

# Dr UA Afser & Dr A Arif 's Practice

## 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?

Good



Are services caring?

Good



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 UA Afser and Dr A Arif's Practice on 21 April 2016 and rated the practice as inadequate for the safe and well-led key questions, requires improvement for effective and responsive, and good for caring. This led to an overall rating of inadequate. Breaches of legal requirements were found and requirement notices were issued in relation to patient safety, inadequate governance and staffing. The provider was placed into special measures and the full comprehensive report can be found by selecting the 'all reports' link for Dr UA Afser and Dr A Arif's Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced comprehensive inspection which we undertook on 19 April 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 21 April 2016. At this inspection we found that the requirements of the requirement notices had been met; however, a new requirement notice has been issued as we found that the arrangements for managing high risk

medicines needed strengthening to keep patients safe. This has resulted in a rating of requires improvement for the safe key question. The overall rating from this visit was requires improvement.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The arrangements for managing high risk medicines such as warfarin and methotrexate in the practice needed significant strengthening.
- The practice now had appropriate arrangements for identifying, recording and managing risks, issues the practice now had up to date fire risk assessment and carried out regular fire drills.
- The practice did not deploy sufficient numbers of clinical staff to meet the needs of patients, for example, the clinical staff which included the GP, a practice nurse and a nurse prescriber worked a total of 11 clinical sessions per week.

# Summary of findings

- The practice had updated policies, including incident policy and recruitment. All policies were practice specific and all staff had access to them on the practice computer system.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- We saw clinical audits had been carried out to show patient and quality improvements.
- Information about services and how to complain was available and improvements were made to the quality of care as a result of complaints and concerns.
- Patients did not have access to a female GP; however, the practice told us that a female salaried GP working one session was due to commence employment in May 2017.
- Results from the national GP patient survey highlighted concerns from patients about long waiting times and delays to appointments.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

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

The areas where the provider must make improvements are:

- Establish effective systems and processes to ensure good governance of high risks medicines in accordance with the fundamental standards of care.
- Establish effective systems to improve and monitor access to appointments and waiting times as highlighted in the national GP patient survey so that it is comparable to CCG and national survey results.
- Establish systems and processes to continually assess the needs of the service.

The areas where the provider should make improvements are:

- Continue to ensure policies such as significant event are up to date and reflect day to day practice.
- Review the nursing services so that they are provided in a way that meets the needs of the patient groups, particularly those unable to attend during normal opening hours.
- Consider ways of improving access to services, for example, the provision of a website.

I am taking this service out of special measures. This recognises the improvements made to the quality of care provided by this 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.

**Requires improvement**



- From the sample of documented examples we reviewed, we found there was a system for reporting and recording significant events, the policy to govern this was lacking in detail. Following the inspection the practice provided us with an updated policy. Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had systems, processes and practices to minimise risks to patient safety. However, the arrangements for managing high risk medicines such as warfarin and methotrexate in the practice needed significant strengthening to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all 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 including a Business Continuity Plan.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



- Unverified and unpublished Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

### Are services caring?

The practice is rated as good for providing caring services.

**Good**



# Summary of findings

- Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible and available in easy read format and some were reproduced in various languages, for example, Urdu, Bengali, Polish, and Russian.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

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

- The needs of the population groups had been identified, however the practice had not adjusted the services it offered to ensure these were accessible and flexible. The practice did not offer appointments with the practice nurse outside of normal working hours.
- Patients did not have access to a female GP, however, the practice told us that a female salaried GP was due to commence employment in May 2017.
- Results from the national GP patient survey and patients we spoke with on the day highlighted long waiting times and delays to appointments. For example, 26% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 46% and the national average of 58%.
- There were accessible facilities, which included a hearing loop, interpretation services and patients who had a visual impairment could request information in bigger fonts.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs, however they did not have a website.
- Information about how to complain was available. The practice responded quickly to issues raised. Learning from complaints was shared with staff unable to attend the meeting.

