

Dr Mahbub's Surgery

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?

Inadequate



Are services caring?

Requires improvement



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Mahbub's Surgery on 2 June 2017. Overall the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. We saw evidence of learning from incidents. Patients received a verbal apology.
- Risks to patients were generally assessed and well managed, the exception being a lack of clarity of the processes for changing prescriptions and ensuring authorisation by a prescriber.
- Data for 2015/16 showed patient outcomes were low compared to the national average. Although, improvement was seen within the unvalidated data for 2016/17.
- There was some evidence of audits that had been carried out to support improvements in patient outcomes.
- We identified concerns in the management of patient information which had led to two delayed referrals. Following the inspection the provider had reviewed the back log of correspondence to ensure appropriate action had been taken as well as action to mitigate future risk.
- Data from the latest national patient survey was lower than CCG and national averages in relation to patient satisfaction on consultations and helpfulness of reception staff. Although the practice's own in-patient survey and feedback from CQC comment cards was more positive.
- Not all patients we spoke with said they found it easy to make an appointment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had a number of policies and procedures in place to govern activity.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The patient participation group was relatively new and had yet to demonstrate any clear impact on service improvement.

Summary of findings

The areas where the provider must make improvements are:

- Ensure effective systems for managing patient information to ensure care and treatment is provided to patients in a safe way.

In addition the provider should:

- Identify further ways to improve on patient outcome data and uptake of national screening programmes.
- Formalise and monitor the procedure in place to ensure amendments to medication are overseen and authorised by the prescriber.
 - Review and implement ways in which the identification of carers might be improved.
- Review availability of practice nurse appointments to reflect the need of patients.

- Ensure feedback received from patients such as the national GP patient survey is reviewed to identify how patient satisfaction with services could be improved and acted on. Identify ways in which the patient voice may be improved in supporting service improvement.

Where a service is rated as inadequate for one of the five key questions or one of the six population groups or overall, it will be re-inspected within six months after the report is published. If, after re-inspection, the service has failed to make sufficient improvement, and is still rated as inadequate for any key question or population group or overall, we will place the service into special measures. Being placed into special measures represents a decision by CQC that a service has to improve within six months to avoid CQC taking steps to cancel the provider's registration.

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.

- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice.
- The practice had systems, processes and practices to minimise risks to patient safety. However, there was a lack of clear guidance around processes for making changes to patient medicines.
- Staff demonstrated that they understood their responsibilities and had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Requires improvement



Are services effective?

The practice is rated as inadequate for providing effective services, as there are areas where improvements should be made.

- Data showed patient outcomes were low compared to the national average across a number of QOF areas. This included chronic obstructive pulmonary disease (COPD), diabetes and mental health indicators. Unvalidated QOF data for 2016/17 was showing improvement in these areas.
- The practice also had high levels of antibiotic prescribing.
- There was some evidence of audit driving improvement in patient outcomes and awareness of evidence based guidance.
- However, we identified concerns in relation to the management of tasks relating to patient care. We identified referrals that had not been made. Following the inspection the practice reviewed all uncompleted tasks and advised of action taken in response.
- We also identified 79 letters (53 of which were over seven days) awaiting action. Following the inspection the practice advised us that these were awaiting coding and that any action required had been taken.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Inadequate



Are services caring?

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

Requires improvement



Summary of findings

- Data from the national GP patient survey (published July 2017) showed patients rated the practice lower than others for many aspects of care including consultations with clinical staff, involvement in decisions about care and helpfulness of reception staff. However data from the national patient survey related to a period covered by both the previous and current provider.
- The practice had undertaken their own patient survey and feedback from the CQC comment cards showed more positive results.
- No action plans were in place to assess and monitor areas identified from the national patient survey.
- Examples of care plans seen were not personalised.
- Information for patients about the services available was accessible.
- The practice had a carers register but there were low numbers of patients identified.

Are services responsive to people's needs?

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

- Since taking over the practice, the provider had started to identify areas for improvement within its local population and take action to improve. For example, cervical screening uptake.
- Data from the national GP patient survey showed lower scores for access than other practices locally and nationally.
- A small proportion of patients from the CQC comment cards said they found it difficult obtaining an appointment.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from the three examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Requires improvement



Are services well-led?

The practice is rated as requires improvement for being well-led.

- The practice had a vision for the future, which was displayed in the practice.
- Staff were aware of their responsibilities and felt supported by management.
- There were up to date policies and procedures in place to govern activity.

