

Dr Hazem Lloyd, Cedar House

Quality Report

Cedar House,
82 Bramhall Lane,
Stockport, Cheshire,
SK2 6JG

Tel: 0161 426 5198

Website: www.cedarhousesurgery.co.uk

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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

Good



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?

Good



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 Hazem Lloyd, Cedar House on 8 and 10 June 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 in place for reporting and recording significant events.
- Risks to patients were not always fully assessed; for example the practice did not have a risk assessment in place to mitigate the risk of not having an automatic defibrillator and Disclosure and Barring Service checks (DBS) were not available for staff who carried out chaperone duties.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained so they had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Patients were complimentary about the staff at the practice.
- Information about services and how to complain was available and easy to understand. The practice had only received one complaint in the last 12 months but took action to investigate and respond.
- Patients said they found it easy to make an appointment with the GP and there was continuity of care, with urgent appointments available the same day.
- The practice had the facilities and was well equipped to treat patients and meet their needs.
- Staff felt supported by management and demonstrated a clear understanding of the leadership structure.
- A patient participation group was not established and proactive engagement seeking feedback from patients was not undertaken.
- The provider was aware of and complied with the requirements of the duty of candour.

Summary of findings

The areas where the provider must make improvements are:

- Implement systems for assessing, monitoring and mitigating risks to patients for example in relation to the lack of a defibrillator, staff undertaking the role of chaperone without a Disclosure and Barring Service check (DBS) in place, lone working and Legionella.

The provider should:

- Develop and strengthen governance arrangements by clarifying the vision for the practice and ensuring all informal audit and checks carried out are recorded.
- Record the expiry dates of immunisations and vaccines to ensure a safe stock of in date medicine is always available.

- Establish a programme of regular clinical audit and re-audit.
- Ensure team meeting minutes are easily accessible to all staff.
- Review the access and availability of clinical polices and including responding to medical emergencies.

Actively promote and facilitate a patient participation group to provide feedback about the service provided by the practice.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- There was a system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice. However, some work place risk assessments were required.
- When things went wrong patients received support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were not always fully assessed; for example the practice did not have a risk assessment in place to mitigate the risk of not having an automatic defibrillator and Disclosure and Barring Service check (DBS) were not available for staff who carried out chaperone duties.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) in 2014-2015 showed overall performance to be above the Clinical Commissioning Group (CCG) and England average. Exception reporting for the QOF diabetes indicators was high.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement, however a planned programme of audit and re-audit needed to be developed.
- 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 other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice lower than others for some aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff 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 participated in the local neighbourhood complex care multi-disciplinary team meetings.
- Patients said they found it easy to make an appointment with the GP and there was continuity of care, with urgent appointments available the same day.
- The practice had the facilities and was well equipped to treat patients and meet their needs.
- The practice had only received one complaint in the last 12 months. Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to the issue raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

The practice is rated as good for being well-led.

Good



- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about their responsibilities in relation to delivering good outcomes for patients. However, the practice vision was not formally recorded within a business plan.
- There was a clear leadership structure and staff felt supported by management.
- The governance framework at the practice was informal. Monitoring and checks undertaken on the quality of care were not always recorded or logged.
- The provider was aware of and complied with the requirements of the duty of candour. The GP encouraged a culture of

Summary of findings

openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken, although this was not always recorded.

- The service emphasised the small 'family' nature of the practice that enabled staff to listen to patients on an individual basis. However, a formal patient participation group was not available. We heard that plans were in place to consult patients in the near future.

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.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The GP maintained regular contact with a weekly telephone call or a planned monthly visit to patients living in a local care home.
- Six weekly palliative care meetings were held and community health care professionals attended these.
- Monthly multi-disciplinary team meetings were held in the local neighbourhood to review specific patients considered at high risk.

