

Dr MSN Ahmed & Dr MB Ahmed

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 | Good |  |
| Are services safe? | Good |  |
| Are services effective? | Requires improvement |  |
| 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 MSN Ahmed & Dr MB Ahmed (known as Bradford Road Medical Centre) on 13 April 2016. This was to check that the practice had taken sufficient action to address a number of significant shortfalls we had identified during our previous inspection in August 2015. Following this inspection in August 2015, the practice was rated as inadequate for providing safe, effective and well-led services; and good for providing caring and responsive services. Overall it was rated as inadequate. We also issued two warning notices and one requirement notice under the Health and Social Care Act 2008 and placed the practice into special measures as a result.

During this inspection, we found that the practice had taken sufficient action to address the breaches in regulations. For example health and safety concerns had been addressed, deficits in staff training had been rectified, clinical records had improved and systems to ensure the safe management of vaccines had been implemented. 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 an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- 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.
- The practice had good facilities and was equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

Summary of findings

The areas where the provider should make improvements are:

- Ensure that clinical audits are completed and that learning from them and other improvement activity is used to drive improvements in patient care.
- Address the high level of exception reporting made by the practice in reporting performance data, particularly in the area of diabetes care.

- Demonstrate how the practice intends to improve its services as reflected in the national GP survey.

I confirm that this practice has improved sufficiently to be rated 'good' overall. The practice will be removed from special measures.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- Following our previous inspection in August 2015 the practice had made significant improvements to safety, particularly in relation to fire, health and safety and buildings maintenance. We also saw improvements to medicines management, infection control and the safe transportation of vaccines.
- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

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

- Following our previous inspection in August the practice has made some progress in providing effective services, which was rated previously as inadequate.
- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average. However, the practice had a higher than average exception rate of 16% overall.
- Diabetes had been identified as a significant challenge within the patient population and the practice were performing lower than local and national averages in several areas.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits were not complete. However, three first cycle audits had taken place and the practice had scheduled to repeat them to complete the audit cycle. Some learning had been identified to drive quality improvement and this needed to be consolidated by a repeat of the audits.

Requires improvement



Summary of findings

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice lower than average, however patient feedback from our comment cards was very positive and did not align with the survey.
- Patients told us 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 for patients in several languages, suitable for the patient population.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Greater Huddersfield Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients were able to make an appointment with a named GP or advanced nurse practitioner and there was continuity of care, with urgent appointments and telephone consultations available the same day.
- The practice had adequate facilities and was well equipped to treat patients and meet their needs, although disabled access was limited.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

Good



Summary of findings

- Following our previous inspection in August 2015 the practice has made significant improvements, particularly in developing effective governance arrangements within the practice. We found that nursing staff were now receiving clinical supervision and that absent or outdated policies and staff training deficits were addressed.
- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. 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 and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

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.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice worked closely with other health and social care professionals, such as the district nursing and local neighbourhood teams, to ensure housebound patients received the care and support they needed.
- Health checks were offered for all patients over the age of 75 who had not seen a clinician in the previous 12 months.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority and actively targeted for review.
- The practice had a higher prevalence of diabetes due to the characteristics of its patient population and were utilising an assessment tool developed by the University of Leeds to improve outcomes for patients. However, we saw that the most recently available performance data showed that the practice was performing lower than local and national averages.
- Longer appointments and home visits were available when needed.
- All these patients were offered 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.

Good



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 effective 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 accident and emergency (A&E) attendances.
- Immunisation rates ranged from 84 to 100% 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.
- Rates for cervical screening were 82%, which were in line with local and national averages.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw evidence of joint working with midwives, health visitors and school nurses with regular meetings occurring at the practice which were appropriately minuted.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered evening appointments with a GP up until 7.45pm two days a week for patients that worked during the day.
- The practice was proactive in offering online appointment booking and prescription services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Good



Summary of findings

- 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).

- The practice regularly worked with multi disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 is based on data collected during January to-March 2015 and July to-September 2015. The results showed the practice was performing below local and national averages. Survey forms were distributed to 409 patients and 79 were returned. This represented less than 2% of the practice's patient list.

- 73% found it easy to get through to this surgery by phone compared to a CCG average of 76% and a national average of 73%.
- 73% were able to get an appointment to see or speak to someone the last time they tried (CCG average 86%, national average 85%).
- 66% described the overall experience of their GP surgery as fairly good or very good (CCG average 87%, national average 85%).
- 52% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 82%, national average 78%).

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received 18 comment cards which were all positive about the standard of care received. Staff were described as kind, caring and professional. Patients also said that reception staff were friendly and helpful. Observations made by the inspection team confirmed that reception staff at both sites demonstrated a friendly and helpful approach.

Dr MSN Ahmed & Dr MB Ahmed

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector who was accompanied by a GP specialist advisor.

Background to Dr MSN Ahmed & Dr MB Ahmed

The practice is situated in a three storey Victorian house within a highly deprived inner city area of Huddersfield. The practice is also known as Bradford Road Medical Centre. The building offers limited access to disabled patients as there are shallow steps leading to the surgery, although patient care is offered on the ground floor. There is a branch surgery at Brook Street Medical Centre, Thornton Lodge, Huddersfield, HD1 3JW which was also visited as part of the inspection. Patients can access both surgeries.

The practice has a high proportion of patients from a mainly South Asian ethnicity, which comprise 89% of the practice population. This compares with a local average of 22% and a national average of 16%. Both GPs and many reception staff are fluent in the main community language of Punjabi.

The practice provides Personal Medical Services (PMS) for 4,729 patients commissioned by the NHS Greater Huddersfield Clinical Commissioning Group (CCG) area.

At the previous inspection, the practice was registered as Dr Butt and Partner (the partner was Dr MSN Ahmed). Since that inspection, Dr Butt has retired and Dr MB Ahmed has joined the practice as a partner and is the registered manager.

There are two male partners and a female advanced nurse practitioner. There is one female practice nurse and a female healthcare assistant. There is a practice manager and an administrative and reception team. All staff work across both the main surgery and the branch at Brook Street.

The practice is open from 8am to 6.30pm Monday to Friday. There are clinics with a GP or the advanced nurse practitioner throughout the day. There are extended hours available for pre-booking by patients with a GP on Tuesday 5.30 to 7.45pm (Bradford Road) and Wednesday 5.30 to 7.45pm (Brook Street).

When the practice is closed out-of-hours services are provided by Local Care Direct, which can be accessed via the surgery telephone number or by calling the NHS 111 service.

Why we carried out this inspection

We had undertaken a comprehensive inspection in August 2015 and found that the practice was inadequate overall. We rated the practice as inadequate for providing safe, effective and well-led services. We rated the practice as good for providing caring and responsive services. The practice was placed into special measures. Two warning notices and requirement notice were served on the

Detailed findings

practice with respect to Regulations 12 – Safe care and Treatment; 17 – Good governance; and 18 Staffing. We inspected the practice in February 2016 and found that the practice had addressed these issues and was compliant with these regulations.

The purpose of this comprehensive inspection was to check that the changes made by the practice had been sustained and if the practice could be taken out of special measures.

We carried out this comprehensive inspection under Section 60 of the Health and Social Care Act 2008.

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 13 April 2015.

During our visit we:

- Spoke with a range of staff including GP partners, the advanced nurse practitioner, practice nurse, practice manager and assistant practice manager and several receptionists at both locations.
- Observed how patients were spoken to whilst attending reception and when telephoning the practice.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

- Reviewed 18 comment cards where patients shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, at the previous inspection, failures in the monitoring of fridge temperatures for the storage of temperature sensitive vaccines had been identified. A fundamental review had been undertaken ensuring that training, equipment and monitoring were brought in line with requirements.

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

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had

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

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local IPC teams to keep up to date with best practice. There was an IPC protocol in place and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could, therefore, prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for the production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.
- We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Are services safe?

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings.)
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

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

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results from 2014/15 showed that the practice achieved 97% of the total number of points available. However, the practice reported an exception rate of 16% which is nearly double the local and national average.. (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 practice was aware of the high exception rate, which was partly due to characteristics of the patient population. The high prevalence of diabetes (10% of the patient population) was double that of the local and national averages and was a contributing factor to the high rate exception reporting. The practice had formulated an action plan to improve support to hard to reach patients. This practice was not an outlier for any QOF (or other national) clinical targets.

Performance for diabetes related indicators was higher than the CCG and national average. The practice scored 100% of available points, which was 9% higher than the local average and 11% higher than the national average.

However, the practice had also reported very high exception recording in some indicators that approached 38%, which were significantly higher than local and national averages.

- The percentage of patients with high blood pressure (hypertension) having annual blood pressure tests was 90%. This was 5% higher than the local average and 7% higher than the national average.
- Performance for mental health related indicators achieved 89% of available points, 4% lower than the local and national average.

Clinical audits demonstrated some quality improvement.

- There had been three clinical audits undertaken in the last two years, including one for minor surgery. The practice had scheduled to repeat the clinical audits later in 2016. Findings were used by the practice to improve services. For example, some patients had been identified as due for a medication review and several patients had been supported in identifying alternative treatment options. We have told the practice they should work to sustain improvement through the use of completed audit and other improvement measures.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support

Are services effective?

(for example, treatment is effective)

during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

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

The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 79% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40 to–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 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 told us if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 18 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a caring, professional service and staff were helpful and treated them with dignity and respect.

Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 67% said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 60% said the GP gave them enough time (CCG average 89%, national average 87%).
- 87% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%)
- 61% said the last GP they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).
- 79% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 91%).

- 74% said they found the receptionists at the practice helpful (CCG average 88%, national average 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 on the comment cards we received was also positive and aligned with these views.

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

- 63% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 59% said the last GP they saw was good at involving them in decisions about their care (CCG average 85%, national average 82%)
- 72% said the last nurse they saw was good at involving them in decisions about their care (CCG average 91%, national average 90%)

The practice had recruited a new partner since this data was collected and had reviewed a number of practice policies, including the introduction of telephone triage appointments and the setting of service standards for reception staff. The practice had promoted the patient participation group and the friends and family test in order to gain more feedback to gain the views of patients and improve satisfaction. We saw that during March 2016, 90% of patients would recommend the practice. The practice needs to continue to address the issues identified in the below average results of the patient GP survey.

Staff told us that interpreter/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 in English and in several community languages commonly spoken by patients at the practice.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had appointed the health care

assistant to act as a carers' champion, and clinicians were gathering data opportunistically. Currently 60 patients had been identified as carers. Written information was available to direct carers to the various avenues of support available to them.

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 appointments with a GP on a Tuesday and Wednesday evening until 7.45pm for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and those requiring interpreter/translation services.
- A telephone triage and consultation service had been introduced to assist patients with urgent needs.
- Home visits were available for older patients and patients who would benefit from these and this service had been freshly promoted via the patient participation group.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.

The practice operated a private clinic for the circumcision of babies, in line with parental wishes due to cultural beliefs.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments with a GP or advanced nurse practitioner were from 8.30am to 6pm. Extended surgery hours were offered with a GP on Tuesday and Wednesday evening until 7.45pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available 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, with the exception of seeing a preferred GP, which was significantly lower than average.

- 67% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 73% patients said they could get through easily to the surgery by phone (CCG average 76%, national average 73%).
- 46% patients said they always or almost always see or speak to the GP they prefer (CCG average 63%, national average 59%).

This data was collected before the telephone appointment system and appointment of a new partner into the practice. The practice assured us there had been improvements made to patient access.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system including information on the website which could be translated into different languages.

We looked at nine complaints received in the last 12 months and found that these were satisfactorily handled, and dealt with in a timely way. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, several complaints concerning communication issues around appointment booking had been actively addressed within the practice through improved procedures and staff training.

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice was maintained
- A programme of clinical and internal audit which was used to monitor quality and to make improvements
- There were effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership and culture

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

The provider was aware of and complied with the requirements of the duty of candour. The partners 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 and we saw minutes and action points arising from these meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported. All staff was involved in discussions about how to run and develop the practice, and the partners and practice manager encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the recently established patient participation group (PPG) and through surveys and complaints received. They had started to meet regularly and had submitted proposals for improvements to the practice management team. For example, following feedback from the PPG, the practice had promoted the use of telephone appointments and the availability of home visits for appropriate patients.
- Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team had made significant progress in addressing shortcomings identified in the previous inspection and were now rated as good overall.