, some patients had experienced some delays with these referrals.

There were comprehensive screening programmes, including following up patients who do not attend. These included smear test screening and flu jabs.

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations.

There was a young person's counselling/support/information and advocacy service within the health centre. GPs could refer patients to this service or patients could refer themselves. All patients with alcohol problems were offered counselling services and were reviewed within the practice at regular intervals with a GP.

One of the GPs told us that they visited a local Asian Women's Group to talk about different health issues. They told us this was well received and plans were being made to visit the group again.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Patients told us they received support from staff following bereavement and they felt safe using the service. No information was available in the patient waiting area about the support groups and organisations available to support patients with bereavement. Patients told us that if they had suffered bereavement, their usual GP contacted them or visited them at home to pass on their condolences. 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. Patients we spoke with who had had a bereavement confirmed they had received this type of support and said they had found it helpful.

The NHS England GP Patient Survey indicated that 65 % of respondents to the GP patient survey who described the overall experience of their GP surgery as fairly good or very good. This was below the average compared to the CCG area.

Care planning and involvement in decisions about care and treatment

The GPs undertook care planning of patients' care needs. One GP had special interest in patients with a mental health issue and a register of these patients was kept. The GP ensured their care plans were reviewed which gave patients an opportunity to be involved in any decisions made about their care and treatments. If the patient was discharged from this outside organisation, then the GP would complete the care plan review.

The patients we spoke with on the day of the inspection gave us a mixed response in relation to whether they were involved in making decisions about the care and treatment they received. Some patients told us the GPs always explained treatments and options very well, while other told us treatment options, risks and benefits were not explained.

We looked at the results of the 2014 GP patient survey. This is an independent survey run on behalf of NHS England.

The survey results reflected that 75 % of respondents to the GP patient survey stated that the last time they saw or spoke to a nurse, the nurse good or very good at involving them in decisions about their care. The national average is 79 %.

Staff told us that translation services were available for patients who did not have English as a first language. Also a number of staff spoke different languages to support patients with the translation of discussions with their GP. This meant patients had opportunity be involved in decisions about their care and treatments.

Patient/carer support to cope emotionally with care and treatment

The patients we spoke with on the day of our inspection and the comment cards we received highlighted that staff responded compassionately when they needed help and provided support when required.

Notices in the waiting area provided information to patients who were carers. No other information was available to help patients cope emotionally with their care and treatment. The practice website had two links to two charities that provided support to patients who needed support to cope emotionally with their care and treatment.

Information leaflets and posters relating to medical conditions were available in the patient waiting area and at the reception. An information centre was located on the ground floor of the medical centre. We were told this provided patients and visitors with information on a wide range of medical conditions, treatments, and services available in the area. All of the information displayed in the waiting area was in English, despite the patient population group being of diverse backgrounds.

We looked at the results of the 2014 GP patient survey. This is an independent survey run on behalf of NHS England. The survey results reflected that 81 % respondents to the GP patient survey stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern. The national average is 90.5 %.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

A comments suggestion box was available for patients to provide on-going feedback and the 'Friends and Family test' was available for patients to complete via the practice website or questionnaires available in the waiting area.

The practice supported the needs of non-English speaking patients, providing them with access to a translation service for GP and nurse consultations.

Patients could order repeat prescriptions via the practice website or speaking directly with reception staff at the surgery. Most patients we spoke with said they were happy with the system for booking repeat prescriptions although one patient commented the system could be improved.

The practice website had information about how they had gathered patients' views of the service. However, some of this information was not dated and other information was dated 2011/2012. In the light of this, it was not possible to establish accurately what patients' thought of the service they received. .

A designated GP was on call each day that prioritised seeing children and older people, including care/nursing home residents. The on-call GP would arrange contact with these patients if they were unable to obtain an appointment.

There were two dedicated child health clinics each week. One was being supported by the community health visitors as well as an on-call GP. Clinics were also run by the practice nurse who attended regular up-date training for administering the national immunisation programme.

The practice offered registration to patients who were homeless and members of the traveller community. This was initially done on a temporary basis with a review after three months. We were informed that the practice had experienced difficulty in contacting these patient groups and staff were advised to record all contact attempts in medical records.

Tackling inequity and promoting equality

The practice had access to a telephone translation service and most of the GPs and reception staff spoke different languages to support patients whose first language was not English.

The premises and services had been adapted to meet the needs of patients with disabilities. There was ramped access at the front of the building and automatic doors on the ground floor. There was a lift to the first floor where the surgery was located. Disabled parking was provided.

The waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms. Accessible toilet facilities were available for all patients attending the practice including baby changing facilities.

The practice provided extended surgery appointments for patients who went to work. Two clinics started at 7.30am and two clinics finished at 8:00pm.

We looked at the results of the 2014 GP patient survey. This is an independent survey run on behalf of NHS England. The survey results reflected that 0.670 % were 'very satisfied' or 'fairly satisfied' with their GP practice opening hours. The national average is 0.798.

Access to the service

Appointments were available from 8am to 11am and 2.30pm to 6.30pm four days a week and until 7.30pm two days a week. The surgery was closed at the weekend. Urgent appointments were available along with home visits. Appointments could be booked by telephone, online and in person at the surgery.

Information was available to patients about appointments on the practice website. This included how to arrange urgent appointments and home visits and how to book appointments through the website. There were also arrangements to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances.

Longer appointments were available for patients who requested one needed them such as patients with mental health problems, mums and babies and those patients with long-term conditions. This also included appointments with a named GP or nurse. Home visits were made to patients who requested one.

Some patients were dissatisfied with the appointments system. They told us they found it difficult to get through to the surgery by phone to book an appointment. The practice manager was aware of this and said they were

Are services responsive to people's needs?