Requires improvement



Summary of findings

- However, we did identify areas of concern in relation to the management of patient information which had led to delayed referrals.
- Performance data such as the Quality Outcomes Framework (QOF) was below others locally and nationally for 2015/16, however unvalidated data for 2016/17 was showing signs of improvement.
- There was evidence of patient feedback being sought however the PPG was relatively new and had yet to demonstrate impact on supporting improvements.
- Results from the national GP patient survey were below others in many areas.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as requires improvement for the care of older people. The provider was rated as requires improvement overall. The issues identified which led to this overall rating affected all patients including this population group.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- Home visits and urgent appointments were available for those that needed them. Patients at risk of unplanned admissions were identified and given priority appointments.
- The practice met as part of a multi-disciplinary team to discuss the needs of those approaching end of life.
- The practice offered the over 75 health check to eligible patients. The practice had undertaken these health checks on 65 out of the 70 eligible patients in the last 12 months.
- Flu and shingles vaccinations were offered to eligible patients.
- Practice staff told us that they signposted older patients to external agencies such as Age UK for further support when needed.
- Telephone prescription requests were accepted from elderly patients.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for people with long-term conditions. The provider was rated as requires improvement overall. The issues identified which led to this overall rating affected all patients including this population group.

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

- The principal GP took the lead for long-term disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators overall (2015/16) was below the CCG and national averages. The practice achieved 79% of the total QOF points data for diabetes (compared with the CCG average of 93% and national average of 90%). Prevalence of diabetes among the practice population was higher than the CCG and national average at 16%.

Requires improvement



Summary of findings

- Patients with a long term condition had a named GP and there was a system to recall these patients for a structured annual review to check their health and medicines needs were being met. Patients who did not attend for review were contacted to arrange a follow up appointment.
- The practice was participating an enhanced service to review patients with respiratory conditions, This had involved working with COPD nurses from the CCG.
- The practice provided some in-house services to support the diagnosis and monitoring of patients with long term conditions. This included phlebotomy and spirometry services.
- Patients were given care plans to support the management of their condition. However, the examples seen were basic and did not contain details of the patient's medical problems, allergies or medicines taken.

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The provider was rated as requires improvement overall. The issues identified which led to this overall rating affected all patients including this population group.

- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk. The health visiting team shared the same building and met with the practice to discuss those on the vulnerable register.
- Immunisation rates were relatively high for all standard childhood immunisations.
- The practice told us that they made young people aware of patient confidentiality and the option of being seen without a parent or carer during a consultation.
- Appointments were available outside of school hours with a GP although not currently with a nurse.
- The premises were suitable for children. Baby changing facilities and breast feeding room were available within the health centre.
- The midwife ran a weekly antenatal clinic from the practice.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working age people (including those recently retired and students). The provider was rated as requires improvement overall. The issues identified which led to this overall rating affected all patients including this population group.

Requires improvement



Summary of findings

- 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, extended opening hours were available on a Thursday evening until 7pm. Patients could also request telephone consultations.
- The practice was proactive in offering online services (for making appointments and prescriptions electronic prescription services) as well as a range of health promotion and screening that reflects the needs for this age group.
- The practice undertook minor surgery for the convenience of patients.
- NHS health checks were offered to patients aged between 40-74 years, of the 762 eligible patients 164 had received a check in the last 12 months.
- Travel vaccinations were available under the NHS and some privately.
- Meningitis vaccination was offered to 18 year olds.
- The practice made use of texting to remind patients of their appointments.
- Uptake of national screening programmes for bowel and breast cancer were below national averages. The practice had been involved in a bowel cancer screening intervention programme for non-responders of bowel cancer screening. This has involved contacting the 56 patients directly and a bowel cancer awareness session in May 2017 of which 11 patients attended. The impact of this has yet to be determined.
- Uptake of cervical screening was below CCG and national averages at 71% (2015/16) but was showing signs of improvement for 2016/17 at 77% (unvalidated data).
- Patients at the practice were able to sign up to the Pharmacy First scheme. The scheme enables patients with minor ailments to be seen by a community pharmacist.

People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider was rated as requires improvement overall. The issues identified which led to this overall rating affected all patients including this population group.

- The practice held register of patients living in vulnerable circumstances such as patients with a learning disability and those with caring responsibilities.