**Requires improvement**



# Summary of findings

## Are services well-led?

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

- The practice had a mission statement which was displayed in the reception and waiting areas and that was to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- The practice did not deploy sufficient numbers of clinic staff to meet the needs of patients, for example, the clinical staff which included the GP, practice nurse and nurse prescriber worked a total of 11 clinical sessions per week.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- The practice now had appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, the practice now had up to date fire risk assessment and carried out regular fire drills.
- The arrangements for managing high risk medicines such as warfarin and methotrexate needed improvement to minimise risks to patient safety.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The practice had a succession plan which reflected the future objectives; this included recruiting additional GPs in the long term, however, the practice had not addressed how they intended on meeting the demands of their 4000 patients when the other GP partner left in October 2016.

## 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

The practice is rated as requires improvement for safe, responsive and well led and good for effective and caring . The evidence which led to these ratings 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.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services. The GP met with other local GPs (peer review meetings) in the locality to discuss elderly care review.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

**Requires improvement**



### People with long term conditions

The practice is rated as requires improvement for safe, responsive and well led and good for effective and caring . The evidence which led to these ratings affected all patients including this population group.

- The GP led in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was 86% which was higher than the local CCG average of 78%, and in line with national average of 87%.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their

**Requires improvement**



# Summary of findings

health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

## Families, children and young people

The practice is rated as requires improvement for safe, responsive and well led and good for effective and caring . The evidence which led to these ratings affected all patients including this population group.

- From the sample of documented examples we reviewed we found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Uptake rates for some vaccines given were lower than the CCG/ national averages. For example, rates for the vaccines given to under two year olds ranged from 75% to 92% and five year olds from 64% to 92%.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments with the practice nurse were not available outside of school hours.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.

**Requires improvement**



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

The practice is rated as requires improvement for safe, responsive and well led and good for effective and caring . The evidence which led to these ratings affected all patients including this population group.

- The practice had not adjusted the services it offered to ensure these were accessible and flexible. For example, the practice did not offer extended hours appointments with the practice nurse or nurse prescriber.
- Patients did not have access to a female GP; however, the practice told us that a female salaried GP would commence employment in May 2017.
- Appointments with the practice nurse were not available outside of normal working hours.

**Requires improvement**





# Summary of findings

- The practice did not have a website; however, patients could book appointments online through NHS Choices as well as view their records and order repeat prescriptions.

## People whose circumstances may make them vulnerable

The practice is rated as requires improvement for safe, responsive and well led and good for effective and caring . The evidence which led to these ratings affected all patients including this population group.

- The practice held a register of patients living in vulnerable circumstances including homeless people and travellers, however they did not have any patients on the register at the time of inspection.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations, for example those with caring responsibilities.
- 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 showed us the flowchart they used to contact relevant agencies in normal working hours and out of hours.

**Requires improvement**



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

The practice is rated as requires improvement for safe, responsive and well led and good for effective and caring . The evidence which led to these ratings affected all patients including this population group.

- The practice carried out advance care planning for patients living with dementia.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- 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.

**Requires improvement**



# Summary of findings

- The practice had information available such as pamphlets for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing in line with local averages, but below national averages in some areas. Three hundred and sixty one (361) survey forms were distributed and 88 were returned. This represented a 24% completion rate (2% of the patient list).

- 79% of patients described the overall experience of this GP practice as good compared with the CCG average of 77% and the national average of 85%.
- 66% of patients described their experience of making an appointment as good compared with the CCG average of 66% and the national average of 73%.
- 61% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78%. The

Friends and Family test results we looked at between April 2016 and August 2016 indicated that patients were either “extremely likely” or “likely” to recommend the surgery.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 41 comment cards of which 29 were positive about the standard of care received 10 were mixed and two were negative. The comment cards we received were mostly positive about the service experienced, however 12 patients commented on either difficulty obtaining routine appointments and long waiting times. Patients said they felt the practice offered a good service and staff were very friendly, helpful, caring and understanding.

We spoke with 10 patients including two members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

# Dr UA Afser & Dr A Arif 's Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and was supported by a GP specialist advisor.