People with long term conditions

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

Good



- The practice performed better than the national average in all five of the diabetes indicators outlined in the Quality and Outcomes Framework (QOF) for 2014-2015. However, the clinical exception reporting was significantly higher than the Clinical Commissioning Group (CCG) and national average.
- The practice encouraged patients to self refer to education programmes such as Expert for the management of diabetes and other long term conditions.
- Longer appointments and home visits were available when needed.
- All patients had a named GP (Dr Lloyd) 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



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were slightly below or comparable to the locality for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Quality and Outcome Framework (QOF) 2014-15 data showed that the practice performance was similar to the CCG and the national average with 74% of patients with asthma, on the register, who had received an asthma review in the preceding 12 months (CCG 76% and national data 75%).
- The practice's uptake for the cervical screening programme was 80%, similar to the CCG and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

The practice is rated as 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 GP offered flexible surgery times including late night appointments on a Thursday.
- Telephone consultations were available.
- 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 other health care professionals in the case management of vulnerable patients.

Good



Summary of findings

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

People experiencing poor mental health (including people with dementia)

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

- Staff had a good understanding of how to support patients with mental health needs and dementia.
- Alerts were posted on patient electronic records to identify those who were assessed as high risk.
- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan recorded in the preceding 12 months, which was above the CCG average of 91% and the national average of 88%.
- The practice worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing in line or above national averages. A total of 379 survey forms were distributed, and 103 were returned. This was a response rate of 27% and represented approximately 5% of the practice's patient list.

- 96% of patients found it easy to get through to this practice by phone compared to the Clinical Commissioning Group (CCG) of 79% national average of 73%.
- 87% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG 80% and the national average of 76%.
- 81% of patients described the overall experience of this GP practice as good compared to the CCG of 88% and the national average of 85%.

- 73% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG of 83% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 32 comment cards, which were all positive about the standard of care received. Patients described the service as good, staff were helpful and respectful and the GP was described as responsive. A number of comment cards identified access to appointments for children as being very good. We spoke with one patient during the inspection and they said they and their family members were very satisfied with the service they received.

Areas for improvement

Action the service **MUST** take to improve

- Implement systems for assessing, monitoring and mitigating risks to patients for example in relation to the lack of a defibrillator, staff undertaking the role of chaperone without a Disclosure and Barring Service check (DBS) in place, lone working and Legionella.

Action the service **SHOULD** take to improve

- Develop and strengthen governance arrangements by clarifying the vision for the practice and ensuring all informal audit and checks carried out are recorded.

- Record the expiry dates of immunisations and vaccines to ensure a safe stock of in date medicine is always available.
- Establish a programme of regular clinical audit and re-audit.
- Ensure team meeting minutes are easily accessible to all staff.
- Review the access and availability of clinical policies and including responding to medical emergencies.
- Actively promote and facilitate a patient participation group to provide feedback about the service provided by the practice.

Dr Hazem Lloyd, Cedar House

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.

Background to Dr Hazem Lloyd, Cedar House

Dr Hazem Lloyd, Cedar House is part of the NHS Stockport Clinical Commissioning Group (CCG). Dr Hazem Lloyd is the registered provider and is a single handed GP. Services are provided under a general medical services (GMS) contract with NHS England. The practice told us that they had 1982 patients on their register.

Information published by Public Health England rates the level of deprivation within the practice population group as five on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Male and female life expectancy (78 and 81 years respectively) in the practice geographical area is below the England and CCG averages of 79 and 83 years.

Dr Hazem Lloyd provides full time GP cover at the practice. The practice has one practice nurse who works eight hours per week on Monday afternoon and Friday mornings. There is a practice director, a trainee practice manager and a team of three reception staff.

The practice is open between 8am to 6.30pm Monday to Friday, with extended hours on a Thursday evening until 8.30pm.

GP surgeries are held Monday and Friday at 10 am – 12 pm and 12.30 -2.30pm,

Tuesdays 10-12am and 4-6pm,

Wednesday 8.30am -10am and 12.30-2.30pm and

Thursdays 12pm -2pm and 6.30pm to 8.30pm

When the practice is closed patients are asked to contact NHS 111 for Out of Hours GP care.

The practice provides online access that allows patients to order prescriptions and request and cancel an appointment.

The practice building provides ground level access, which is suitable for people with mobility issues. A hearing loop to assist people with hearing impairment is not available.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 8 and 10 June 2016.

During our visit we:

Detailed findings

- Spoke with a range of staff including the registered provider Dr Hazem Lloyd, the practice director, the trainee practice manager, and the two reception staff on duty. We spoke with the practice nurse on our visit to the practice on the 10 June 2016.
- We spoke with one patient.
- We observed how reception staff communicated with patients.
- Reviewed a range of records including staff records and environmental records.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?
- Is it effective?
- Is it caring?