Requires improvement



Summary of findings

- The practice offered annual health checks to patients with a learning disability. There were eight patients on the learning disability register, five had taken up this offer in the last 12 months.
- Practice staff told us that they had received a learning disability awareness session with a specialist nurse who had also helped ratify the learning disability register.
- The practice offered longer appointments for patients who needed them.
- The practice worked with other health care professionals in the case management of vulnerable patients including those with end of life care needs.
- 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.
- Alerts were placed on the patient record system to ensure staff were aware of patients with any special patient needs.
- The practice had a carers register in which 20 patients had been identified. Patients who were on the register were given a carer pack with information about local support available, were offered flexibility with appointments and access to health checks.
- The practice did not have anyone with no fixed abode but we were told that the practice policy would be to register them under the surgery address if needed.

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider was rated as requires improvement overall. The issues identified which led to this overall rating affected all patients including this population group.

- QOF Data for 2015/16 showed that 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is above the national average.

Requires improvement



Summary of findings

- QOF Data for 2015/16 showed 82% of patients with poor mental health had a comprehensive care plan agreed and documented in the records compared to the CCG average of 92% and the national average of 89%.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The practice carried out dementia screening for the earlier detection and treatment of this condition.
- 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 liaised with community teams such as community nursing team and rapid response team where needed to support patients with poor mental health. The community psychiatric nurse also ran a weekly clinic from the health centre.

Summary of findings

What people who use the service say

The latest national GP patient survey results were published in July 2016 based on data collected from July-September 2015 and January-March 2016. This covered a period before and after the current provider had taken over the practice. The results showed the practice was performing below local and national averages in terms of patient satisfaction. A total of 348 survey forms were distributed and 63 (18%) were returned. This represented 3% of the practice's patient list.

- 58% of patients described the overall experience of this GP practice as good compared with the CCG average of 86% and the national average of 85%.

- 49% of patients described their experience of making an appointment as good compared with the CCG average of 75% and the national average of 73%.
- 46% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 77% and the national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 13 comment cards which were mostly positive about the service they received. They found staff polite and helpful. The three negative comments we received related to obtaining appointments.

Dr Mahbub's Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

The inspection team consisted of a lead CQC inspector and a GP specialist adviser.

Background to Dr Mahbub's Surgery

Dr Mahbub's Surgery is part of the NHS Walsall Clinical Commissioning Group (CCG). CCGs are groups of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services.

Dr Mahbub's surgery is located within a purpose built health centre shared with two other GP practices and various community health services.

The practice registered list size is approximately 2500 patients.

Services to patients are provided under a General Medical Services (GMS) contract with NHS England. A GMS contract ensures practices provide essential services for people who are sick as well as, for example, chronic disease management and end of life care and is a nationally agreed contract. The practice also provides some enhanced services such as childhood vaccinations.

Based on data available from Public Health England, the practice is located within the 10% most deprived areas nationally and is ethnically diverse. The practice population is younger than the national average for

example, 33% of the practice population is under 18 years compared to the CCG average of 23% and national average of 21%. While 8% of the practice population is over 65 years compared to the CCG and national average of 17%.

The principal GP registered with CQC in December 2015 as a new provider. Practice staff consist of the principal GP (male) who works five sessions at the practice each week, two practice nurses (one of the practice nurses is also a partner), two health care assistant, a practice manager and a team of administrative / reception staff. The practice is supported by three regular locum staff who cover four clinical sessions each week.

The principal GP is also the provider for Bath Street Medical Centre in Dudley.

The practice is open:

- Monday 9am to 1.30pm and 3pm to 6pm
- Tuesday 9am to 1pm and 4pm to 6pm
- Wednesday 9am to 1pm
- Thursday 9am to 1pm and 4pm to 6pm
- Friday 9am to 1pm and 4pm to 6pm

GP clinic times are between:

- Monday 9am to 12 noon and 3pm to 5pm
- Tuesday 9.30am to 12 noon and 4.30pm to 6pm
- Wednesday 9.30am to 11.30am
- Thursday 9am to 11.30am and 4pm to 6pm
- Friday 9am to 11.30am and 4pm to 6pm

Practice nurses are available Monday to Friday between 9am and 2pm.

Extended opening hours are offered on a Thursday evening between 6.30pm and 7pm.