(for example, to feedback?)

looking at how this situation could be improved. Patients told us they could not always get to see the same doctor and a doctor was generally appointed when they booked their appointment.

We looked at the results of the 2014 GP patient survey. This is an independent survey run on behalf of NHS England. The survey results reflected that 38 % of respondents gave a positive answer when asked 'Generally, how easy is it to get through to someone at your GP surgery on the phone?' This is below the national average of 75 %.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. A complaints procedure was available in the patient waiting area. Information about how patients could make a complaint was on the practice website. This directed patients to NHS England and did not provide any information on how to make a complaint directly to the practice.

Staff spoken with said they had been trained on how to accept a complaint and understood that complaints had to be put in writing.

Patients we spoke with told us they knew how to make a complaint. We were told that complaints could be made verbally to any member of staff although a number of patients told us they understood complaints had to be put in writing. Staff spoken with said they had been trained on how to accept a complaint and also understood that complaints had to be put in writing.

The practice manager took responsibility for managing complaints, although complaints of a clinical nature were passed to the senior GP to investigate.

A comments and suggestion box was available for patients to provide on-going feedback and the 'Friends and Family test' questionnaire was available for patients to complete; this was available in the waiting area And could be accessed via the practice website.

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

The reception and nursing staff we spoke with told us they were dedicated to providing the best possible service to the patients. The reception staff understood their responsibilities with regard to providing good care. Some patients we spoke with were happy with the care and treatment they received although some were not. Staff reported they were well supported by senior staff and had opportunity to raise issues as they wanted.

We saw no evidence of the description of the vision and values of the practice or patients' charter, and there was no recent evidence of patients' views of the service being gathered.

Governance arrangements

We were told that the practice kept information to support the Quality and Outcomes Framework (QOF) to measure their performance. The QOF is the annual reward and incentive programme detailing GP practice achievements results. It was intended to improve the quality of general practice and the QOF rewards GPs for implementing "good practice" in their surgery. We asked to look at this information, however no evidence was provided of the QOF documentation.

The practice had no strategy in place for routinely completing clinical audit cycles. These were quality improvement processes that sought to improve patient care and outcomes through the systematic review of patient care and the implementation of change. We also looked at the record of significant events. Two clinical audits had been completed, minimal information was recorded and there was no evidence of learning. Not all GPs had seen these audits.

Leadership, openness and transparency

Most of the reception team had worked together for many years and until recently there was a very low turnover of staff. They told us that the current practice manager had been effective in beginning to introduce some new systems and processes.

Separate team meetings were held regularly and at least monthly. Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings.

Full team meetings were not held.

The practice manager was responsible for human resource policies and procedures. The development of the policies and procedures were carried out in conjunction with a recruitment agency to ensure they accurately reflected current good practice. Staff confirmed they had access to these policies and procedures so they were aware of their responsibilities and knew how to work safely.

The practice manager told us that in addition to the open door policy, they communicated daily with reception staff in order to ensure they were supported in their role. Staff spoken with said they felt well supported in their role and received clear guidance from the practice manager.

While we acknowledge that openness and transparency is encouraged within the staff team, and clearly staff feel well supported in their work. There was a lack of overall leadership in some areas of the running of the practice. Clinical supervision was not provided to the practice nurse and it was not clear whether patients' views of the service had been sought within the last year. We saw little evidence of clinical audits and no evidence of learning from the review of this information. We saw little evidence of any significant events analysis. There was no evidence that significant events had been logged and the information shared with staff for the purpose of learning and improving outcomes for patients.

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

The chair of the patient participation group (PPG) told us they were well supported by the practice staff and their ideas were taken on board. They said the practice manager attended their meetings which were held about every six weeks, although this was being changed to once or twice a year due to lack of attendance. The chair of the patient participation group confirmed the practice had responded to a concern raised in relation to the telephone system used by patients to book appointments. They told us that the practice manager had met with staff to discuss the

Are services well-led?

Requires improvement 

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

problem and provided staff with additional training. While this change had been implemented, patients still raised concerns about the telephone system and them being unable to get through to book an appointment.

Management lead through learning and improvement

Staff told us that the practice supported them to maintain their professional development through training.

The practice manager was in the process of drawing up a programme of training for the forthcoming year and was

carrying out staff appraisals to identify staffs individual training needs. This meant staff had an opportunity to reflect on their practice and identify their training needs for the purpose of improving the service provision.

The practice nurse was not provided with formal mentoring to support her learning. They told us they spoke with one of the GPs to discuss patient health care issues when necessary.

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

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

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

People who use services and others were not protected against the risks associated with the unsafe use and management of medicines by not keeping them stored safely. The provider must take action to ensure that people who use the service are protected by ensuring medicines are stored securely.

Regulated activity

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

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

People who use services and others were not protected against the risks associated with the lack of analysis of significant events to monitor and review the quality and safety of services provided. The provider must take action to identify, record and monitor and review significant events.

Regulated activity

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

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

People who use services and others were not protected against the risks of unsafe or inappropriate care and treatment arising from the lack of record keeping about people's consent to treatments. The provider must take action to ensure that a record is kept of people's consent to treatments.

Regulated activity

Regulation

This section is primarily information for the provider

Requirement notices

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

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

People who use services and others were not protected against the risks associated with the ineffective management of complaints and not carrying out proper investigations. The provider must take action to ensure that people who use the service are informed of the complaint procedure and ensure complaints are investigated and responded to.

Regulated activity

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

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

People who use services and others were not protected against the risks associated with the lack of clinical audits to monitor and review the quality and safety of services provided. The provider must take action to identify, record and monitor and review clinical audits.