

Dr Shabir Ahmad Malik

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

Contents

Summary of this inspection

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

Detailed findings from this inspection

| | |
|--|----|
| Our inspection team | 9 |
| Background to Dr Shabir Ahmad Malik | 9 |
| Why we carried out this inspection | 9 |
| How we carried out this inspection | 9 |
| Detailed findings | 11 |
| Action we have told the provider to take | 22 |

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Shabir Ahmad Malik on 09 July 2015. Overall the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed and measures put in place to reduce the risks to patients and staff.
- Improvements were required in relation to managing medicines alerts from the Medicines and Healthcare products Regulatory Agency.
- Some staff undertaking chaperone duties had not received a disclosure and barring service check, there was an absence of a risk assessment and they were unsure where to stand during an observation of an examination.
- The practice did not have oxygen or a defibrillator readily available to respond to medical emergencies.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- 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.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on. Team meetings were infrequent and there was a lack of evidence that reflected that staff were aware of issues affecting the practice, including discussion about the learning from safety incidents and complaints.
- The systems in place to identify risks to patients were not robust.

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

Importantly the provider must;

- Review the medical emergency equipment stored at the practice to ensure that staff can respond to a medical emergency.

- Undertake disclosure and barring service checks for staff carrying out chaperone duties or carry out a risk assessment as to why they are not necessary. Ensure staff have received suitable guidance in relation to chaperone duties to ensure patients are safe.
- Implement a robust system for managing alerts from the Medicines and Healthcare products Regulatory Agency.

Importantly the provider should;

- Ensure relevant clinical and non-clinical staff have a working knowledge of the Mental Capacity Act 2005 and Gillick competence in relation to providing consent for care and treatment.
- Review the procedure for checking that emergency medicines do not expire.

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 as there are areas where it should make improvements. Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However when areas for improvement were identified there was a lack of evidence that reflected the learned being communicated to staff to support improvement. Risks to patients who used services were assessed and managed, but the system in place to respond to medicine alerts was not robust. Some staff were unaware of the correct procedures to follow when undertaking chaperone duties. Some staff carrying out these duties had not received a disclosure and barring service check and this had not been risk assessed to ensure patients were safe. Staff had ready access to emergency medicines and equipment but the practice did not have emergency oxygen or a defibrillator. Recruitment processes were robust and staff had received appropriate training.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams. Some staff were unaware of the Mental Capacity Act 2005 and Gillick competency in relation to consent for care or treatment.

Good



Are services caring?

The practice is rated as good for providing caring services. Data showed that patients 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 also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and tailored their service to meet the needs of patients. Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same

Good



Summary of findings

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 that the practice responded quickly to issues raised.

Are services well-led?

The practice is rated as requires improvement for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff had received inductions and regular performance reviews.

Requires improvement



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for being effective, caring and responsive and this includes this population group. The practice was rated as requires improvement for providing safe and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with complex needs. The practice worked with other healthcare professionals to deliver a multiagency package of care.

Requires improvement



People with long term conditions

The practice is rated as good for being effective, caring and responsive and this includes this population group. The practice was rated as requires improvement for providing safe and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients received a structured annual health review to check that their health and medication needs were being met. For those people with the most complex needs, multidisciplinary meeting took place to identify and provide individualised care plans.

Requires improvement



Families, children and young people

The practice is rated as good for being effective, caring and responsive and this includes this population group. The practice was rated as requires improvement for providing safe and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were systems in place to identify, review and follow up children living in vulnerable circumstances and who were at risk. Immunisation rates were relatively high for all standard childhood immunisations. Appointments were available outside of school hours and the premises were suitable for children and babies. Antenatal advice was available in the local community under a self referral programme in addition to GP input when required. Cervical screening data reflected that the practice was in line with other practices nationally.

