

Dr Surraiya Zia

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?

Good



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 Surraiya Zia on 25 May 2016. Overall the practice is rated as requires improvement.

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

- The practice was not carrying out pre-employment checks for all new employees, this included not obtaining Disclosure and Barring Service (DBS) checks to ensure that employment was not offered to candidates who may be unsuitable for certain work.
- The practice had a legionella risk assessment which found that there was no legionella present, but had not acted on other recommendations in the report.
- The practice had not disposed of some out of date vaccines that remained in the vaccines fridge. Nor was it recording the temperature of the vaccines fridge.
- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

The areas where the provider must make improvements are:

- Ensure recruitment arrangements include all necessary pre-employment checks for all staff as set out in schedule three of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Summary of findings

- Ensure that all staff receive a DBS check or suitable risk assessment of the need.
- Ensure that vaccines are stored and disposed of in line with Department of Health guidelines, and implement a system to monitor the temperature of the vaccines fridge.
- Ensure that it actions work identified in its Legionella risk assessment report.
- Ensure that it improves governance arrangements including systems for assessing and monitoring risks and the quality of the service provision.

In addition the provider should:

- Consider providing bookable advance appointments.
- Review and take action to address lower scoring areas of the GP patient survey results to increase patient satisfaction.

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



- The practice had carried out a Legionella risk assessment. This found that legionella was not present but the practice had failed to act on other recommendations in the report.
- The vaccines fridge contained 25 vaccines that had expired over three weeks earlier, and its temperature was not being monitored.
- The practice had not completed pre-employment checks, including DBS checks, for all staff employed.
- There was a system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and an apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- 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



- Data from the national GP patient survey showed patients rated the practice higher than others for some aspects of care.

Summary of findings

- 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 easy to understand and accessible.
- 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 good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice offered NHS health checks to patients aged 40-70
- Patients said they found it easy to make an appointment with a GP, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- There was a governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. However, the practice was not always following its own policies or national guidelines, for example: not undertaking all pre-employment checks for all staff, this included not ensuring that all locum GPs employed at the practice had undergone a DBS check. Nor had not acted on the findings of its Legionella risk assessment.
- Staff were clear about the vision and their responsibilities in relation to it.
- The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- The provider was aware of and complied with the requirements of the duty of candour. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

Requires improvement



Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

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 issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice held monthly meetings with a pharmacist, social worker, district nurse and community matron to discuss at risk patients.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long term conditions. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Patients were not able to book advance appointments.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 95% of patients with diabetes, on the register, had a last blood pressure reading (measured in the preceding 12 months) of 140/80 mmHg or less (CCG average 76%, national average 78%).
- 99% of patients with diabetes, on the register, had had influenza immunisation in the preceding 1 August to 31 March (CCG average 92%, national average 94%).
- Longer appointments and home visits were available when needed.
- All these patients had a named GP.

Requires improvement



Families, children and young people

The practice is rated as requires improvement for the care of older people families, children and young people. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

Requires improvement



Summary of findings

- There were systems in place 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 A&E attendances. Immunisation rates were comparable to local averages for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 86% of women aged 25-64 had had a cervical screening test performed in the preceding five years (CCG average 81%, national average 82%).
- Appointments were available outside of school hours and the premises were suitable for children and babies.

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 issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offering a range of health promotion and screening that reflects the needs for this age group.
- The practice offered nurse appointments on Saturday mornings as well as extended hours appointments on Tuesday evenings for patients who could not attend during working hours, however, patients could not book appointments in advance.

Requires improvement



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 issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.

Requires improvement



Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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 issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had had their alcohol consumption recorded in the preceding 12 months (CCG average 90%, national average 90%).
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 showed that the practice was performing in line with local and national averages. Three hundred and ninety nine survey forms were distributed and 90 were returned. This represented 3% of the practice's patient list.

- 93% found it easy to get through to this surgery by phone compared to the national average of 73%.
- 70% were able to get an appointment to see or speak to someone the last time they tried (National average 76%).
- 72% described the overall experience of their GP surgery as fairly good or very good (National average 85%).
- 67% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (National average 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 71 comment cards which were all positive about the standard of care received. Patients said the staff at the practice were polite and made them feel respected and they were always able to get an appointment.

We spoke with 2 patients during the inspection. Both patients said they were happy with the care they received and thought staff were approachable, committed and caring. The practice participated in the NHS friends and family test (FFT) (FFT is an anonymised method of asking patients if they would recommend the practice to a friend or family member). Ninety-five percent of patients responding to the FFT said they would recommend the practice.

Areas for improvement

Action the service **MUST** take to improve

The areas where the provider must make improvements are:

- Ensure recruitment arrangements include all necessary pre-employment checks for all staff as set out in schedule three of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Ensure that all staff receive a DBS check or suitable risk assessment of the need.
- Ensure that vaccines are stored and disposed of in line with Department of Health guidelines, and implement a system to monitor the temperature of the vaccines fridge.

- Ensure that it actions work identified in its Legionella risk assessment report.
- Ensure that it improves governance arrangements including systems for assessing and monitoring risks and the quality of the service provision.

Action the service **SHOULD** take to improve

In addition the provider should:

- Consider providing bookable advance appointments.
- Review and take action to address lower scoring areas of the GP patient survey results to increase patient satisfaction.

Dr Surraiya Zia

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice manager specialist adviser, a practice nurse specialist adviser and an Expert by Experience.

Background to Dr Surraiya Zia

Dr Surraiya provides primary medical services in Enfield to approximately 2800 patients and is one of 49 member practices in the NHS Enfield Clinical Commissioning Group (CCG).

The practice population is in the fifth least deprived decile in England. It had a greater than CCG and national average percentage of patients with long standing health conditions (61% compared to a CCG average of 52% and a national average of 54%). The practice population has a lower than average percentage of people aged under 18. The practice had surveyed the ethnicity of the practice population and had determined that 33% of patients identified as having white ethnicity, 39% Asian, 15% black and 13% as having mixed or other ethnicity.

The practice operates from a converted shop with all patient facilities on the ground floor that are wheelchair accessible. The offices for administrative and management staff are also on the ground floor.

The practice operates under a General Medical Services (GMS) contract and provides a number of local and national enhanced services (enhanced services require an increased level of service provision above that which is normally required under the core GP contract). The enhanced services it provides are: childhood vaccination

and immunisation scheme; extended hours access; facilitating timely diagnosis and support for people with dementia; influenza and pneumococcal immunisations; minor surgery; rotavirus and shingles immunisation; and unplanned admissions.

The practice team at the surgery is made up of one part-time female GP principal along with one part-time male locum GP. At the time of our visit the principal GPs clinical sessions were being covered by a number of different locum GPs. There is one part-time practice nurse and a full-time health care assistant (HCA). The doctors provide 11 clinical sessions per week.

There are seven administrative, reception and clerical staff including a full-time practice manager, and a full-time deputy practice manager. There is also a full-time cleaner.

The practice is open between:

8.00am and 8.00pm Monday and Tuesday;

8.00am and 7.00pm Wednesday to Friday;

9.00am and 4.00pm Saturday.

GP appointments are from:

Monday to Friday 9.00am to 12.00pm and 3.00pm to 6.30pm

Nurse appointments are from:

Thursday 2.00pm to 5.50pm, Friday 2.00pm to 6.50pm, Saturday 9.30am to 12.30pm

Extended surgery hours are offered from 6.30pm until 8.00pm On Tuesdays. The practice has opted out of providing out of hours (OOH) services to their own patients and directs patients to the OOH provider for NHS Enfield CCG.

Detailed findings

Dr Zurraiya Zia is registered as a sole principal GP with the Care Quality Commission to provide the regulated activities of: diagnostic and screening procedures; maternity and midwifery services; family planning; treatment of disease, disorder or injury; and surgical procedures.

Dr Surraiya Zia has not previously been inspected by CQC.

Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. 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 to share what they knew. We carried out an announced visit on 25 May 2016. During our visit we:

- Spoke with a range of staff (clinical, managerial and administrative) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members

- 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.'

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 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 in place for reporting and recording significant events.

- 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).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, an apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out an analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a patient came into the practice suffering from an allergic reaction. The reception staff called the GP to attend without confirming the patient's identity. The patient was seen as an emergency appointment and the potential harm was averted. The practice subsequently discussed the incident in a practice meeting. All staff were reminded of the importance of confirming patient's identity. At the same time the GP gave staff an update on symptoms they should be alert to when patients attended the surgery.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements 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. There was a lead

member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. The principal GP was trained to child protection or child safeguarding level 3. The practice nurse was trained in child safeguarding to level 2. However the practice had not completed pre-employment checks for directly employed locum GPs, so were unable to provide evidence that they had received safeguarding training.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment on staff files, but not for directly employed locum GPs. Information missing from the personnel files of directly employed locum GPs included: proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- There were some arrangements for managing medicines, including emergency medicines and vaccines, in the practice (including obtaining, prescribing, recording, handling, security and disposal). However, during our inspection of the vaccines fridge we found 25 vaccines that had expired over three weeks

Are services safe?

earlier. The practice had taken no action to remove the vaccines from the fridge and potential use. The practice was not recording the fridge temperature in line with guidance.

- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient group directions (PGDs) had been adopted by the practice to allow nurse to administer medicines in line with legislation. The HCA was trained to administer vaccines and medicines against a patient specific prescription or direction (PSD) from a prescriber. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to

monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However, it had failed to action other recommendations in the Legionella risk assessment which included removal of calcium deposits from a tap, and investigation of a cold water tap that was running warm.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place 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). The most recent published results were 100% of the total number of points available, with 3% exception reporting. (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). Data from 2014-15 showed;

- Performance for diabetes related indicators was similar to the national average. For example, 100% of patients on the diabetes register had a record of a foot examination and risk classification within the preceding 12 months which was comparable to the CCG average of 86% and the national average of 88%.
- 99% of patients with hypertension has regular blood pressure tests which was similar to the CCG and national average of 84%.
- Performance for mental health related indicators was similar to the national average. For example, 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their record, in the preceding 12 months were comparable to the local average of 88% and the national average of 88%.

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits completed in the last two years, both of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. The practice had undertaken an audit of its cervical smear test uptake. During the first cycle of the audit the practice found that 81% of eligible patients had had a smear test. The practice set itself the target of ensuring that its results remained above 80%. It also reviewed its system for inviting patients to attend and also reminding those who failed to attend. During the second cycle of the audit the practice achieved an uptake of 84%. A third cycle of the audit found that the uptake had dropped by less than 1%. The practice had set itself the target of achieving over 85% uptake at the next audit, it proposed to achieve this by continuing to invite patients to attend and by giving clearer explanations about the importance of being tested.

Effective staffing

Staff had the skills, knowledge and experience 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, such as for those reviewing patients with long-term conditions. For example, when diabetic patients came in for their annual review, the practice used this as an opportunity to cover any other outstanding health checks.
- 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 and discussion at practice meetings.

Are services effective?

(for example, treatment is effective)

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. 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.
- 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.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Regular 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 practice held monthly meetings with a pharmacist, social worker, district nurse and community matron.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. 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 asthma. Patients were signposted to the relevant service.
- A dietician and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 86%, which was comparable to the CCG average of 81% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring that a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place 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.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 35% to 50% (CCG average 11% to 60%) and five year olds from 38% to 83% (CCG average 65% to 86%).

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of 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.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 71 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards 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 below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 75% said the GP was good at listening to them compared to the CCG average of 85% and national average of 89%.
- 76% said the GP gave them enough time (CCG average 82%, national average 87%).
- 85% said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%).
- 65% said the last GP they spoke to was good at treating them with care and concern (national average 85%).

- 84% said the last nurse they spoke to was good at treating them with care and concern (national average 91%).
- 77% said they found the receptionists at the practice helpful (CCG average 85%, national average 87%).

The practice told us that there were language and cultural issues amongst the patient population that may have resulted in misinterpretation.

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. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

- 70% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and national average of 86%.
- 64% said the last GP they saw was good at involving them in decisions about their care (national average 82%).
- 67% said the last nurse they saw was good at involving them in decisions about their care (national average 85%).

The practice told us that there had recently been greater reliance on the use of locum GPs as the principal GP was not currently providing clinical services at the practice. The members of the PPG told us that patients preferred to be seen by the principal GP.

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

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

Are services caring?

We saw notices in the reception areas informing patients this service was available. Also staff spoke a number of locally spoken languages so were able to assist patients where necessary.

- Information leaflets were available in easy read format.

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 76 patients as carers (3% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered 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

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered evening clinics on a Tuesday evening until 8.00pm for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had developed a vulnerable children's register in conjunction with the Health Visitor.
- The practice encouraged patients to sign up to its online service. Once registered patients could order repeat prescriptions and book appointments.
- The practice was not, however, offering bookable advance appointments.

Access to the service

The practice was open between:

8.00am and 8.00pm Monday and Tuesday;

8.00am and 7.00pm Wednesday to Friday;

9.00am and 4.00pm Saturday.

GP appointments were from:

Monday to Friday 9.00am to 12.00pm and 3.00pm to 6.30pm

Nurse appointments were from:

Thursday 2.00pm to 5.50pm, Friday 2.00pm to 6.50pm, Saturday 9.30am to 12.30pm

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

- 87% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 93% patients said they could get through easily to the surgery by phone (national average 73%).
- 26% patients said they always or almost always see or speak to the GP they prefer (CCG average 31%, national average 36%).

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

Listening and learning from concerns and complaints

The practice had an effective system in place 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 including a poster in reception and a leaflet was available to patients wishing to make a complaint.

We looked at two complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint. For example, a patient arrived late for an appointment by which time the doctor had left for a home visit. The patient complained that they had had to wait to get the appointment. The GP met with the patient the next day, and apologised for the patients' inconvenience. The GP instructed staff to on how to avoid a similar incident in the future.

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 had a vision to deliver quality care and promote good outcomes for patients.

- The practice had a mission statement but it was not displayed.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- There were practice specific policies that were available to all staff.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- At the time of our inspection the principal GP was overseeing the day-to-day running of the practice and not providing clinical care.
- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However the practice was not adequately implementing its own policies, for example:
 - Not all pre-employment checks had been completed for all employees, including locum GPs;
 - It had not acted on issues identified in its Legionella risk assessment;
 - It was not monitoring the temperature or contents of its vaccines fridge;
 - There was no facility for patients to book advance appointments.

Leadership and culture

Staff told us the principal GP was approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support and training for all staff on communicating with patients about notifiable safety incidents. The principal GP encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the principal GP. All staff were involved in discussions about how to run and develop the practice, staff were encouraged to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered 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 found that

Are services well-led?

Requires improvement



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

reception staff did not know how to refer patients to the out of hours provider. The practice gave staff further training and added it into the new staff induction training.

- The practice had gathered feedback from staff through social events and generally through staff meetings,

appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met. The provider had:</p> <p>Not ensured that vaccines were stored in line with Department of Health guidance. Nor was there a system to monitor the temperature of the vaccines fridge.</p> <p>Failed to action issues found in its Legionella risk assessment.</p> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The provider was not adequately implementing its own policies or national guidelines, including:</p> <p>Not all necessary pre-employment checks had been undertaken for all staff as set out in schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>Not all clinical staff underwent a DBS check.</p> <p>Out of date vaccines were stored in the vaccines fridge.</p> <p>The temperature of the vaccines fridge was not being monitored.</p> <p>Action points identified in its Legionella risk assessment had not been acted on.</p>

This section is primarily information for the provider

Requirement notices

This was in breach of regulation Regulation 17 (1) and (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Fit and proper persons employed.

Regulated activity

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

Regulation

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

How the regulation was not being met:

The provider had not ensured that information as required by Schedule 3 was collected and kept as part of the recruitment checks for staff members employed at the practice.

The provider had not ensured that all staff who were required to had received a DBS.

This was in breach of regulation 19 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Fit and proper persons employed.