## Background to Dr UA Afser & Dr A Arif 's Practice

Dr UA Afser and Dr Arif's Practice is a family run service providing primary medical services to approximately 4000 patients through a General Medical Services contract. (GMS is one of the three contracting routes that have been available to enable commissioning of primary medical services). The premises is owned by Barking and Dagenham Council. Longbridge Road has a variety of local amenities including a supermarket, dentist, pharmacist and various other independent shops. The practice is well served by local buses and a little over one mile away from Barking Underground and Railway Station.

The practice is part of NHS Barking and Dagenham Clinical Commissioning Group. Data available from Public Health England shows the level of deprivation within the practice population group is rated as two on a scale of one to 10. Level one represents the highest levels of deprivation and level 10 the lowest.

The medical team is made up of one male GP working nine clinical sessions a week, a female Nurse prescriber and a female practice nurse both working one weekly session. The clinical team are supported by a female practice manager, a reception supervisor and two reception staff.

The practice's opening times are from 8am to 6pm Monday to Friday. Surgery times are from 9.30am to 1:30pm and then 4pm to 6pm on Monday, Wednesday and Friday. There is no afternoon surgery on Thursday when the practice is closed. Extended hours are offered between 6.30pm to 8pm on Tuesday. The Out of Hours service is provided by the GP Out of Hours Hub services and NHS 111 service and can be accessed by ringing the local rate telephone number which is displayed in the practice leaflet, slips at reception and a permanent poster on the practice's front door.

Dr UA Afser and Dr Arif's Practice is registered as a partnership to provide the registered activities of Treatment of disease, disorder or injury; Family planning, Surgical procedures and Diagnostic and screening procedures from 620 Longbridge Road, Goodmayes, Dagenham, RM8 2AJ. An application has been submitted to register as an individual provider since the partnership ceased in October 2016.

The practice was inspected under the Care Quality Commission's current inspection regime in April 2016 and was found to be in breach of Regulation 12 HSCA (RA) Regulations Safe care and treatment, Regulation 17 HSCA (RA) Regulations Good governance, Regulation 18 HSCA (RA) Regulations 2014 Staffing and Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed. This led to an overall rating of inadequate and the practice was placed in special measures (Special measures give people who use the service the reassurance that the care they get should improve).

# Detailed findings

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 on 21 April 2016 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. A breach of legal requirements was found and requirement notices were issued in relation to patient safety, inadequate governance and staffing. As a result, we undertook a comprehensive inspection on 19 April 2017 to follow up, but not limited to whether action had been taken to address the breaches outlined in the notice as well as to look at the overall quality of the service.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 19 April 2017.

During our visit we:

- Spoke with a range of staff including GP, practice nurse, practice manager, reception supervisor and a receptionist. We also spoke with 10 patients including two members of the patient participation group PPG who used the service.
- Observed how patients were being cared for in the reception area.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed 41 comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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?

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

At our previous inspection on 21 April 2016 we found patients were at risk of harm because systems and processes were not in place to keep them safe such as fire safety, Legionella, infection control, patient chaperoning and electrical appliances testing. At this inspection, we found the practice had addressed these issues. However, during this inspection we identified new concerns in relation to the management of patients on high risk medicines.

### Safe track record and learning

There was a system for reporting and recording significant events, however, the policy to govern this was lacking in detail as it did not outline or describe how significant events should be managed. Following the inspection we were provided with an updated significant events policy which accorded with what staff told us on the day in relation to significant event management.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the sample of three documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- All relevant safety alerts such as MHRA were printed, discussed and stored in a folder in the practice manager's office. We saw evidence which confirmed relevant alerts were actioned.
- We saw evidence lessons were shared and action was taken to improve safety in the practice. For example, we

found the practice reviewed the way in which they assessed and investigated high risk patients for cancer following an incident which related to a delayed diagnosis. Key learning points from this incident demonstrated all patients presenting with symptoms would be assessed using the "Q-risk" cancer tool and where initial x-rays or ultrasounds showed "normal", but patients were still symptomatic then further "invasive" investigations should be scheduled.