Detailed findings

When the practice closed during core hours calls were handled by WALDOC. In the out of hours period between 6.30pm and 8am on weekdays and all weekends and bank holidays the service was provided through the NHS 111 service.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations such as the local clinical commissioning group to share what they knew. We carried out an announced visit on 2 June 2016. During our visit we:

- Spoke with a range of clinical and non-clinical staff (including the principal GP, the practice nurse (also a partner), the practice manager and administrative/reception staff).

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed documentation made available to us for 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 a system for reporting and recording significant events.

- There was an incident reporting policy and incident reporting form available for staff to use. 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).
- The practice had been proactive and had reported 15 incidents in the last 12 months. For example, one incident reviewed the management of a patient with a diagnosis of cancer to identify any learning.
- Incidents were investigated by the practice manager and discussed at the practice meetings.

We reviewed safety records, incident reports, patient safety alerts (including those received from the Medicines and Healthcare products Regulatory Agency (MHRA)). A log was kept of action taken in response to alerts received. For example, searches had been carried on in response to an MHRA alert for finasteride (a medicine used for prostate conditions) and links to suicidal thoughts. Patients on the medicine were advised of the side effect and to contact the GP if this should occur.

Overview of safety systems and processes

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

- Arrangements for safeguarding reflected relevant legislation and local requirements. Safeguarding policies were accessible to all staff. This included a policy for patients at risk of domestic abuse. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. This information was also available in the clinical rooms. The principal GP was the lead member of staff for safeguarding. Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role although did not

have any specific examples. GPs were trained to child safeguarding level three and practice nurses to level two. Alerts were placed on the patient record system so that staff were aware if a patient was at risk.

- Chaperones were available if required. 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 maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be visibly clean and tidy. There were cleaning schedules and monitoring systems in place for the premises and clinical equipment. Cleaning was managed through NHS properties.
- Staff had access to personal protective equipment.
- One of the practice nurses was the infection prevention and control (IPC) clinical lead.
- There were infection control policies in place to support staff and staff had received IPC training.
- Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

We reviewed the arrangements for managing medicines, including emergency medicines and vaccines, in the practice (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. We reviewed eight patients on high risk medicines and found that these were being appropriately managed. Shared care agreements were in place for high risk medicines and appropriate monitoring had taken place.
- The practice was supported by the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines. The practice produced patient specific directions from a prescriber for this.
- Vaccines were appropriately stored and the medicines fridge was well organised. Medicines fridge

Are services safe?

temperatures were routinely checked and logs kept. Data loggers were available as back up for fridge temperatures. However, we saw that the medicines fridge was plugged into an extension lead and was at risk of being inadvertently turned off.

- There were systems in place for checking uncollected prescriptions and these were reviewed by the CCG pharmacist who visited the practice twice a week. We found that reception staff were amending prescriptions on the system following the receipt of hospital letters. The principal GP advised us that any changes made by non-clinical staff were checked by him. Following the inspection the practice provided us with written confirmation regarding the process used to ensure safe prescribing.

We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. We also looked at recruitment checks for locum staff used and saw appropriate information was maintained.

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 premises were managed by NHS property services and appeared well maintained. Any maintenance issues were raised directly with them. The practice manager undertook weekly building checks of the premises and fed back any issues identified.
- There was an up to date fire risk assessment for the premises and fire equipment had been checked. We saw evidence of regular alarm testing and fire drills.
- Electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order. Checks had been carried out within the last 12 months.

- 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).
- 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. The practice used locum staff to cover GP absences.

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.
- Staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice told us they had access to, and shared the defibrillator within the health centre and carried out their own checks on this to ensure it was in working order. Oxygen was also available in the premises with adult and children's masks.
- 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 maintained records of monthly checks to ensure emergency medicines were available and in date when needed.

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 and services that might be needed in an emergency.

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 principal GP told us that they accessed NICE guidelines from their computers, and that they were currently involved in an audit of patients with gestational diabetes against evidence based practice.
- Templates were used for chronic disease management.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 for 2015/16. This covered a period in which there was a change in provider. The 2015/16 data showed the practice had achieved 86% of the total number of points available, which was below the CCG average of 97% and national average of 95%. Overall exception reporting by the practice was 3% compared to the CCG average of 8% and 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). Low exception reporting can mean that more patients are treated. Data from 2015/16 showed:

- Performance for diabetes related indicators overall was below the CCG and national averages. The practice achieved 79% of the total QOF points data for diabetes (compared with the CCG average of 93% and national average of 90%). The practice had lower exception reporting for diabetes indicators at 3% compared to the CCG average of 9% and national average of 12%. The practice was aware that this was an area they needed to work on. Prevalence of diabetes among the practice population was also higher at 16% compared to the CCG average of 7% and the national average of 9%.
- Performance for mental health related indicators overall was comparable to the CCG and national averages at

89%. The CCG average was 94% and national average 93%. The practice exception reporting for mental health indicators was lower at 2% compared to the CCG average of 5% and national average of 11%.