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

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

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager or the GP of any incidents and there was a recording form available on the practice's computer system. Every member of staff we spoke with was able to provide examples of significant events that had been discussed with them.

Interviews with clinical staff identified that incident reports, safety records and patient safety alerts were discussed and responded to, and minutes of team meetings where these were discussed were available.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and procedures in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. The GP was trained in child 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. However not all staff who carried out this role had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). A risk assessment to mitigate any potential risks to patients from being chaperoned by people not suitable for this role was not available.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice director was the infection control lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. We noted specimens were stored in a sealed container within the refrigerator used to store immunisations and vaccinations. The practice director confirmed they would discuss this practice with the local authority Health Protection Nurse who was due to visit later this month.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice monitored the use of paper prescriptions and pads. The stock of vaccines were monitored however expiry dates of the vaccines were not logged potentially increasing the risk of the practice not having sufficient stock of in date medicine available. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, references, qualifications, and evidence of identity. The practice did not routinely undertake Disclosure and Barring Service (DBS) checks on non clinical staff.

Monitoring risks to patients

Not all risks to patients were assessed.

- There were some procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the patient waiting room. The practice did not have a

Are services safe?

defibrillator available and an appropriate risk assessment to mitigate any potential risks from this was not in place. The GP confirmed he would undertake a risk assessment regarding this.

- The practice had an up to date fire risk assessment, fire maintenance certificates were available and staff had received training in fire safety. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises. However, the lone working policy for staff was not supported with a lone working risk assessment and a Legionella risk assessment was not available (Legionella is a term for a particular bacterium that 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 staffing to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. In addition, an emergency call button was located in each consultation room. There was CCTV located in the entrance hallway to the practice.
- All staff received annual basic life support training, however the lack of defibrillator potentially put patients at risk from not receiving immediate treatment in the event of a cardiac arrest.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and arrangements to use other premises if necessary.

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 GP and practice director confirmed they received updates directly by email from the Clinical Commissioning Group (CCG). They told us that they discussed those relevant to the work they carried out to ensure patients' needs were met in line with best practice.
- Discussion with members of the clinical staff team demonstrated that staff were aware of the guidelines and implemented these appropriately.

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 for the year 2014 to 2015 showed the practice achieved 97.5% of the total number of points available, with overall 9% clinical exception reporting. This rate of exception reporting was higher than the CCG average by 3.2%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects. The GP explained that the higher rate of exception reporting was due to patients not responding to repeated requests to attend for health care and long term conditions reviews.

The practice achieved higher percentages in all the QOF diabetic indicators for 2014-15 when compared to the CCG and the England averages. However, the clinical exception reporting for some of the indicators were significantly higher. For example:

- The percentage of patients with diabetes on the register in whom the last blood test (HbA1c) was 64 mmol/mol or less in the preceding 12 months (01/04/2015-31/03/2015) was 85% compared to the CCG average of 80%

and England average of 77%. Clinical exception reporting for this indicator for the practice was almost 25%. The CCG average was 8% and the England average was 12%.

- 90% of patients with diabetes on the register had a blood pressure reading below 140/80mmHg in the preceding 12 months compared to the CCG average 80% and the England average 78%. Clinical exception reporting was 16% for the practice, 6% for the CCG and 9% for the national average.
- 93% of patients with diabetes registered at the practice received a diabetic foot check compared with the CCG average of 84% and the England average of 88%. Clinical exceptions for the practice were 19% compared to the CCG of 6% and the England average 8%.

The GP explained again that patients were repeatedly contacted by letter and telephone to attend reviews but some patients were not responsive to these requests. The practice nurse identified that patients from the GP practice rarely attended the diabetic education courses available in Stockport despite encouragement.

QOF data for other indicators was comparable to the CCG and England averages with similar or lower clinical exceptions recorded. For example:

- 82% of patients with hypertension had their blood pressure measured and was 150/90mmHg or less in the preceding 12 months compared to the CCG of 85% and England average of 84%. Exception reporting was 3%, 2% and 4% respectively.
- 74% of patients with asthma, on the register had an asthma review in the preceding 12 months, which compared to the CCG average of 76% and England average of 75%. Clinical exceptions were 1%, 2% and 8% respectively.
- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan recorded in the preceding 12 months, which was above the CCG average of 91% and the England average of 88%. Exception reporting was 5% (the practice), 9% (CCG) and 13% (England average).