### Overview of safety systems and processes

At the previous inspection in April 2016 we found the practice did not have systems, processes and practices in place to keep patient safe and safeguarded from abuse. At this inspection we found these arrangements had significantly improved.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The GP was the lead for safeguarding. From the sample of documented examples we reviewed we found that the GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies. All safeguarding records we sampled were easily identifiable and had a system "pop" up note to alert staff if a patient was on a risk register.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had now received training on safeguarding children and vulnerable adults relevant to their role. The GP, nurse prescriber and locum practice nurse were trained to child protection or child safeguarding level three, the practice manager was trained to level two and all other non-clinical staff were trained to level one.
- A notice in the waiting room and treatment rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

## Are services safe?

- The practice maintained appropriate standards of cleanliness and hygiene and we observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The GP was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. An external audit undertaken in March 2017 found one of the vaccine fridges had glass shelves which could interfere with good air circulation. The practice took remedial action to address the identified problem by removing the obstructing shelves. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence action was taken to address any improvements identified as a result. For example, a hand gel dispenser was fitted having been highlighted in the last internal infection audit.

There were suitable arrangements in place for managing emergency medicines and vaccines. However, we identified concerns in relation to the management of patients on high-risk medicines.

- The processes in place for handling repeat prescriptions which included the review of high risk medicines did not minimise risks to patient safety. The GP told us high risk medicines were reviewed monthly, however this was not the case in all the records we reviewed. For example, two out of six patients taking warfarin did not have all INR (International Normalised Ratio) testing recorded in their notes. A repeat prescription had been issued despite there being no record of a test. We were told the GP had assumed the hospital had done these blood tests. Patients on warfarin should have regular INR testing to avoid bleeding/haemorrhaging. We also found similar results for patients who were prescribed methotrexate (a drug used to treat inflammatory arthritis, certain types of cancer and other diseases) as only one in four patients had received the required four annual blood tests. Staff told us these patients were under the care of the Rheumatology department at the local hospital. The practice acknowledged the systems needed to be more rigorous and we were provided with a high-risk medicine monitoring policy and protocol shortly after our inspection. The practice also submitted

evidence to show all 11 patients on methotrexate and 26 patients on warfarin had received annual reviews and confirmed all patients would receive appropriate monitoring either within practice or secondary care.

- Repeat prescriptions were signed by the GP before being issued to patients. The practice carried out medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines. Blank prescription forms and pads were securely stored and there were systems to monitor their use by recording the serial numbers. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the GP for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs provide a legal framework that allows registered health professionals to supply and/or administer a specified medicine(s) to a pre-defined group of patients, without them having to see a doctor each time they visit the practice). The healthcare practitioner was trained to administer vaccines and medicines and patient).

We reviewed five personnel files including the most recent recruit 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. All staff files included a signed confidentiality agreement.

### Monitoring risks to patients

The procedures for assessing, monitoring and managing risks to patient and staff safety had improved since the last inspection; however there were concerns about clinical sessions availability.

- There was a health and safety policy available and a poster in the reception office which had the appropriate contact details.
- The practice had an up to date fire risk assessment and carried out regular fire drills. The last fire risk assessment was done in November 2016 and we found



## Are services safe?

that the actions identified had all been completed There were two designated fire marshals within the practice who had received the specific training. The practice also had a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.

- All electrical and clinical equipment had now been checked by an external organisation and calibrated to ensure it was safe to use and was in good working order.
- The practice now had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health (COSHH) and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice kept a register of maintenance for hot and cold water as well as low use outlets as per the recommendation from the Legionella assessment.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. The non-clinical staff told us they tended to cover each other during sickness and annual leave. We were concerned that the practice did not deploy sufficient numbers of clinic staff to meet the needs of patients; The practice manager and the GP told us that the GP undertook consultations in between clinical sessions, but we were not assured this was sustainable and patients could be at risk.

### **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.
- There was a panic alarm button in the toilet.
- All staff had now received annual basic life support training and there were emergency medicines available in the treatment room. All staff we spoke to knew of their location and how to access via the access code.
- The practice did not have a suitable risk assessment for not having a defibrillator; however, we received evidence following the inspection one had been obtained. Oxygen with adult and children's masks was available along with a weekly log which demonstrated that these were regularly checked. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and details of a local practice with whom they had reciprocal arrangements.



# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous inspection on 21 April 2016 we found non-clinical staff had not received training in safeguarding, information governance, infection control, or fire safety. At this inspection we saw evidence to confirm that staff had now completed mandatory training; these were stored in a folder which included individual developmental plans and appraisals.

### Effective needs assessment

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

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). However, at the time of our inspection, the data for 2015/16 had not been published by NHS Digital Quality due to a technical error. We obtained the latest QOF scores directly from the practice, but this had not been verified. The most recent results were 97% of the total number of points available compared with the clinical commissioning group (CCG) average of 93% and national average of 95%. This was achieved with an overall exception rate of 6%. Data showed the practice's performance was comparable to previous year (2014/15) results where they had achieved 98% of the total number of points available and the practice was not an outlier for any QOF.

We were unable to determine whether the practice was an outlier for any QOF (or other national) clinical targets. Data from the practice for 2015/16 showed:

- Performance for diabetes related indicators was 86% which was higher than the local CCG average of 78%, but in line with national average of 87%. This was achieved with an exception rate of 9% which was comparable to CCG and national averages of 12%.
- QOF data from 2014/15 showed that the percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 150/90 mmHg or less was 72%, which was comparable to CCG average of 72% and national average of 78%. This was achieved with an exception rate of 11%, compared to the CCG average of 15% and national average of 12%.
- Performance for mental health related indicators was 88% which was comparable to CCG and national averages of 93%. This was achieved without excepting any patients.
- QOF Data from 2014/15 showed that all 19 (100%) of patients with schizophrenia, bipolar affective disorder and other psychoses has had a comprehensive care plan documented in their records, in the preceding 12 months compared to the CCG average of 89% and national averages of 88%. This was achieved without excepting any patients.
- Performance for hypertension (high blood pressure) was 100% which was comparable to CCG and national averages of 97%. This was achieved with an exception rate of 1% which was comparable to CCG and national averages of 4%.
- QOF data from 2014/15 showed that the percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less was 90% compared to the CCG average of 82% and national average of 84%. This was achieved with an exception rate of 2% which was in line with CCG and national averages of 4%.

There was evidence of quality improvement including clinical audit:

- There had been three clinical audits commenced in the last two years, two of these were completed audits where the improvements made were implemented and monitored. For example, it had been identified that 70% of the practice's diabetic population were on triple therapy such as metformin, sulfonylureas and

# Are services effective?

## (for example, treatment is effective)

glitazones, however their glycated haemoglobin (HbA1c) was poorly controlled due to diet, lifestyle and noncompliance. At random, 20 patients between 50 and 65 years old were selected and whose HbA1c was greater than 64mmol. The sample group had blood tests done before they were reviewed, after which they were referred for a DAFNE (Dose Adjustment for Normal rating) course as well as medication adjustments when and if necessary. The second data results found that 65% of patients showed marked improvement after maximising their medication and 35% required further investigation. The practice told us that this process would be implemented to include all 203 patients on the diabetic register.

- Other audits related to cervical smear and medicines reconciliation and findings were used by the practice to improve services.

### 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. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff.
- 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 access to on line resources, face to face training and discussion at practice nurse's forums.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. The practice manager maintained a training matrix which was used to ensure staff completed mandatory training in a timely manner. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had now received an appraisal within the last 12 months.

- 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

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. The GP typed all referrals and maintained records which indicated the type of action/s required post referral.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- From the sample of 16 documented examples we reviewed we found the practice shared relevant information with other services in a timely way, for example when referring patients to other services including safeguarding referrals.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. The GP told us monthly peer reviews took place with other single handed GPs within the locality; we saw minutes to confirm various topics such as elderly care review, annual health check and two weeks cancer referral had been discussed.

### Consent to care and treatment

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

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

# Are services effective?

## (for example, treatment is effective)

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and for those experiencing bereavement.
- Smoking cessation advice was available at the practice and patients could be referred to the local stop smoking service.

