

Dr M Umar & Dr H Sadique known locally as Nelson Medical Practice

Quality Report

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Date of inspection visit: 19 January 2016

Website: www.nelsonmedicalpracticelancs.nhs.uk **Date of publication: 25/02/2016**

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

Good 

Are services safe?

Good 

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 M Umar & Dr H Sadique GP practice (known also as Nelson Medical Practice) on 19 January 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and a system was in place for reporting and recording significant events.
- Most risks to patients were assessed and well managed. Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- CQC comment cards and patients we spoke with said they were treated with compassion, dignity and respect. They were also involved in their care and decisions about their treatment.

- Information about services and how to complain was available only in English and the practice had a large non-English speaking population. Therefore it was not fully accessible to people and patients who did not speak English as their first language.
- The practice monitored demand for appointments to ensure patients could get an appointment with a named GP to promote continuity of care. Urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a leadership structure and staff felt supported by management.
- There was an awareness of where the practice needed to improve the services it provided. However systems to monitor and review performance were ad hoc.

The areas where the provider should make improvement are:

- Implement a system to periodically review the effectiveness and impact of changes implemented as a result of significant event analysis.
- Ensure all staff know the location of the emergency medicines.

Summary of findings

- Implement a system to review at intervals the contractual obligations for the building environment and equipment with the property landlord so that potential risks to safety are mitigated.
- Review and develop the practice's communication strategies so that information about the practice, its policies and procedures and specific health conditions are available to people in different languages and in different formats.
- The practice should continue to review its telephone and appointment access to seek further improvements to meet patient demand following the GP survey results.
- Improve the practice's governance arrangements by recording a business plan with priorities and strategies to provide focus and clarity on the development of the service and progress against the practice's aims and objectives.
- Implement a system of regular planned performance monitoring whereby significant events, complaints, updated clinical guidance, patient feedback and the practice's progress in meeting the Quality and Outcomes Framework (QOF) is undertaken.

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 good for providing safe services.

Good



- There was a system in place for reporting and recording significant events.
- Meetings were held on occasion and lessons were shared to make sure action was taken to improve safety in the practice. Regular planned clinical and team meetings would ensure continuity in review of the service and identify and mitigate any potential risk.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams 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 (January 2016) showed patients rated the much lower than others for several aspects of care. The practice was aware of this.
- The practice carried out a short patient survey in November 2015 to seek feedback on the nurse triage service the practice provided at that time.

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 was available although information in alternative languages, reflective of the patient population and in easy read formats was not available.
- 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.
- Demand for appointments was monitored to enable patients to make an appointment with a named GP. 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 displayed and available at the practice in English only. The complaints procedure was not available in alternative languages. 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 leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity.
- The practice governance arrangements needed further development. For example systems to monitor the performance of the practice by undertaking regular reviews and implementing plans to develop and improve service were ad hoc.
- The provider had a 'Being Open' policy which reflected the requirements of the Duty of Candour. Staff told us there was a culture of openness and honesty.
- The practice was aware of feedback from the GP patient survey although action to respond to this was not implemented.

Requires improvement



Summary of findings

- There was a virtual (on-line) patient participation group, which was not always responsive to requests for feedback and participation.

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 good for the care of older people.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population, for example patients over 75 years were provided with a 15 minute appointment.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Care plans were in place for those patients considered at risk of unplanned admission to hospital.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The Quality and Outcomes Framework (QOF) data showed that the practice scored slightly below the national average on all but one of the diabetic indicators. The practice told us of the challenges they faced when recalling patients for example diabetic health checks.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

The practice is rated as good for the care of families, children and young people.

Good



- 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 relatively high for all standard childhood immunisations.

Summary of findings

- Quality and Outcome Framework (QOF) data showed that the practice performed slightly better than the national average with 76.37 % of patients with asthma, on the register, who had had an asthma review in the preceding 12 months. (National data 75.35%).
- Data showed that the practice performed below the national average with 76.35% of women aged between 25-64 had received a cervical screening test in the preceding five years. The practice told us of the action they took to encourage patients to attend for cervical health screening checks.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

- 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 was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- 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.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- 85.71% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 84.01%. (Quality and Outcomes Framework (QOF) data 2014-2015).
- 69.77 % of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan recorded in the preceding 12 months which was below the national average of 88.47%.
- The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. Longer appointment were offered to patients with these health care needs.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on 7 January 2016 showed the practice was performing below local and national averages. A total of 401 survey forms were distributed and 81 were returned. This represents a 20% completion rate and 1.79% of the practice's patient list.

- 51% found it easy to get through to this surgery by phone compared to a CCG average of 72% and a national average of 73%.
- 72% were able to get an appointment to see or speak to someone the last time they tried (CCG average 84%, national average 85%).
- 59% described the overall experience of their GP surgery as fairly good or very good (CCG average 85%, national average 85%).
- 42% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 75%, national average 78%).

The practice was aware of the GP patient survey results; however specific action to respond to this was not implemented.

The practice had carried out a short survey in November 2015. The survey focused on the nurse triage service that was available at that time. The responses received showed that on average three quarters of the respondents were satisfied with the nurse triage service and three quarters were satisfied with access to a GP appointment when they required one.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 31 comment cards which were all positive about the standard of care received. The comment cards did not reflect the negative responses recorded in the GP patient survey. The cards praised the GPs, nurses and reception staff, and commented on the quality of treatment they received and staff helpfulness.

We spoke with four patients during the inspection and one member of the patient participation group. All five patients said they were happy with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service **SHOULD** take to improve

- Implement a system to periodically review the effectiveness and impact of changes implemented as a result of significant event analysis.
- Ensure all staff know the location of the emergency medicines.
- Implement a system to review at intervals the contractual obligations for the building environment and equipment with the property landlord so that potential risks to safety are mitigated.
- Review and develop the practice's communication strategies so that information about the practice, its policies and procedures and specific health conditions are available to people in different languages and in different formats.
- The practice should continue to review its telephone and appointment access to seek further improvements to meet patient demand following the GP survey results.
- Improve the practice's governance arrangements by recording a business plan with priorities and strategies to provide focus and clarity on the development of the service and progress against the practice's aims and objectives.
- Implement a system of regular planned performance monitoring whereby significant events, complaints, updated clinical guidance, patient feedback and the practice's progress in meeting the Quality and Outcomes Framework (QOF) is undertaken.

Dr M Umar & Dr H Sadique known locally as Nelson Medical Practice

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 and a practice manager specialist adviser.

Background to Dr M Umar & Dr H Sadique known locally as Nelson Medical Practice

Dr M Umar & Dr H Sadique GP practice, known locally as the Nelson Medical Practice is based in Nelson and is part of the East Lancashire Clinical Commissioning Group (CCG). The practice has 4995 patients on their register and provides service under a General Medical Services contract.

Information published by Public Health England rates the level of deprivation within the practice population group as one on a scale of one to 10 (level one represents the highest levels of deprivation and level 10 the lowest). Male and female life expectancy in the practice geographical area is 75 years for males and 80 years for females both of which are below the England average of 79 years and 83 years respectively. Information from the 2011 census

estimates the patient ethnicity in the GP locality to be 43.6% Asian. The number of patients between the ages of 0 to 18 years of age on the GP practice register is higher than the average GP practice in England.

The number of patients with health related problems in daily life (57%) was significantly higher than the England average (48.8%). In addition, 68.7 per 1000 patients were claiming disability allowance compared with England average of 50.3 and 13.1% of the patient population was unemployed when compared to the practice average across England.

The practice has two full time male GP partners and one part time (three session per week) female long-term locum GP. The practice employed a nurse prescriber, a part time phlebotomist, a practice manager, and a team of receptionists. A practice nurse had also been recently recruited and was scheduled to commence their employment at the beginning of February.

The practice is based on the second floor of a health centre. The building is maintained by NHS Property Services. It is fully equipped with facilities for the disabled including disabled parking, access ramps, double doors, disabled toilet, hearing loops in the reception area and passenger lifts. Other GP practices and health screening services such as Speech therapy are also located in the building. Local transport and household shopping and parking facilities are close by the practice.

Detailed findings

The surgery is open 8 am to 6.30pm on Monday to Friday. When the surgery is closed, patients are requested to call the out of hour's service provider, East Lancs Medical Services (ELMS).

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 19 January 2016.

During our visit we:

- Spoke with a range of staff including one GP partner, the nurse prescriber, the practice manager, the phlebotomist, three reception staff and we spoke with five patients who used the service.

- Observed how people were spoken with and observed the practice's systems for recording patient information.
- Reviewed work place records and staff records.
- 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 an effective 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.
- Records provided by the practice showed that there had only been three significant events in the last 12 months. These were investigated and actions identified to prevent reoccurrence. However a system to review periodically the effectiveness of the actions implemented was not in place.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The practice had clearly defined and embedded 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 that reflected relevant legislation and local requirements and 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 provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to safeguarding level 3.
- 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 check (DBS

check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice manager 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 some on line training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). 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. The practice monitored the type and amount of medicines it prescribed and tried to work to best practice guidelines to reduce over prescribing of for example antibiotics. Prescription pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received support from the GPs for this extended role. Patient Group Directions had been adopted by the practice to allow the nurse to administer medicines in line with legislation.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The recruitment of locums GPs was reviewed also and discussed with the practice manager.
- 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.

Monitoring risks to patients

Risks to patients were assessed and well managed.

Are services safe?

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and carried out 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 defibrillator located in reception, which was provided by the property landlord. The practice staff understood this was the property of the landlord and the landlord maintained this. However our checks showed that the defibrillator had not been checked or maintained for over a year. The practice manager discussed this with the building manager and learned that the landlord had abdicated responsibility for the defibrillator. The other GP and medical services in the building were also unaware of this policy. New batteries were obtained for the defibrillator and arrangements made for it to be serviced on the day of inspection. The practice manager confirmed that the significant event procedure would be implemented.
- 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).
- 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 that

enough staff were on duty. Evidence was available that demonstrated the practice had implemented and reviewed different strategies to meet patient demand for access to on the day appointments.

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, (although this required servicing) on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were accessible to staff in a secure area of the practice and staff told us how they would respond in a medical emergency. Two staff members spoken with however did not know the location of the emergency medicines but advised they would follow the instructions of the GP responding to the medical emergency. All the medicines we checked were in date and fit for use.
- 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 systems in place to keep all clinical staff up to date with new NICE guidance and other alerts were informal. However staff confirmed they had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' 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 92.6% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was below the national average. For example the percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2014 to 31/03/2015) was 68.12% compared to the England average of 77.54%. The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less (01/04/2014 to 31/03/2015) was 73.33% compared to the England average of 78.03% and the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015) was 94.1% compared to the England average of 88.3%. The practice was aware they were performing below local and national average and explained that they were trying to

educate their patient population to understand that regular review and monitoring of diabetes was required. Although communication and education strategies were not formalised within a planned programme of support.

- Performance for asthma related indicators was 76.37% which was slightly higher than the national average of 75.35%.
- Performance for hypertension related indicators was 79.51% which was slightly below the national average of 83.65%.
- Performance for mental health related indicators were similar to the national average. The patients with a diagnosis of dementia who had been reviewed in a face to face meeting in the preceding 12 months (data from 2014-2015) was 85.71%, similar to the national average at 84.01%.

Clinical audits demonstrated quality improvement.

- A planned programme of clinical and environmental audit was available. This showed several areas had been audited in 2015 and were scheduled for re-audit in 2016.
- Evidence from two completed audits was available which demonstrated improvements were implemented and monitored. For example, the audit monitoring the prescribing of controlled drugs such as Tramadol. This audit resulted in a reduction of patients prescribed this medication and a maximum supply of 30 days being provided on each prescription.

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. It 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 for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations 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 nurse meetings and forums.

Are services effective?

(for example, treatment is effective)

- The learning needs of staff were identified through a system of appraisals. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. 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. Information such as NHS patient information leaflets were also available.
- 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 services 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. We saw evidence that multi-disciplinary team meetings took place on a three monthly basis and that care plans were reviewed and updated.

Consent to care and treatment

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

- Clinical staff spoken with understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. However, specific training in the Mental Capacity Act had not been undertaken.
- 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.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 76.35%. This was below the national average of 81.83%. The practice told us they worked hard to get Asian ladies to attend for this screening but were not always successful. The practice nurse told us they used text messaging reminders, direct telephone calls and opportunistic visits to encourage and promote uptake of this screening. The practice did have access to interpreting services to assist patients to understand the reasons for this screening however written information in other languages or in easily understood formats (such as pictorial) was not available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable or just below the rates for the clinical commissioning group (CCG). The practice explained they did struggle sometimes with children from western European countries as the immunisations records that accompanied the child required translating. Childhood immunisation rates for the vaccinations given to under two year olds ranged from 75% to 83.3% and five year olds from 58.6% to 94.3%.

Flu vaccination rates for the over 65s were 77.32% and at risk groups 66.33%. These were higher than national averages of 73.24% and 57.17% respectively.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people 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 31 CQC comment cards we received were positive about the service experienced. The four patients we spoke with said they felt the practice offered a person centred service and staff were helpful, caring and treated them with dignity and respect.

We spoke with one member of the patient participation group. 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, published 7 January 2016, did not reflect what patients told us on the inspection or what was recorded in the 31 comment cards we received. The practice was below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 80% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 78% said the GP gave them enough time (CCG average 87%, national average 87%).
- 91% said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%).
- 80% said the last GP they spoke to was good at treating them with care and concern (CCG average 85%, national average 85%).

- 90% said they had confidence and trust in the last nurse they saw or spoke to (CCG average 97%, national average 97%).
- 51% said they found the receptionists at the practice helpful (CCG average 72%, national average 73%).

We discussed the GP patient survey results with the GP partner and the practice manager. The practice was aware of the data. They confirmed they struggled trying to get patients to engage with the practice with barriers including language and poor levels of literacy both in the patient's primary language and in English. They were trying to inform and educate patients about the many different aspects of health care and of the services they provided. However a strategy to improve the availability of information in alternative languages and formats to improve communication to promote a clearer understanding about the different aspects of the service provided and about specific health care conditions was not implemented.

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 similarly to local and national averages to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 81% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 86%.
- 83% said the last GP they saw was good at involving them in decisions about their care (CCG average 82%, national average 82%).
- 80% said the last nurse they saw was good at involving them in decisions about their care (CCG average 87%, national average 85%).

Are services caring?

Staff told us that translation services were available for patients who did not have English as a first language and some staff were able to speak other languages such as Punjabi and Urdu. The practices website also had a language translation facility.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

Staff told us that if families had suffered bereavement, the GP contacted them to offer support. Patients we spoke with provided examples of the detailed support they received following bereavement.

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 a pre-bookable appointment up to four weeks in advance and GP appointments were available from 8.30am on Friday mornings.
- There were longer appointments available for patients with a learning disability, dementia, mental health problems and for people over the age of 75 years.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were facilities for the disabled, a hearing loop and translation services were available.
- A large proportion of the patient population were Asian. Telephone translation services were available and some of the practice staff spoke either Punjabi or Urdu. However information leaflets available and displayed in the practice were only available in English.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Urgent appointments were available each day in addition to GP telephone consultations and pre-booked appointments. Pre-bookable appointments could be arranged up to four weeks in advance and patients could book these online if they wished.

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

- 60% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 51% patients said they could get through easily to the surgery by phone (CCG average 72%, national average 73%).
- 44% patients said they always or almost always see or speak to the GP they prefer (CCG average 58%, national average 59%).

The above results did not reflect what people told us on the day of the inspection or the patient comments cards.

The practice confirmed they monitored patient demand for services and had recently changed the appointments system. The nurse triage service was no longer offered but appointments were available with GPs and with the nurse prescriber for patients with minor ailments.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- The 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. However this was displayed in English only.

We looked at three complaints received in the last 12 months and found that these had been responded too in a timely way. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

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's statement of purpose stated their vision was "To work in partnership with our patients and staff to provide the best Primary Care services possible working within local and national governance, guidance and regulations".

- The practice's mission statement was to improve the health, well-being and lives of those the practice cared for.
- The staff we spoke with were aware and committed to providing high quality care and promoting good outcomes for patients.
- Discussion with the GP partner identified that a business strategy was not recorded. A recorded business plan with priorities and timescales to develop the practice systems and strategies to mitigate potential risks and achieve its vision, aims and objectives would provide focus and clarity on the quality of the service provided.

Governance arrangements

The practice's governance framework which supported the delivery of quality care was not fully supported by a planned system of monitoring and review. 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
- Practice specific policies were implemented and were available to all staff
- A programme of continuous clinical audit was used to monitor quality and to make improvements
- Arrangements for identifying, recording and managing risks to patients and environmental risks and implementing mitigating actions were established. However contractual obligations with the property landlord needed reviewing to ensure clarity of specific roles and responsibilities in relation to equipment and the environment so that potential risks to safety were mitigated.
- There was an understanding of the performance of the practice. However planned regular governance meetings to review and respond to performance issues were not in place. Regular comprehensive meetings would contribute to the practice's business strategy and assist in achieving its aims and objectives.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

A 'Being Open' policy which reflected the requirements of the Duty of Candour was available. The partners encouraged a culture of openness and honesty. Staff we spoke with confirmed this.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions (which were recorded in patients' notes) as well as written correspondence.

There was a leadership structure in place and staff told us they were supported by management.

- Staff told us the practice held 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 in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported.

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

The practice described the challenges they faced in encouraging feedback from patients.

The practice manager explained that they had had to give patients questionnaires by hand in November 2015 to get feedback and views of the nurse triage service. The response rate was not very high.

The practice was aware of the below average responses recorded by the GP patient survey but it had not implemented a plan or strategy to review and respond to this. We were told the ethnicity, language, literacy skills and high levels of deprivation in the local population of Nelson were challenging.

Are services well-led?

Requires improvement



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

The practice tried to gather feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG was a virtual on line group which was not very responsive to requests for feedback.

Continuous improvement

The practice monitored the service it provided and benchmarked service within the CCG to ensure continuous improvement. There was an awareness of where the practice needed to improve its services especially in educating people to manage health conditions such as diabetes, however specific plans to address this were not established.