- The number of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less was 80% compared to the CCG average of 84% and national average of 83%.

This practice was an outlier for several QOF (or other national) clinical targets. This included chronic obstructive airways disease, diabetes, and mental health indicators. Data from 2015/16 showed:

- Performance for chronic obstructive pulmonary disease (COPD) related indicators overall was 42% compared to the CCG and national average of 96%. The practice exception reporting for COPD indicators was lower at 6% compared to the CCG and national average of 13%. Practice staff told us that they were participating in an enhanced service for the management of patients with chronic obstructive pulmonary disease in which they were receiving input from a COPD specialist nurse through the CCG.
- The number of patients with diabetes on the register, with a HbA1c (a measure of diabetic control) of 64 mmol/mol or less in the preceding 12 months was 68% compared to the CCG average of 79% and national average of 78%.
- The number of patients with poor mental health who had a comprehensive care plan agreed and documented in the records was 82% compared to the CCG average of 92% and the national average of 89%.

Unvalidated data for 2016/17 from the practice was starting to show improvements across these areas.

There was evidence of some quality improvement including clinical audit:

- The practice shared with us four audits that had commenced in the last two years. One of these was a completed audit where the improvements made were implemented and monitored. The practice had undertaken audit which reviewed the management of patients on a specific medicine used in type 2 diabetes. The first audit was undertaken in September 2016 and the re-audit in April 2017. This showed improvements in

Are services effective?

(for example, treatment is effective)

the management and monitoring of patients on this medicine. For example 15% had not received appropriate monitoring in the first audit whereas all had received appropriate monitoring in second audit.

- Minor surgery was undertaken at the practice and a quarterly audit was carried out to monitor whether clinical diagnosis matched the biopsy outcome, any infections and consent. No concerns were identified from the minor surgery audits seen.
- The practice had undertaken a review of cervical screening uptake. The practice had found the uptake of cervical screening had reduced from 73% in 2014/15 to 71% in 2015/16. Action to improve uptake was implemented including texting, active calling, opportunistic reminders and clinics with a community outreach support nurse. Uptake for 2016/17 showed a slight increase to 77% but was still below the 81% CCG and national average. However, we also noticed there was no practice nurse availability after 2pm daily to undertake cervical screening.
- The principal GP was currently involved in a gestational diabetes audit but this had yet to be completed.

We reviewed prescribing data from CCG for hypnotic and antibiotic prescribing. This showed:

Between April 2016 and December 2016 hypnotic prescribing was higher than the CCG average but was showing improvement. For example, in April 2016 prescribing of hypnotics was 1.9% compared to CCG average of 0.2%. Data for December 2016 showed hypnotic prescribing at 0.4% compared to CCG average of 0.2%.

Antibiotic prescribing in April 2016 was 1.7% compared to the CCG average of 1.1%, In December 2016 it remained at 1.7% compared to the CCG average of 1.1%, although during the same period there had been an improvement in the use of broad spectrum antibiotics.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. Staff received a handbook when they first started and an induction period. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. A comprehensive GP locum pack was available to support locum GPs working on a temporary basis.

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. For example, the practice nurses had recently undertaken spirometry training (a test used to diagnose and monitor lung conditions).
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by accessing on line resources and attending update training.
- The learning needs of staff were identified through a system of appraisals, we saw that these had been completed in the last 12 months for all staff and staff had been given the opportunity to raise any learning needs. We saw that the principal GP had undergone the process of appraisals and revalidation (this is the mechanism by which doctors demonstrate their fitness to practice).
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

We looked at how the information needed to plan and deliver care and treatment was managed at the practice.

- Reception staff told us that they were up to date with scanning patient information received onto the system and test results had been reviewed in a timely way (the oldest being four working days).
- However we found a backlog of 191 tasks dating back to 2014 that were still active. Tasks are used for example where patient information has been reviewed and a decision taken by clinical staff that now requires action. Although some of these were system generated many related to patient care. We found three tasks in which patient referrals were identified but had not been made. We discussed these with the principal GP who agreed they needed to be looked into. Following the inspection the practice had raised a significant event and reviewed the outstanding tasks, a report from the practice told us that the majority of tasks were found to be actioned but had not been closed. However there

Are services effective?