Unverified and unpublished cervical screening results indicated the practice had achieved 85% with an exception rate of 3%. Staff told us there was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability they

offered longer appointments. The practice ensured a female sample taker was available. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

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

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for some vaccines had improved, but were still below CCG/ national averages. For example, rates for the vaccines given to under two year olds ranged from 75% to 92% (the national expected coverage of vaccinations was 90%). Uptake rates for five year olds vaccines such as Rubella (MMR) ranged from 64% to 92% compared to national averages of 88% to 94%. The practice was aware of this and told us that this was being monitored by the practice manager. We saw a copy of the practice's immunisation plan; a matrix which demonstrated how they intended on driving improvement especially for those patients who failed to attend appointments.

# Are services caring?

## Our findings

At our previous inspection on 21 April 2016 we rated the practice good for caring. At this inspection, the practice is still rated as good for providing caring services.

### Kindness, dignity, respect and compassion

During our inspection we observed that reception staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a nurse of the same sex; however, the practice's only GP was male. We saw evidence to confirm a female clinician would commence employment in May 2017.

We received 41 comment cards of which 29 were positive about the standard of care received, 10 were mixed and two were negative. The comment cards we received were mostly positive about the service experienced; however, 12 patients commented on either difficulty obtaining routine appointments and long waiting times. Patients said they felt the practice offered a good service and staff were very friendly, helpful, caring and understanding.

We spoke with 10 patients including two members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 90% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 81% and the national average of 89%.
- 83% of patients said the GP gave them enough time compared to the CCG average of 78% and the national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 91% and the national average of 95%.
- 83% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 76% and national average of 85%.
- 94% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 86% and the national average of 92%.
- 86% of patients said the nurse gave them enough time compared with the CCG average of 86% and the national average of 92%.
- 96% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 94% and the national average of 97%.
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 91%.
- 89% of patients said they found the receptionists at the practice helpful compared with the CCG average of 84% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. We also saw that care plans were personalised. Patient feedback from the 41 comment cards we received was also positive and aligned with these views excepting for two patients who found the GP uncaring and unwilling to listen.

Children and young people were treated in an age-appropriate way and recognised as individuals. The practice nurse told us that children were given the opportunity to make decisions relating to their treatment.

## Are services caring?

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

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 78% and the national average of 86%.
- 83% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 73% and national average of 82%.
- 86% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 90%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 80% national average of 85%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception area informing patients this service was available. Patients were also told about multi-lingual staff that might be able to support them. On the day of inspection, we observed a member of staff translating for a patient in the reception area.
- Information leaflets were available in easy read format and some were reproduced in various languages including Urdu, Bengali, Polish, and Russian.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic

referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital). For patients who found it difficult to use this service, the reception supervisor would assist them to book a convenient appointment.

### **Patient and carer support to cope emotionally with care and treatment**

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted staff if a patient was also a carer. The practice had identified 44 patients as carers (over 1% of the practice list). All carers received annual health checks as well as the flu vaccination. Carer's support pack was provided to carer's that included details of various avenues of support. Older carers were offered timely and appropriate support. The reception supervisor was the carers' champion who ensured that the various services for supporting carers were coordinated and fit for purpose, and who carers could contact if they required additional support.

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



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

At our previous inspection on 21 April 2016 we were concerned about the low results from the national GP patient survey which highlighted patients' dissatisfaction with how they could access care and treatment. The practice did not have any arrangements in place to support patients who had difficulty hearing. At this inspection, we saw that the practice had purchased a portable hearing loop and staff could explain how they used it. Results from the national GP patient survey had improved; however, there was a general concern from patients about delays to appointments on the day.

### Responding to and meeting people's needs

The practice understood its population profile, however this understanding was not always used to meet the needs of its population:

- The practice offered extended hours with the GP on a Tuesday evening until 8pm for working patients who could not attend during normal opening hours.
- The practice did not offer appointments with the practice nurse outside of normal working hours.
- Patients did not have access to a female GP, however, the practice told us that a female salaried GP was due to commence employment in May 2017.
- The practice told us there were longer appointments available for patients with a learning disability, carers and elderly.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and on-going conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS. For those only available privately, patients were referred to other clinics or a local pharmacy.