There was some evidence of quality improvement including clinical audit.

- Evidence from two clinical audits was available which demonstrated improvements were implemented and monitored. These included an audit of patients

Are services effective?

(for example, treatment is effective)

prescribed medicine for osteoporosis but not coded within the patient record and therefore not on the register. Action was taken to ensure patient's health care needs were coded correctly. The re-audit in October 2015 confirmed patient's prescriptions for osteoporosis were correct and these were recorded appropriately. A second clinical audit reviewed patients diagnosed with Chronic Obstructive Pulmonary Disease (COPD). The register of patients with COPD was checked for accuracy, checks were done to ensure patients had had a special test (Spirometry) and patients were prescribed inhalers appropriately. Following re-audit in March 2016, action had been taken to ensure all patients were prescribed the correct inhalers. A planned programme of audit and re-audit was not in place. This would strengthen the practice's clinical governance arrangements.

- The practice participated in local audits, national benchmarking, accreditation, peer review and research. The practice supplied data which benchmarked its number of referrals to A&E compared to other GP practices in the CCG. This data showed that the practice referred fewer patients than many other practices between February 2015-2016. However, the practice acknowledged that one of their challenges was in trying to reduce patients attending A&E with non-emergency health issues and without attempting to get a GP appointment. The GP explained that he had worked with the CCG and NHS England to tackle this problem but had had little success.

Effective staffing

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

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. The practice employed one part time practice nurse for two clinical sessions each week. The practice nurse was employed by another GP practice and attended a lot of training at this other practice. They provided copies of certificates to the GP practice to demonstrate they were up to date with their training. The nurse was trained to take cervical smears and administer vaccines. The nurse told us how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- Newer members of the reception team we spoke with told us they had received an induction when they commenced working at the practice. Induction training records were available.
- Training certificates for the training received were available.
- The learning needs of staff were identified through a system of appraisals and meetings. Staff emphasised that the small staff team met and discussed any issues on a daily basis.
- Staff received training that included safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a regular basis including palliative care meetings, multi-disciplinary complex care meetings and safeguarding meetings.

Consent to care and treatment

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

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

Are services effective?

(for example, treatment is effective)

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

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG and England average of 82%. There was a policy to send contact reminder letters for patients who did not attend for their cervical screening test. There were systems in place to ensure results were received for all samples sent for the cervical screening and the practice followed up women who were referred as a result of abnormal results.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening, although data supplied from the National Cancer Intelligence Network (NCIN) indicated that the practice's screening rates for breast cancer and bowel cancer were lower than the CCG average and the England average.
- Childhood immunisation rates for the vaccinations given were lower than CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 83% to 52% compared to the CCG rates of 93% to 79%. Data for five year olds was 80% compared to the CCG range of 89% to 93%.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 35–74. 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 32 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with one patient who confirmed they were satisfied with the care provided by the practice and said their dignity and privacy were respected. They said they could always get an appointment and that their other family members were also satisfied with the GP service they received. Comment cards highlighted that children's appointments were always available and that reception staff provided support when required.

The results from the most recently published GP Patient Survey (January 2016) rated some aspects of the care and service provided to patients much lower than that of the Clinical Commissioning Group (CCG) and England averages. Seeking feedback from patients about what they think of the service and how it could be improved could help the practice identify areas for development and improvement.

Results from the national GP patient survey showed patients felt on the whole that they were treated with compassion, dignity and respect. However, the practice was below average for its satisfaction scores on consultations with the GP. For example:

- 72% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the England average of 89%.

- 78% of patients said the GP gave them enough time compared to the CCG average of 90% and the England average of 87%.
- 87% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the England average of 95%.
- 72% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the England average of 85%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the England average of 91%.
- 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the England average of 87%.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients' responses were below average for the CCG and England for some of the contact with the GP. For example:

- 69% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the England average of 86%.
- 71% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and England average of 82%.
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average 88% and the England average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language and we were provided with examples when these services had been used.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them.

The practice had reviewed how it supported bereaved patients and following this review, they offered support as requested by the patient.