(for example, treatment is effective)

were two missed patient referrals. The practice advised that these had now been made, the affected patients informed and systems put in place for monitoring referrals in the future.

- We also saw 79 letters awaiting action of these 53 were over seven days. The oldest relating to the 17 May 2017 (11 working days prior to our inspection). We looked at a random sample and did not identify any that required urgent action. Following the inspection the practice advised us that these were letters awaiting coding and that any action required had been taken.

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. Multi-disciplinary team meetings took place with other health care professionals on a regular basis to discuss some of the practice's most vulnerable patients such as patients on their palliative care register or with complex care needs.

Consent to care and treatment

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

- Clinical staff we spoke with understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 and guidelines for capacity to consent in children and young people. These areas were included in the practice's consent policy.
- Some of the clinical staff had completed online Mental Capacity Act training.
- We saw evidence of consent obtained for patient's undergoing minor surgery at the practice.

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: those requiring advice on smoking and alcohol cessation.

A range of health information leaflets were available for patients to take away.

The practice's uptake for the cervical screening programme (2015/16) was 71%, which was below the CCG and national average of 81%. Practice staff told us of action taken to try and improve uptake and data for 2016/17 (unvalidated) was showing an improved uptake of 77%. The practice nurses maintained failsafe systems to ensure results were received by the practice for samples sent.

The uptake of national screening programmes for bowel and breast cancer screening were lower than the CCG and national averages. For example,

- 46% of females aged 50-70 years of age had been screened for breast cancer in the last 36 months compared to the CCG average of 72% and the national average of 73%.
- 36% of patients aged 60-69 years, had been screened for bowel cancer in the last 30 months compared to the CCG average of 52% and the national average of 58%.

Practice staff told us that they had participated in a bowel cancer screening intervention programme to follow-up non-responders of bowel cancer screening. This had involved contacting the 56 eligible patients directly however this did not have any impact. The practice had also ran a bowel cancer awareness session in May 2017 with to which eligible patients were invited, 11 patients attended (the impact of this session has yet to be seen).

Data available for 2015/16 on childhood immunisation rates for vaccinations given to under two year olds were above the national standards of 90%. Childhood immunisation rates for the MMR vaccinations given at 5 years were comparable to the CCG and national averages. For example: uptake of dose 1 MMR was 98% compared to the CCG average of 99% and national average of 94%. Uptake of dose 2 MMR was 91% compared to the CCG average of 94% and national average of 88%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients, NHS health checks for patients aged 40-74 and for those over 75 years.

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 somewhere more private to discuss their needs.
- Although the GP's were male there were two female practice nurses were able to speak with if a patient wished to discuss anything sensitive.

We received 13 comment cards which were mostly positive about the service they received. Patients described the staff as helpful and caring and treated them with dignity and respect.

Results from the national GP patient survey (published July 2016) showed patient satisfaction scores on consultations with GPs and nurses and for helpfulness of reception staff were lower than CCG and national averages. However, the period of data collection for the survey included both the previous and current provider. Results showed:

- 72% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 73% of patients said the GP gave them enough time compared to the CCG and national average of 87%.
- 85% of patients said they had confidence and trust in the last GP they saw compared to the CCG and the national average of 92%.
- 63% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.
- 80% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) and national average of 91%.
- 87% of patients said the nurse gave them enough time compared with the CCG average of 93% and the national average of 92%.

- 97% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 85% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% national average of 91%.
- 68% of patients said they found the receptionists at the practice helpful compared with the CCG and the national average of 87%.

The practice had undertaken their own in-house patient survey of 30 patients in January 2017. Results from this survey showed:

- 90% of patients rated the doctor as good or very good at being polite.
- 100% of patients said they would be happy to see the doctor again.

The practice did not have any action plans in place in response to their own in-house and national patient survey results but minutes from practice meeting said they would follow up their in-house survey in six months time.

Care planning and involvement in decisions about care and treatment

Feedback from patients through the comment cards received told us that patients felt involved in decision making about the care and treatment they received and that they felt listened to.

The principal GP told us that they carried out face to face care planning and copies of the care plans were given to patients. We saw some examples of care plans but found these had not been personalised with goals completed. Care plans seen were basic and did not contain details of medical problems, allergies or medicines.