- There were accessible facilities, which included a hearing loop, interpretation services and patients who had a visual impairment could request written information in bigger fonts.
- Annual health checks were carried out for patients with a learning disability, carers and elderly.
- Other reasonable adjustments were made and action was taken to remove barriers when patients found it hard to use or access services.
- The practice has considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate.
- Patients living in vulnerable circumstances, such as those who were homeless, could register as patients.
- The practice offered telephone consultations with the GP at the end of each session and other times at their discretion.

### Access to the service

The practice's opening times were from 8am to 6pm Monday to Friday, with the exception of Thursday when the practice was closed at 1.30pm. Surgery times were from 9.30am to 1:30pm and then 4pm to 6pm on Monday to Friday. Extended hours appointments with the GP were offered between 6.30pm and 8pm on a Tuesday evening. Patients could also access The GP Hub Centre after 2pm for routine appointments. The Out of Hours service was provided by the GP Out of Hours Hub services and NHS 111 service and could be accessed by ringing a local rate telephone number which was advertised in the practice leaflet, voice message and a poster on the practice's front door.

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for patients that needed them on the day. The practice did not have a website, but told us they would develop one and we saw evidence to support this. Patients were also encouraged to book appointments online through NHS Choices website; Fourteen percent (14%) of patients had signed up for online booking, however only 8% had utilised this service at the time of inspection.

# Are services responsive to people's needs?

## (for example, to feedback?)

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

- 72% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 73% and the national average of 76%.
- 61% of patients said they could get through easily to the practice by phone compared to the CCG average of 67% and national average of 73%. The practice was aware of the survey results and told us that they had the higher surcharge telephone number (0845) changed to a local rate number so this should improve access to the service.
- 61% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment which was higher than the CCG average of 50% and the national average of 59%.
- 83% of patients said their last appointment was convenient compared with the CCG average of 89% and the national average of 92%.
- 66% of patients described their experience of making an appointment as good which was similar to the CCG average of 66% and the national average of 73%.
- 26% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 46% and the national average of 58%. Patients were concerned that appointments tended to delay which resulted in long waiting times. This was echoed by the practice manager who told us that waiting times should be reduced once the new salaried GP commenced employment in May 2017.

The practice had a system to assess:

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

Any patient requesting a home visit were expected to telephone the practice as soon as possible on the day they are requesting the visit. The reception team would record their details and the GP would ring back patient and arrange a convenient time. In cases where the urgency of

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

### Listening and learning from concerns and complaints

The practice 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.
- The practice manager handled all complaints in the practice, however, if it was clinical then the GP would investigate.
- We saw that information was available at reception and in practice leaflet to help patients understand the complaints system. Patients we spoke to were aware of the process to follow if they wished to make a complaint.
- The practice recorded all verbal concerns in a book which was kept at reception.

We looked at four complaints received in the last 12 months and found complaints were handled effectively and confidentially (no patient identifiable details used). There was openness and transparency in how complaints were dealt with and we saw that some written complaints were acknowledged within three working days. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken to improve the quality of care. For example, we saw that the practice took appropriate action after a patient appointment was removed from the GP's appointment list. The practice investigated the complaint and found that the patient had booked the appointment online and there had been problems with the IT systems which was confirmed by the IT support team. We saw where the practice apologised to the patient and steps were put in place to reduce the likelihood of this happening again. We saw minutes of the meeting where the complaint was discussed and learning cascaded to staff that were unable to attend.

# Are services well-led?

Requires improvement 

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

## Our findings

At our previous inspection on 21 April 2016, the practice was rated as inadequate for being well-led as they did not have an effective governance framework to deliver their vision of good health care. The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not adequate. For example, electrical appliance testing had not been carried out and there was no fire, COSHH or Legionella risk assessment. At this inspection we saw evidence the practice had taken action to address these concerns.