Requires improvement



Summary of findings

Working age people (including those recently retired and students)

The practice is rated as good for being effective, caring and responsive and this includes this population group. The practice was rated as requires improvement for providing safe and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group. 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.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as good for being effective, caring and responsive and this includes this population group. The practice was rated as requires improvement for providing safe and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group. Not all staff were aware of the Mental Capacity Act 2005. Annual health checks took place for patients with learning disabilities and longer appointments were available. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told 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.

Requires improvement



People experiencing poor mental health (including people with dementia)

The practice is rated as good for being effective, caring and responsive and this includes this population group. The practice was rated as requires improvement for providing safe and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group. Patients experiencing poor mental health received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. Carers and relatives were identified and offered advice including access to external support groups. Longer appointments were available for patients that needed them.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was performing in line with or above local and national averages. There were 111 responses and a response rate of 40%.

- 87% found it easy to get through to this surgery by phone compared with a CCG average of 75% and a national average of 74%.
- 89% found the receptionists at this surgery helpful compared with a CCG average of 86% and a national average of 87%.
- 76% with a preferred GP usually got to see or speak to that GP compared with a CCG average of 56% and a national average of 60%.
- 79% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 86% and a national average of 85%.
- 98% said the last appointment they got was convenient compared with a CCG average of 91% and a national average of 92%.
- 81% described their experience of making an appointment as good compared with a CCG average of 75% and a national average of 74%.
- 73% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 68% and a national average of 65%.

- 59% feel they didn't normally have to wait too long to be seen compared with a CCG average of 62% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 44 comment cards which were mainly all positive about the standard of care received. This included the care given by the GPs and nurses and the politeness and efficiency of reception staff. Patients commented that they found the practice clean and hygienic and child health prioritised. The only negative comments were in relation to waiting time experienced when attending the surgery for appointments but these were not borne out by the results of the national patient survey.

Representatives of the patient participation group told us that they worked well with the practice in identifying areas for improvement to improve the experience of patients at the practice. The four patients spoken with on the day of the inspection commented positively about the way the practice was managed and the services offered.

Areas for improvement

Action the service **MUST** take to improve

- Review the medical emergency equipment stored at the practice to ensure that staff can respond to a medical emergency.
- Undertake disclosure and barring service checks for staff carrying out chaperone duties or carry out a risk assessment as to why they are not necessary. Ensure staff have received suitable guidance in relation to chaperone duties to ensure patients are safe.

- Implement a robust system for managing alerts from the Medicines and Healthcare products Regulatory Agency.

Action the service **SHOULD** take to improve

- Ensure relevant clinical and non-clinical staff have a working knowledge of the Mental Capacity Act 2005 and Gillick competence in relation to providing consent for care and treatment.
- Review the procedure for checking that emergency medicines do not expire.

Dr Shabir Ahmad Malik

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 advisor and a practice manager specialist advisor.

Background to Dr Shabir Ahmad Malik

Dr Shabir Ahmad Malik is located in Leigh On Sea, Essex. The surgery is situated in a building known as the Kent Elms Health Centre and the premises are shared with three other practices, separately registered with the Care Quality Commission. Some of the facilities are shared but the practice has their own reception area. The building is owned jointly by the three healthcare providers at the location.

The practice is one of 36 GP practices in the Southend Clinical Commissioning Group (CCG) area. The practice has a personal medical services (PMS) contract with the NHS. There are 3523 patients registered at the practice.

There is one GP working at the practice that is supported by four locum GPs who have been known to the practice for a number of years. There is a mixture of male and female GPs. On most days there are two GPs working at the practice. The GPs are supported by two practice nurses who work part time. There is a full time practice manager and seven other clerical staff who cover reception and administration duties.

The surgery is open Monday and Thursday between 8am and 7.30pm and on Tuesdays, Wednesdays and Fridays

between 8am and 6.30pm. GP surgeries run in the mornings between 8.40am and 11am and 3.50pm and 5.50pm. There are two late night surgeries until 7.30pm on Mondays and Thursdays. They are closed at weekends.

The practice has opted out of providing 'out of hours' services which is now provided by 'Integrated Care 24.' Patients can also contact the non-emergency 111 service to obtain medical advice if necessary.

Why we carried out this inspection

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

How we carried out this inspection

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)

Detailed findings

- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 09 July 2015. During our visit we spoke with the lead GP

and a locum GP, the practice manager and assistant manager and two members of the reception staff. We also spoke with four patients who used the service. We observed how people were being cared for and talked with carers and/or family members and reviewed the personal care or treatment records of patients. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. The practice carried out an analysis of the significant events.

We reviewed eight significant events that had occurred since January 2014 and found that they had been recorded, investigated and analysed to a satisfactory standard. Learning had been identified but there was a lack of evidence to demonstrate that this had been cascaded to relevant staff working at the practice. Staff meetings were infrequent and ad hoc but staff spoken with told us that learning was passed to them informally.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- A system was in place to report, investigate and analyses significant events. Staff spoken with were aware of the procedures to follow and who to contact at the practice if a safety incident occurred.
- Arrangements were in place to safeguard adults and children from abuse. A policy 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 who had received training to the appropriate level. 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 relevant to their role.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and a risk assessment

in place that identified the risks to patients and staff. The practice also had a variety of other risk assessments in place to monitor safety of the staff and patients such as control of substances hazardous to health, infection control, needle stick injury protocol and legionella risk management.

- Portable appliance testing had been undertaken on all electrical equipment and medical equipment had been serviced and calibrated on a regular basis. Locum GPs and nurses were permitted to use practice equipment only for patient safety reasons.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be visibly clean and tidy. The lead GP was responsible for infection control and appropriate procedures were being followed. There was an infection control policy in place and staff had received up to date training. Annual infection control audits were undertaken. We saw evidence that action was taken to address any improvements identified as a result.
- Sharps bins were properly located, signed and labelled and a contract was in place for the handling of clinical waste. All staff had received infection control training. The cleaning of the surgeries and general areas of the practice was monitored and checklists were in place to support staff.
- The temperatures of fridges used for storing medicines were monitored and recorded to ensure medicines remained effective. An effective cold chain procedure was in place to ensure that when medicines were received they were placed in the fridges immediately on arrival. All medicines stored in the fridges were in date except for one item that was out of date by three months. The practice agreed to review their monitoring procedures.
- Recruitment procedures were robust. We reviewed two staff files and they reflected that 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. For GP or nurse locums attending the practice, a system was in place to ensure they were appropriately qualified and experienced.
- The arrangements for managing medicines in the practice kept patients safe (including obtaining,

Are services safe?

prescribing, recording, handling, storing and security). Patients could order repeat prescriptions on-line if they wished to do so. Prescription reviews took place in line with published guidance.

However we found that the system in place to monitor alerts from the Medicines and Healthcare Products Regulatory Agency was not robust. We were told that the practice received the alerts and disseminated them to the GPs for action but one of the GPs told us that they did not receive them. We were told that searches were made on patients affected by the alerts and that reviews of their medicines were undertaken when their next prescription was due.

We did find that medicine changes were made when their next prescription was due but this did not assure us that patients subject to these alerts were receiving reviews of their medicines in a timely fashion. There was no evidence of audit activity to ensure that the alerts had been acted upon in relation to all patients on the medicine concerned.

We also found an inconsistent approach to the use of chaperones. A notice was displayed in the surgeries and waiting room, advising patients of the availability of chaperones. Some staff who acted as chaperones had been trained for the role. Not all staff spoken with were aware of where a chaperone should stand during an examination and this included one of the GPs. Some non-clinical staff who carried out chaperoning duties had not received a disclosure and barring service check (DBS). (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). Where DBS checks had not been made there was no risk assessment in place to reflect that they were not required and that patients were safe.

Arrangements to deal with emergencies and major incidents

All staff had received basic life support training and there were emergency medicines available in the treatment room. The practice did not have oxygen or a defibrillator in place at the practice and the absence of this emergency equipment had not been risk assessed. We therefore could not be assured that the practice were able to respond to a medical emergency. We discussed this on the day of our visit and the practice told us they would review their emergency medical equipment. A first aid kit was available which was easily accessible to staff in a secure area of the practice and all staff knew of their location. All the emergency medicines we checked were in date and of the recommended type.

The practice had a current fire risk assessment in place, fire marshals had been appointed and fire drills had taken place. Staff spoken with were aware of the procedures to follow in the event of a fire. Notices were displayed for the information of patients that advised of evacuation procedures to follow.

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 carried out assessments and treatment in line 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 ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results for the year 2013 to 2014 were 81% of the total number of points available.

The QOF performance was monitored monthly and information was cascaded to staff working at the practice. The computerised patient record system was used to set up reminders to support staff to arrange health assessments and reviews. Reception staff making general appointments for patients would adopt an opportunistic approach and book patients in for their health reviews at the same time of attending the practice.

We looked at some of the individual clinical QOF performance indicators for the year end March 2014 and found that the practice was performing in line with other practices nationally in some areas and not in others. Examples were as follows;

- The percentage of patients with diabetes in whom the last blood/sugar reading was at or below the recommended level in the preceding 12 months was 57% as compared with 78% nationally.
- The percentage of patients with diabetes whose last measured cholesterol total was at or below the recommended level was 63% as compared with 82% nationally.

- The percentage of patients with diabetes who had received an influenza immunisation was 87% as compared with 93% nationally.
- The percentage of patients with diabetes whose last blood pressure test was at or below the recommended level was 80% as compared with 79% nationally.
- The percentage of patients with hypertension whose last blood pressure test was at or below the recommended level was 81% as compared with 83% nationally.

Where the practice was underperforming as compared with other practices nationally they were aware of the data. We were told that the data for 2014 to 2015 would show considerable improvement but this was yet to be ratified through audit by the appropriate monitoring authority.

All staff were involved in contributing to the performance of the practice in relation to QOF. Systems were in place to identify patients who were due for health reviews, blood pressure tests and diabetes monitoring.

The practice used different methods to encourage patients to attend for their health reviews to monitor their condition. These included letters;

- Advising patients that they were due for a blood pressure test by adding a reminder on their prescription.
- Sending out letters to patients when health checks or other reviews were due.
- Using text message reminders for patients to attend the practice for a health review.
- Attending the homes of elderly patients to administer the flu vaccination.

The practice identified patients at risk of deteriorating rapidly and had systems in place to review their health care needs. Patients were flagged appropriately on the computerised record system and were given priority appointments if required.

The practice carried out a range of clinical and non-clinical audits to demonstrate quality improvement and relevant staff were involved to improve care and treatment and people's outcomes. None of the audits carried out were a complete cycle to evidence that improvements had been made or maintained. These were planned for January 2016.

Examples of audits carried out included a heart condition audit and the use of appropriate preventative treatment,

Are services effective?

(for example, treatment is effective)

an audit of fast track referrals to other healthcare specialists, an infection control audit and a consent audit in relation to treatments received. Where areas for improvement had been identified these had been actioned.

Effective staffing

Staff spoken with told us that they had received an annual appraisal that was meaningful and supported their training needs and development. They told us that they felt supported at the practice and that colleagues were always available for advice and guidance. Staff meetings were used to discuss training needs.

We looked at five staff files and found that current appraisals were in place. New staff at the practice went through a two week induction process and a probationary period to help them understand the way the practice functioned. This included such topics as safeguarding, fire safety, health and safety and confidentiality. They were also mentored by a more senior member of staff during this process.

We spoke with a locum GP on the day of our inspection. They told us they had been through an induction process to familiarise them with the way the practice was managed.

Staff received a combination of face to face and on-line training. The practice had identified which training was mandatory and this included information governance, health and safety, infection control and safeguarding. Staff also undertook training in equality and diversity, chaperoning, mental health and patient confidentiality. New staff to the practice received an assessment of their training needs and appropriate courses were arranged for them. A system was in place to monitor training and staff were informed when it was due. The training of staff met the needs of patients.

Staff had the skills, knowledge and experience to deliver effective care and treatment.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in an accessible way through the practice's patient record system and their intranet system. Patients requiring referral to other healthcare specialists were dealt with in a timely fashion and relevant letters sent out after the consultation with one of the GPs.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. We saw evidence that multi-disciplinary team meetings took place on a regular basis and that care plans were routinely reviewed and updated. The minutes of those meetings reflected that patients were assessed as individuals to identify their care needs.

Summary Care Records were in place so that information about a patient's history could be available for other healthcare professionals.

Discharge letters were reviewed by the GPs and relevant information added to the patient record. Where required patients were called in for a follow-up appointment to discuss their ongoing care and treatment needs.

Information was shared with and received from the practice out of hour's service. Information received by the practice was reviewed by the GPs to ensure continuity of care.

Consent to care and treatment

A consent policy was in place and we were told that the practice ensured that staff read it as a priority. Some clinical staff spoken with understood the relevant consent and capacity assessment procedures in relation to the Mental Capacity Act 2005. One of the GPs displayed a lack of knowledge of the issues and how the procedures should be applied in the practice.

Staff spoken with were aware of the process for seeking consent from patients and where required this was taken in writing. Patients' consent to care and treatment was always sought in line with legislation and guidance.

We found that not all staff were aware of Gillick competency in relation to children under the age of 16. Gillick competency is a process used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions. The practice told us they would ensure all staff receive awareness training in this area.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice and included on a register. These

Are services effective?

(for example, treatment is effective)

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. A dietician was available on the premises and smoking cessation advice was available from a local support group. Patients who may be in need of extra support were identified by the practice.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 79% which was comparable to 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 also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were mainly higher than CCG local averages and ranged between 90% and 100%. Flu vaccination rates were similar to expected when compared with national data. Vaccinations for the over 65s were 39%, as compared with 52% nationally and at risk groups 64%, compared with 73% nationally.

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 on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that 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 44 patient CQC 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. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We also spoke with two members of the patient participation group (PPG) on the day of our inspection. They told us that their views were sought about the services provided and that they were supported and encouraged by the lead GP and practice manager who regularly attended meetings. The four patients spoken with on the day of our inspection told us that they were treated with dignity and respect.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. For example:

- 84% said the GP was good at listening to them compared to the CCG average of 86% and national average of 89%.
- 88% said the GP gave them enough time compared to the CCG average of 85% and national average of 87%.
- 96% said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and national average of 95%

- 86% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 82% and national average of 85%.
- 96% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 90%.
- 89% patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and national average of 87%.

Patient information was handled confidentially. An effective system was in place to ensure that test results were given to the patient direct unless authority in writing had been obtained otherwise. Patients could obtain access to their medical records if required after appropriate security checks had been made. Patients were given a choice to opt out of the Summary Care Record process and this was highlighted in the practice leaflet.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and 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 we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line with local and national averages. For example:

- 81% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 77% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and national average of 81%.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

The practice had a carer's register for people who cared for a relative or a friend. Staff working at the practice were pro-active in identifying people who were carers and they were provided with support and guidance. This included access to external organisations that could help them with their support needs and any benefits available to them.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who

were carers. Written information was available for carers to ensure they understood the various avenues of support available to them including the telephone numbers for both adult and children's services available in the community.

Patients that had suffered bereavement could be referred to external support services and information was available in leaflet form in the reception area.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- A system was in place for patients to receive their test results. Patients could ring the practice after 12 noon each day or attend the practice personally to receive them.
- The practice provided a late night surgery on Monday and Thursday evenings until 7.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability or others requiring them. Urgent access appointments were available for children and those with serious medical conditions.
- Home visits and telephone consultations were available for older patients / patients who would benefit from these.
- Patients with long-term conditions were reviewed regularly by qualified and experienced staff. A system was in place to recall patients who had not attended for their review.
- Repeat prescriptions could be requested by attending the practice in person or using on-line facilities.
- A suggestion box was available in the reception area for patients to use about the services provided.
- Patients could receive home deliveries of their prescriptions if house bound or otherwise unable to attend a pharmacy.
- The main door to the premises was not suitable for disabled patients or those with limited mobility. We noted that the provider was aware of this but had limited ability to implement change as improvements had not been agreed with the other joint owners of the building. The front door was in view of the reception area and staff provided patients with assistance when they were able.
- Qualified nurses were available to undertake consultations for minor illnesses. This supported the GPs and enabled them to concentrate on patients with more complex health issues.

- The practice identified patients that required longer appointments in order to respond to their needs. This included health reviews of patients with learning disabilities, new patient consultations, patients requiring smoking cessation advice and immunisations for children.
- The practice monitored the number of patients that did not attend for their appointment. A system was in place to educate patients on the impact on their non-attendance and to reduce the frequency. Patients received text message reminders about their appointment time.

Access to the service

The practice was open Monday and Thursday between 8am and 7.30pm and on Tuesdays, Wednesdays and Fridays between 8am and 6.30pm. GP surgeries run in the mornings between 8.40am and 11am and 3.50pm and 5.50pm. There are two late night surgeries until 7.30pm on Mondays and Thursdays. The practice closed at weekends.

In addition to pre-bookable appointments that could be booked up to three months in advance, on the day appointments were available and there was capacity to deal with urgent appointments for people that needed them. Patients could book appointments by phone, on-line or by attending the practice personally. Home visits and telephone consultations were also available for patients that were too ill or infirm to attend the practice personally.

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 and people we spoke to on the day were able to get appointments when they needed them. For example:

- 81% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 76%.
- 87% patients said they could get through easily to the surgery by phone compared to the CCG average of 75% and national average of 74%.
- 81% patients described their experience of making an appointment as good compared to the CCG average of 75% and national average of 74%.
- 73% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 68% and national average of 65%.

Are services responsive to people's needs?

(for example, to feedback?)

Comments received from patients on CQC comment cards that we left them to complete prior to our inspection, reflected that the majority of patients were satisfied with the appointment system, although some commented that delays on the day of their appointment sometimes occurred.

Reception staff spoken with felt that the appointment system was effective and they had received few negative comments from patients. We were told that wherever possible patients were seen on the same day or if appointments were unavailable the GPs would phone the patients and discuss health concerns with them, if considered urgent.

Listening and learning from concerns and complaints

The practice had a 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.

Staff spoken with were aware of the process to follow if a complaint was made to them and forms were available for patients to complete. They were encouraged to handle the more minor issues and to refer the more serious matters to the practice manager for investigation and analysis. A complaints procedure was on display in the reception area for the information of patients. This included who to contact externally if the complaint was not resolved to the satisfaction of a complainant.

We looked at four complaints that had been received in the last 12 months and found that they had been dealt with effectively. Patients received an acknowledgement and an explanation if relevant. Learning had been identified and this was cascaded to staff at the practice. We found that there was a clinical input to complaints where required and GPs consulted where necessary.

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 clear vision to deliver high quality care and promote good outcomes for patients. The practice had a statement of purpose and this was shared with staff. Staff spoken with understood the direction of the practice and what they were trying to achieve and worked as part of a team.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. There was a clear staffing structure and staff were aware of their own roles and responsibilities. Practice policies were available to all staff that were required to read them and sign indicating they had understood them. Staff were supplied with a practice handbook to support them in the workplace.

We looked at several clinical and non-clinical audits that had been carried out in the last year and these were being used to identify improvement areas and to ensure standards were maintained.

However the arrangements for identifying, recording and managing risks were not robust. We found that;

- A risk assessment had not been undertaken on staff acting as chaperones to assess whether a disclosure and barring service check was required.
- Some staff acting as chaperones and one GP were unaware of where a chaperone should stand during a consultation and this could put patients at risk.
- Team meetings took place on an ad hoc basis and there was a lack of evidence that reflected they were involved in discussions about safety incidents and complaints and learning from them.
- The system for acting on medicine alerts did not address risks to patients in a timely fashion
- The availability of equipment in relation to a medical emergency had not been risk assessed to ensure patients were safe and that staff were able to respond to a medical emergency.

Since the date of the inspection the provider has told us that they have already taken action to address the improvements required.

Leadership, openness and transparency

Staff spoken with felt supported at the practice and felt that the leadership was effective. They told us that they were kept informed about issues and developments at the practice and that the GPs and practice manager were always available for advice and guidance and provided visible leadership.

Staff told us that team meetings were held but they were irregular. We found that there was a general absence of the minutes of meetings that had taken place. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings or informally and felt supported if they did.

The practice had an information book that was used to inform staff of issues affecting the practice but there was no audit trail to reflect that actions had been completed or that staff had read it although we were assured by staff that we spoke with that they had done so.

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

We found that the absence of regular staff meetings meant that opportunities were being missed to discuss issues with staff and to seek their ideas for improvement of the services provided. The informal system used at the practice to discuss issues with staff also did not provide an audit trail to reflect that learning had been identified from safety incidents, complaints and concerns and that appropriate action had been taken in a timely manner. The practice told us they would hold more regular meetings and take minutes that reflected the topics discussed and actions taken.

However staff we spoke with told us that they were encouraged to provide ideas for improvement informally or at their appraisals and they felt that they were listened to and ideas adopted where relevant.

The practice had undertaken a patient survey in December 2014. Patients were asked to complete a questionnaire about the services provided and of the 100 handed to patients, 70 completed returns were received. These questions covered the appointment system and the services received from the GPs, nurses and reception staff.

The results were analysed, areas for improvement identified and an action plan put in place. These had been cascaded to relevant staff and included improvements to

Are services well-led?

Requires improvement 

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

the appointment system and communication between reception staff and the patients. The majority of patients had indicated that they were satisfied with the services provided.

The practice had a small patient participation group (PPG). A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care. On the day of the inspection we met with two representatives of the PPG. They told us that they were involved in providing feedback to the practice about the services provided including identifying areas for improvement. They told us that the practice was pro-active in seeking their views and that GPs and other practice staff attended the meetings and were supportive.

We found that PPG newsletters were available to patients in the reception area and on the practice website and minutes of meetings had been recorded. Some examples identified by the PPG that had been acted upon included improvements to the car park, colouring sheets made available for children, improved toilet facilities and systems to reduce the numbers of patients failing to attend for their appointments. They were also involved in setting the questions on the patient's survey questionnaire.

Results from the NHS Friends and Family test revealed that patients were either likely or very likely to recommend the practice.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

| Regulated activity | Regulation |
|---|---|
| Diagnostic and screening procedures Maternity and midwifery services 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:</p> <p>There was an ineffective system in place for acting on medicines alerts. The alerts were not being acted upon in a timely manner and only actioned when a prescription review was due. There was no system in place to audit those patients on the medicines concerned to ensure that all patients affected by the alert had been identified.</p> <p>Some staff undertaking chaperone duties were unsure where to stand during a consultation. One of the GPs was unsure where a chaperone should stand during a consultation.</p> <p>Regulation 12 (1)(2)(a)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |
| Regulated activity | Regulation |
| Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 – Good governance</p> <p>How the regulation was not being met:</p> <p>There was an ineffective system in place for assessing the risks to patients in relation to the services provided.</p> <p>In particular;</p> <p>In the absence of oxygen and a defibrillator the practice had not carried out a risk assessment to ensure that it would be able to respond appropriately to a medical emergency.</p> |

This section is primarily information for the provider

Requirement notices

In the absence of disclosure and barring service checks for non-clinical staff acting as chaperones, the practice had not carried out a risk assessment to determine whether these were necessary to keep patients safe.

Regulation 17 (1)(2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.