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 later evening appointments on Thursday from 6.30pm to 8.30pm.
- There were longer appointments available for patients with a learning disability or special health care needs.
- Patient records flagged those who required a same day appointment for example those with Chronic Obstructive Pulmonary Disease (COPD).
- Home visits were available for older patients and patients who had clinical needs that resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- The practice provided a spirometry service to their own patients and those registered at other GP practices.

Access to the service

The practice was open between 8am to 6.30pm Monday to Friday, with extended hours on a Thursday evening until 8.30pm. GP surgeries were held Monday and Friday at 10 am until 12 pm and 12.30 to 2.30pm, Tuesdays 10 am to 12pm and 4pm to 6pm, Wednesdays 8.30am to 10am and 12.30pm to 2.30pm and on Thursdays 12pm to 2pm and 6.30pm to 8.30pm.

Appointments could be booked up to four weeks in advance and these could be booked in person, by telephone or online. In addition to pre-bookable appointments, urgent appointments were also available each day for people that needed them.

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.

- 77% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and the national average of 75%.
- 96% of patients said they could get through easily to the practice by phone compared to the CCG average of 79% and the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them. On the first day of our inspection visit, five appointments were still available for patients, three for the afternoon and two for the evening.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The GP was the designated responsible person who handled all complaints in the practice.

The practice had only received one complaint in the last twelve month and this was logged and responded to appropriately. The staff confirmed they rarely received complaints and that the small nature of the GP practice meant staff knew patients and that any issues they had were dealt with there and then. One patient we spoke with said they were happy with the service they received. They said they could make a complaint but they had nothing to complain about.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice vision was to deliver a quality service for patients. Staff spoken with were all committed to delivering this level of service, however, the practice vision and strategy was not formally recorded within a business plan.

Governance arrangements

The governance framework, which supported the delivery of a quality service care, was informal in that checks on different aspects of the practice were undertaken but these were not planned or recorded.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice policies were implemented and were available to all staff. However, practice specific clinical policies were not available. The GP told us that both he and the practice nurse referred directly to NICE guidance to ensure they were following the most up to date guidance for treating patients.
- A comprehensive understanding of the performance of the practice was maintained.
- Clinical audits were available; however, a planned programme of clinical audit and re-audit was not available. This would assist the practice to systematically monitor quality improvements in patient outcomes.
- The management of risks and implementing mitigating actions needed did not cover all aspects of the service provided.

Leadership and culture

The GP had the experience and capability to run the practice and ensure a quality care service was delivered. The GP had recently acquired another GP practice and was providing GP cover at the practice. The practice director and practice manager also provided support at this second practice. Staff told us that the GP was visible and approachable and always took the time to listen to all members of staff.

The practice had a Duty of Candour policy. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The GP emphasised that the practice always made direct contact with patients to

discuss any issues and concerns. The practice encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

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

- Staff told us the practice held regular team meetings every three months. We heard that minutes of meetings were emailed out to staff, although two staff members told us that they did not receive these. Staff told us that the staff team was small and that any issues or concerns were discussed daily.
- Staff explained there was an open culture within the practice and they had the opportunity to raise issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported.

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

The practice did not have a patient participation group and had not undertaken any form of patient feedback surveys. The practice director stated that the small patient list size enabled the staff team to know who patients were and allowed staff to respond to any questions issues or concerns. The practice director stated that they were in the process of developing a patient consultation document regarding the proposed merger of the practice with another practice.

- The practice website identified that the practice had received 34 responses to the Friends and Family Test between 2014 and 2016. Thirty two responses indicated that patients would be either very likely or likely to recommend the practice to friends and family.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice.

- The staff team were actively encouraged and supported with their personal development.
- The practice was proactive in working collaboratively with multi-disciplinary integrated teams to care for high risk and vulnerable patients. The multi-disciplinary team had recently commenced regular meetings.

Are services well-led?

Good 

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

- The practice monitored its performance and benchmarked themselves to ensure they provided a safe and effective service.

This section is primarily information for the provider

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	Systems for assessing, monitoring, recording and mitigating risks to patients were not comprehensively undertaken.
Maternity and midwifery services	Regulation 12 (1)(2)(a)(b)
Treatment of disease, disorder or injury	