### Vision and strategy

The practice now had a clear vision and that was to provide safe and effective care responsibly.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a strategy and a supporting succession plan which reflected their vision and values. The practice told us two key staff left in October 2016 and this led to the reassessment of the staffing needs of the practice. The succession plan which became effective in January 2017 detailed the practice's short term, medium and long term plans which included recruitment of new administrative staff, nurse prescriber and increase of clinical sessions. The practice told us they had achieved their short term and medium term objectives, for example, a nurse prescriber who worked one weekly session and a female GP who was due to commence employment in May 2017.

### Governance arrangements

The practice overarching governance framework which supported the delivery of the strategy and good quality care had improved, however this needed strengthening to ensure patient safety:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. The GP was the safeguarding lead and the role was deputised in their absence by the practice manager.

- The practice did not deploy sufficient numbers of clinical staff to meet the needs of patients, for example, the clinical staff which included the GP, a practice nurse and a nurse prescriber worked a total of 11 clinical sessions per week.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and drive improvements.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas which was underpinned by their manpower policy.
- The practice now had appropriate arrangements for identifying, recording and managing risks, issues the practice now had up to date fire risk assessment and carried out regular fire drills. They were also able to demonstrate that Legionella testing, PAT testing and COSHH risk assessments had been carried out and action taken to address areas of concern.
- The arrangements for managing high risk medicines needed improvement to minimise risks to patient safety. Following the inspection we received evidence the practice had developed a monitoring protocol and implemented a high risk medicine policy.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

### Leadership and culture

Since our last inspection the leadership of the practice had strengthened. The new practice manager told us that they sought support from other practices within the locality and cooperated with the local CCG as well as NHSE. The GP liaised and met with other GPs in the CCG to share learning. On the day of inspection, the GP and the practice manager demonstrated they had the capacity and capability to run



# Are services well-led?

Requires improvement 

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

the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us GP and practice manager were approachable and always took the time to listen to all members of staff.

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). Management encouraged a culture of openness and honesty. From the examples we reviewed the practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- 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 a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. The GP, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held monthly team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported by management. All staff were involved in discussions about how to run and develop the practice. The GP and practice manager encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- Patients through the patient participation group (PPG) and through surveys and complaints received. The PPG

met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG told us that they had requested additional signage in the waiting room so that patients were aware of the services on offer and that this was completed in a timely manner by management. They also told us there had been improvement in the overall appearance of the practice.

- Results from the national GP patient survey highlighted patients had difficulty accessing the practice by telephone and there were long delays to appointments. In response, the practice terminated the higher surcharge telephone number (0845) and replaced with a local rate number (landline) which they told us should improve access to the service. The practice manager told us waiting times should improve when the female GP commenced employment.
- The NHS Friends and Family test, complaints and compliments received were summarised and used to make changes to the service such as reviewing how online appointments were managed.
- Stakeholders were encouraged to contribute to the development of the practice, for example, we saw that seven PPG members actively contributed to the GP Resilience Program where various internal matters had been discussed.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management and they were aware that if they had whistle blowing concerns this could be raised externally due to conflict of interest. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice manager told us that the last CQC inspection identified gaps and that they were proud of the improvements the practice had made with the support of NHS England (NHSE). Examples of improvement in the last six months included; achievements in training, updated policies and procedures and improved management. The PPG members we spoke with on the day told us they had seen positive changes since the last CQC inspection took place.

# Are services well-led?

Requires improvement



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

The practice team was part of local pilot schemes, for example, diabetes to improve outcomes for patients in the area. The practice had a succession plan which reflected the future objectives; this included recruiting additional

GPs in the long term, however, the practice had not assessed how they intended on meeting the demands of the 4000 patients who used the service in the short and medium term.

## 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<br>Family planning services<br>Surgical procedures<br>Treatment of disease, disorder or injury | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <ul style="list-style-type: none"><li>• The provider did not establish systems and processes to govern high risks medicines including methotrexate and warfarin were in line with British National Formulary (BNF) standards and guidance.</li><li>• Systems were not implemented to improve and monitor access to appointments and waiting times as highlighted in the national GP patient survey.</li><li>• The provider did not establish systems and processes to assess the needs of the service; the impact of reduced clinical sessions was not appropriately evaluated.</li></ul> <p>This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |