Dr Amar Kaw

Quality Report

135 Straight Road
Romford
RM3 7JJ
Tel: 0170 837 2021
Website: www.ingrebournemedicalcentre.co.uk

Date of inspection visit: 30 August 2016
Date of publication: This is auto-populated when the report is published

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

Contents

Summary of this inspection

Page

Overall summary 2

The five questions we ask and what we found 4

The six population groups and what we found 7

What people who use the service say 10

Areas for improvement 10

Detailed findings from this inspection

Our inspection team 11

Background to Dr Amar Kaw 11

Why we carried out this inspection 11

How we carried out this inspection 11

Detailed findings 13

Action we have told the provider to take 23

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Amar Kaw on 30 August 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 an effective system in place for reporting and recording significant events.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand, the practice had zero complaints in the past 12 months.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well 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.
- Staff members had not completed fire training. Non-clinical staff members had not completed child safeguarding training, however we saw that this had been booked for 22 September 2016.
- Risks to patients were assessed but not well managed. Not all reception staff members who acted as a chaperone had a DBS check on file and there was no risk assessment mitigating the risks associated with this.

Summary of findings

- There was no legionella risk assessment, but the practice routinely checked the water temperature.
- White bags were used for clinical waste, which was then transferred to orange clinical bags, there was no risk assessment carried out mitigating risks associated with this process.
- There was an exposed light socket and plaster peeling off the wall in the patient toilets.

The areas where the provider must make improvement are:

- Carry out a legionella risk assessment to mitigate risks associated with the bacterium.
- Complete DBS checks for all staff members acting as a chaperone or carry out a risk assessment mitigating the risks of not having a DBS check in place.
- Mitigate risks associated with transferring clinical waste from white bags to orange clinical waste bags.
- Fix the exposed light socket in the patient toilet to ensure patient safety.
- Ensure a programme of annual training is carried out for all staff members including fire safety training.

The areas where the provider should make improvement are:

- Complete the review of the practice business continuity plan.
- Review the system for recalling children for their immunisations to increase immunisation rates so they are in line with CCG and national averages.
- Review the process for the use of care planning to improve patient care.

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?

Requires improvement

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

- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.
- Non-clinical staff had not received child safeguarding training, however we did see that this had been booked.
- One out of two reception staff members who acted as a chaperone did not have a DBS check on file and there was no risk assessment carried out to mitigate any risks associated with this.
- The practice had regular infection control audits; however there was no legionella risk assessment in place, but the practice did routinely check the water temperature. White bags were used in clinical bins and transferred into orange clinical waste bags and there was no risk assessment done mitigate risks against this process.
- There was an exposed light socket with plaster peeling off the wall in the patient toilet.
- Staff had not received fire training.
- There was an effective system in place for reporting and recording significant events

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were in line with the national average.
- Immunisation rates were slightly lower than the CCG and national average.
- Multidisciplinary working was taking place but there was a lack of care plans.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Summary of findings

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice positively for several 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. The practice increased the thickness of walls and used insulation to reduce the risk of patient conversations being overheard.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. This included working with NHS England to get approval and secure funding to move into a purpose built health centre to provide better facilities to their patients.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand. The practice had zero complaints in the past 12 months, we looked back and saw that complaints had been received in the previous year and were managed appropriately.

Are services well-led?

Good

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

- The practice had a 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 it.
- 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 meetings.
- There was an overarching governance framework which supported the delivery of the strategy and care. This included arrangements to monitor and improve quality and identify risk.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The GP encouraged a culture of 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
- 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

Good

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.
- Patients over the age of 75 were invited to have an annual health check.

People with long term conditions

Good

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.
- The percentage of patients on the diabetes register with a record of a foot examination and risk classification in the preceding 12 months was 94% compared with the CCG and national average of 88%.
- The GP elected patients who would be suitable for a very low calorie diet to reverse the risk of type two diabetes. The practice told us this had made a difference in four patients, for example one patients HBA1C results reduced from 89 to 52.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

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

- 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 lower than the CCG averages for all standard childhood immunisations.

Summary of findings

- 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.
- 82% of patients aged 25 to 64 had a record of a cervical screening test documented in the record in the preceding five years compared to 82% nationally.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered extended hours on a Monday until 8:00pm for patients who were unable to attend the practice during normal working hours.

People whose circumstances may make them vulnerable

Good

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 homeless people, travellers and 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, however there was no evidence of completed care plans for patients with Learning Disabilities.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

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)

Good

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

- 79% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 84%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychosis who had a comprehensive agreed care plan documented in the record in the preceding 12 months was 100% compared with a national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- 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.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. Three hundred and thirty one survey forms were distributed and 101 were returned. This represented 3.7% of the practice's patient list.

- 81% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 80% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 82% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 79% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to 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 33 comment cards which were all positive about the standard of care received. There was a recurring theme of caring friendly staff.

We spoke with seven patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service MUST take to improve

The areas where the provider must make improvement are:

- Carry out a legionella risk assessment to mitigate risks associated with the bacterium.
- Complete DBS checks for all staff members acting as a chaperone or carry out a risk assessment mitigating the risks of not having a DBS check in place.
- Mitigate risks associated with transferring clinical waste from white bags to orange clinical waste bags.
- Fix the exposed light socket in the patient toilet to ensure patient safety.
- Ensure a programme of annual training is carried out for all staff members including fire safety training.

Action the service SHOULD take to improve

The areas where the provider should make improvement are:

- Complete the review of the practice business continuity plan.
- Review the system for recalling children for their immunisations to increase immunisation rates so they are in line with CCG and national averages.
- Review the process for the use of care planning to improve patient care.

Dr Amar Kaw

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 and a practice nurse specialist adviser.

Background to Dr Amar Kaw

Dr Amar Kaw is located in a converted house within a residential area of London. The practice is a part of Havering Clinical Commissioning Group.

There are 2700 patients registered at the practice. Data showed 55% of working aged patients were in paid work or full time education, which is lower that the CCG average of 62% and the national average of 61%.

The practice has one male principal GP completing nine sessions per week, two female practices nurses carrying out 13 sessions per week, a practice manager a business manager and six reception/administration staff members. There were arrangements in place to enable access to a female GP if requested. The practice is a designated teaching practice for third to fifth year medical students.

The practice operates under a General Medical Services Contract (GMS); a contract between NHS England and general practices for delivering general medical services. This is the commonest form of GP contract.

The practice is open Monday to Friday between 8:30am to 6:30pm; phone lines are open from 8:00am. Appointment times are as follows:

- Monday 8:30am to 1:00pm and 2:00pm to 8:00pm
- Tuesday 8:30am to 12:00pm and 2:00pm to 5:40pm
- Wednesday 8:30am 2:30pm Closed but phones still answered
- Thursday 8:40am to 12:00pm and 1:30pm to 6:30pm
- Friday 8:40am to 1:00pm and 4:00pm to 6:00pm

The locally agreed out of hour's provider covers calls made to the practice whilst it is closed.

Dr Amar Kaw operates regulated activities from one location and is registered with the Care Quality Commission to provide surgical procedures, diagnostic and screening procedures, treatment of disease disorder or injury and maternity and midwifery services.

Why we carried out this inspection

We inspected this service as part of our new comprehensive programme. This location had not been previously inspected.

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.

Detailed findings

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 30 August 2016. During our visit we:

- Spoke with a range of staff including a GP, nurse, practice manager and reception/administration staff members. We also spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Requires improvement

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 a member of the management team of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we viewed a completed significant event about a patient sample being left on a shelf rather than being sent for testing, we saw that the patient was contacted, given an apology and invited to the practice to redo the test. We saw minutes of meetings where the event was discussed where systems such as putting samples in the collection box straight after each appointment was agreed to ensure a similar incident did not happen again.

Overview of safety systems and processes

The practice systems, processes and practices in place to keep patients safe and safeguarded from abuse were not effective, this 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 understood their responsibilities and all clinical staff had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child safeguarding level 3. Non clinical staff members had not received child safeguarding training, we did however see that this had been booked for 22 September 2016.
- A notice in the waiting room advised patients that chaperones were available if required. Two reception staff members acted as chaperones, they were trained for the role but only one 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) and there was no risk assessment carried out to mitigate risks associated with this.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Regular infection control audits were undertaken however we saw regular white bags being used in clinical waste bins, we were told that these were then transferred into orange clinical waste bags, but there was no risk assessment carried out into the dangers of this process.
- 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. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGD's) (written instructions for the supply or administration of medicines to groups of

patients who may not be individually identified before presentation for treatment) 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 mostly been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body, however we found the appropriate checks through the Disclosure and Barring Service had not been carried out for one reception staff member who acted as a chaperone.

Monitoring risks to patients

Risks to patients were assessed but not robustly managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire alarm testing however no fire training had been carried out. 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 did not have risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice routinely checked the water temperature, but there was no risk assessment carried out to identify and mitigate risks.
- We found plaster pulling away from the wall and an exposed light socket in the patient toilet, the practice was aware of this and said they would get this fixed within the week.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

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

The practice had a business continuity plan for major incidents such as power failure or building damage; this plan had not recently been reviewed and did not contain emergency contact details for staff members. However on the day of inspection the practice began the review process.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98% of the total number of points available, with an exception reporting rate of 8% (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).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from QOF showed:

- Performance for diabetes related indicators was similar to the national average. For example the percentage of patients on the diabetes register with a record of a foot examination and risk classification in the preceding 12 months was 94% compared with the CCG and national average of 88%.
- Performance for mental health related indicators was similar to the national average. For example the percentage of patients diagnose with dementia whose care had been reviewed in a face to face review in the preceding 12 months was 79% compared to the national average of 84%.

There was evidence of quality improvement including clinical audit.

- There had been three clinical audits completed in the last 12 months, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, the practice carried out an audit as a result of the CCG prescribing guideline for patients with chronic obstructive pulmonary disease and an FEV1 (the volume of air that can be forced out in one second after taking a deep breath, an important measure of pulmonary function) greater than or equal to 50% to see whether they were on the appropriate combination inhaler. On first audit five out of 13 patients were successfully changed over to an appropriate inhaler, on second audit a further seven patients had been switched to the most appropriate inhaler. We saw that the practice prescribing protocol was changed to reflect what should be prescribed as a first line inhaler.

Information about patients' access was used to make improvements such as: the practice carrying out a weekly minor surgery clinic for its own patients and the patients of local practices, which had shorter waiting times than attending secondary care.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as infection prevention and control, 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 vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by attending updates, access to on line resources and discussion at practice meetings.

Good

Are services effective?

(for example, treatment is effective)

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. However we saw that fire safety training had not been carried out.

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, medical records and investigation and test results. However we found that there not all care plans were completed care plans, for example for patients with learning disabilities.
- 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 monthly basis where patients with complex needs were discussed.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- 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. Patients were signposted to the relevant service.
- A dietician was available from a local support group and smoking cessation advice was available on the premises.

The practice's uptake for the cervical screening programme was 82%, which was the same as the CCG and comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages 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. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccines given were slightly lower than the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 70% to 83% compared to the CCG average of 85% to 89%. Vaccine rates for five year olds from 55% to 80% compared with a CCG average of 73% to 88%. The practice was aware of their immunisation rates and had implemented opportunistic intervention instead of relying on patient recall system; it was too early to see whether this had an effect on outcomes.

Good

Are services effective?

(for example, treatment is effective)

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

Good

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; however some conversations taking place in these rooms could be overheard, we saw that the practice doubled the thickness and insulated walls to minimise this.
- 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 33 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 member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 82% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 93% of patients said the GP gave them enough time compared to the CCG average of 92% and the national average of 87%.
- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 86% of patients said they found the receptionists at the practice helpful compared to the CCG and national 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 responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 88% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and the national average of 86%.
- 75% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 86% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national 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. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Good

Are services caring?

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 26 patients as carers (1% of the practice list). Written information was available to direct carers to the various avenues of support available to them. A list of carers and the patients they cared for was kept in the reception administration area.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs or by giving them advice on how to find a support service.

Good

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. This including working alongside NHS England to secure funding and get approval to move into a purpose built health centre with two other practices.

- The practice offered extended hours on a Monday evening until 8:00pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS, those only available privately were referred to other clinics.
- There were disabled facilities, a hearing loop and translation services available.
- There was an arrangement in place for access to a female GP if this was requested by a patient.

Access to the service

The practice was open Monday to Friday between 8:30am to 6:30pm; phone lines were open from 8:00am. Appointment times were as follows:

- Monday 8:30am to 1:00pm and 2:00pm to 8:00pm
- Tuesday 8:30am to 12:00pm and 2:00pm to 5:40pm
- Wednesday 8:30am 2:30pm Closed but phones still answered
- Thursday 8:40am to 12:00pm and 1:30pm to 6:30pm
- Friday 8:40am to 1:00pm and 4:00pm to 6:00pm

In addition to pre-bookable appointments that could be booked up to 12 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.

- 70% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 81% of patients said they could get through easily to the practice by phone compared to 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.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

GP's would telephone patients who requested a home visit to assess the urgency of their medical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

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 practice manager was responsible for handling all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, there was a poster displayed in the patient waiting area as well as information in the practice leaflet.

There had been zero complaints received in the last 12 months, we looked back at the previous year and saw that complaints had been received and appropriately handled. The practice policy and procedure documents and found they promoted openness and transparency and advocated learning to be shared with all staff members to improve the quality of care. We saw posters in the patient waiting area advising patients on how to complain and information was available in the practice leaflet.

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 and staff knew and understood the values.
- The business plans which reflected the vision and values and were regularly monitored, this included plans for premises development.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and 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 continuous clinical and internal audit was used to monitor quality and to make improvements.
- Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not effective.

Leadership and culture

On the day of inspection the principal GP told us he prioritised safe, high quality and compassionate care. Staff told us the GP and management team were approachable and always took the time to listen to all members of staff.

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

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice, and the management team 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 patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, as a result of requests from the PPG the practice increased the thickness of the consultation room walls and added insulation to aide sound proofing. The PPG was also involved in discussions about plans to move premises.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management, for example ways to improve the appointment system. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example,

Are services well-led?

Good

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

the GP selected patients who would be suitable for a very low calorie diet which can reverse type two diabetes and had made a dramatic difference in four out of six patients, for example one patients HBA1C (blood sugar level) results reduced from 89 to 52.

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: The provider did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users; The provider had not carried out a legionella risk assessment. The provider failed to mitigate risks associated with the transferring of clinical waste from a white bag to an orange clinical waste bag. The provider had not provided staff with fire training. The provider did not mitigate risks associated with having exposed light socket in the patient toilet. This was a breach of Reg 12

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed How the regulation was not being met: Recruitment procedures were not safe, the provider failed to carry out a DBS check or risk assessment of a staff member who acted as a chaperone.

This section is primarily information for the provider

Requirement notices

This was in breach of regulation 19(1)(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.