Results from the national GP patient survey published in July 2016 showed patient scores to questions about their involvement in planning and making decisions about their care and treatment were below local and national average for GPs but comparable to local and national averages for nurses. However, the period of data collection for the survey included both the previous and current provider. Results showed:

- 70% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 86%.

Are services caring?

- 56% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national average of 82%.
- 88% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 93% and the national average of 92%.
- 86% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

The practice had undertaken their own in-house patient survey of 30 patients in January 2017. Results from this survey showed:

- 90% of patients who responded rated the doctor as good or very good at listening to them.
- 83% of patients who responded rated the doctor as good or very good at involving them in decisions about their care and treatment.

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. We saw a recent booking that has been made. Some of the staff were also multi-lingual in languages spoken in the local community.

- An induction loop for patients with hearing impairment was available.
- Some of the patient information available in the waiting areas was available in languages other than English.

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 20 patients as carers (0.8% of the practice list). Written information was available to direct carers to the various avenues of support available to them. The practice also offered flu vaccinations to patients on the carers register.

There was a practice procedure in place following the death of a patient. Staff told us that if families had experienced bereavement, they would send a condolence letter which included information about support available. We saw information about bereavement support displayed in the waiting area.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice was aware of its population profile and since taking over the practice in December 2015 was starting to look at areas for improvement including respiratory conditions and uptake of national screening programmes.

- The practice offered extended hours on a Thursday evening until 7pm for working patients who could not attend during normal opening hours. These were with a GP.
- Patients were requested to book double appointments if they wished to discuss more than one problem or had specific needs for example, patients with a learning disability or dementia.
- Home visits were available for patients who had clinical needs which resulted in difficulty attending the practice.
- Practice told us that those patients who were at risk of unplanned admissions were given priority to appointments with a separate line to call.
- Patients could also request telephone consultations where appropriate.
- The practice made use of text message reminders of appointments.
- Patients with any special needs were documented so that they may be accommodated for example, patients with sensory impairments.
- Patients were able to receive travel vaccines available on the NHS and some which were available privately. Patients were signposted to other clinics for yellow fever.
- There were accessible facilities, which included a hearing loop and interpretation services. Some of the staff spoke a second language which was spoken in the local community.
- The premises were accessible to patients with mobility difficulties and included ramp access, low reception desk and shared disabled toilet facilities within the health centre.
- Baby changing and breast feeding room was available in the community health area within the health centre.
- The practice provided in house services such as phlebotomy. Nursing staff had recently received spirometry training so that it may also be provided in-house. Spirometry is a test used for diagnosing and monitoring lung conditions.

Access to the service

The practice was open:

- Monday 9am to 1.30pm and 3pm to 6pm
- Tuesday 9am to 1pm and 4pm to 6pm
- Wednesday 9am to 1pm
- Thursday 9am to 1pm and 4pm to 6pm
- Friday 9am to 1pm and 4pm to 6pm

GP clinic times were between:

- Monday 9am to 12 noon and 3pm to 5pm
- Tuesday 9.30am to 12 noon and 4.30pm to 6pm
- Wednesday 9.30am to 11.30am
- Thursday 9am to 11.30am and 4pm to 6pm
- Friday 9am to 11.30am and 4pm to 6pm

Practice nurses were available Monday to Friday between 9am and 2pm. There were no late appointments with the practice nurse although, staff told us that this was something they were planning to introduce.

The practice operated a system on a Monday in which all appointments were same day this had been in response to a higher demand following the weekend. The rest of the week appointments were a mixture of prebookable appointments that could be made up to two weeks in advance and same day appointments. Extended opening hours were available on a Thursday evening between 6.30pm and 7pm.

When the practice closed during core hours, calls were handled by WALDOC. In the out of hours period between 6.30pm and 8am on weekdays and all weekends and bank holidays patients could access primary care services through the NHS 111 telephone service.

Results from the national GP patient survey (published in July 2017) showed that patient's satisfaction with how they could access care and treatment was lower than local and national averages. However, the period of data collection for the survey included both the previous and current provider. For example:

- 61% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 77% and the national average of 76%.
- 63% of patients said they could get through easily to the practice by phone compared to the CCG average of 76% and the national average of 73%.

Are services responsive to people's needs?

(for example, to feedback?)

- 53% 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 75% and the national average of 76%.
- 88% of patients said their last appointment was convenient compared with the CCG average of 93% and the national average of 92%.
- 49% of patients described their experience of making an appointment as good compared with the CCG average of 75% and the national average of 73%.
- 24% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 61% and the national average of 58%.

There were no specific action plans in place in response to the national patient survey. Results from the CQC comment cards showed three out of the 13 patients raised issues relating to difficulties in accessing appointments.

We looked at the availability of appointments during the inspection. We found that the next available routine appointment with a GP was within three working days of our inspection, within four working days for the practice nurse and two working days for a blood test.

The practice had a system to assess:

- Whether a home visit was clinically necessary - Home visit details were taken by reception staff and passed on to the GP.

- The urgency of the need for medical attention - Reception staff told us that they would advise 999 if concerned but would ask for details and phone back. Reception staff told us that they could book in extra patients if needed.

Listening and learning from concerns and complaints

The practice 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. A notice was displayed near reception. There was a complaints leaflet and form available on request. This included details about where to escalate their concerns if they are unhappy with the response received from the practice.

The practice told us that they had received two formal complaints in the last 12 months. We looked at both of these and found these were dealt with in a timely way. In responses seen patients were informed of how to escalate their complaint if they were unhappy with the response received. The practice maintained records of complaints received from various sources such as verbal and through the NHS choices website.

Learning from complaints was shared at practice meetings with staff.

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 practice shared with us their vision to deliver high quality care and promote good outcomes for patients.

- The practice vision was displayed in the waiting areas.
- The principal GP discussed with us plans for the future and that discussions were in place to federate with other practices within the CCG area.

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. There were identified leads for areas such as safeguarding and infection control.
- Practice specific policies were implemented and were available to all staff via their computers or as hard copies. These were kept up to date.
- Performance data such as QOF (2015/16) showed a number of areas in which the practice was an outlier and significantly below other practices for patient outcomes. This covered a period of the previous provider and current provider, unvalidated data for 2016/17 was starting to show improvement.
- We saw some evidence of clinical and internal audit used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions in relation to the premises and in an emergency. However, we identified concerns with the management of patient information which had led to two delayed patient referrals and risks in relation to the processes for non-clinical staff changes to patient medicines.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

However,

- We identified areas of concern in relation to the management of tasks and patient information relating to patient care.

- There was a lack of clear guidance in the management of changes to medicines for non-clinical staff.

Leadership and culture

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). A culture of openness and honesty was encouraged. The practice manager showed us an example where things had gone wrong with care and treatment and told that a verbal apology had been given and written advice sent to the patient.

- The practice kept written records of verbal interactions as well as written correspondence.

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

- The practice held and minuted multi-disciplinary meetings held with the community and palliative care team.
- Staff told us the practice held regular team meetings and were able to raise any issues at those meetings.
- Staff described a positive relationship between management and staff. That they met on a monthly basis where able to raise any issues.

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

We saw some evidence of the practice seeking and acting on feedback from patients, the public and staff.

- The practice manager advised us that they had recently reconstituted a patient participation group which had approximately five members but struggled to get the group together. The PPG had been involved in identifying areas for improvement for the next year. The practice manager told us some of the changes that had been made in response to patient feedback for example additional seating provided in the waiting area and a review of the process for repeat prescriptions in response to a comment on NHS choices to minimise the risk of delays.
- Results from the latest GP national patient survey were significantly below CCG and national averages in a

Are services well-led?

Requires improvement 

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

number of areas such as chronic obstructive pulmonary disease. The practice was unable to demonstrate that they had considered or had plans in place to improve this.

- Although the practice had undertaken an in-house patient survey in January 2017 in which 30 patients had responded. This was not directly comparable with the national GP patients survey to enable any improvements in patient satisfaction to be identified. Results from the in-house patient survey were positive and no actions were identified.

- The practice participated in the NHS Friends and Family test. Between May 2016 and May 2017 there were 77 patient responses to the friends and family test, of those 66 (86%) said they would be likely or extremely likely to recommend the practice to others.

Feedback from staff was obtained through staff meetings, appraisals and general discussion.

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>Care and treatment must be provided in a safe way for service users</p> <p>How the regulation was not being met:</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular: Effective systems for managing patient information were not in place to ensure they were acted on. We found large numbers of tasks that were not completed which had included patient referrals. There was also a backlog of patient letters. Patients were at risk of not receiving the care and treatment needed.</p> <p>This was in breach of regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>