Dr Hazim Ahmad

Quality Report

Lawford Surgery
2 Edgefield Avenue,
Lawford,
Manningtree
CO11 2HD
Tel: 01206 392617
Website:

Date of inspection visit: 07 November 2017
Date of publication: 03/01/2018

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Hazim Ahmad practice on 29 November 2016. The overall rating for the practice was requires improvement. The full comprehensive report on November 2016 inspection can be found by selecting the 'all reports' link for Dr Hazim Ahmad on our website at www.cqc.org.uk.

This inspection was an announced comprehensive inspection carried out on 07 November 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 29 November 2016. This report covers our findings in relation to those requirements and additional improvements made since our last inspection.

Overall, the practice is now rated as Good.

The key questions were rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People - Good

People with long-term conditions - Good

Families, children and young people - Good

Working age people (including those recently retired and students - Good

People whose circumstances may make them vulnerable - Good

People experiencing poor mental health (including people with dementia) – Good

Our key findings were as follows:

- The practice used systems to manage risk and safety incidents to reduce the likelihood of re-occurrence.
- When incidents happened, learning was shared with all staff and their procedures were improved at the practice.
- Incidents were regularly reviewed for effectiveness and appropriateness of the care provided at the practice. We saw care and treatment was delivered according to evidence-based guidelines.
- All staff members had received a 'Disclosure and Barring Service' (DBS) check.
- Policies were practice specific, had been updated, and reviewed. All staff knew where and how to access them.
- The emergency equipment and medicine monitoring process had been improved and was found to be effective.

Summary of findings

- Evidence was seen that two-week wait referrals were well managed to ensure patients were not missed.
- Patients told us they were involved in their treatment and treated with compassion, kindness, dignity and respect.
- We found the appointment system was easy for patients to access care when needed.
- There was a strong focus on learning and improvement throughout the practice.

The areas where the provider **should** make improvements are:

- Improve the identification of patients who are carer's to ensure they are provided with appropriate support.
- Develop greater access to practice information when the practice is closed, for example; accessibility to practice information on the internet for patients.

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

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

Dr Hazim Ahmad

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector, a GP specialist adviser, and a second inspector.

Background to Dr Hazim Ahmad

- Dr Hazim Ahmad (male) is registered as an individual provider.
- Dr Hazim Ahmad's practice provides primary care services to approximately 3470 patients in Lawford village, Mistley village, and the surrounding area.
- The practice offers dispensing services to those patients on the practice list who lived more than one mile (1.6km) from their nearest pharmacy.
- The practice hold a 'General Medical Service' (GMS) contract for the services they provide which includes a dispensing service for 1500 patients; this equates to 43% of their patient population and is available during practice opening hours daily.
- The practice does not have their own website; however, they do provide on-line access to order repeat prescriptions.
- The deprivation level is low for the practice area in comparison with other local and national GP practices.

Good

Are services safe?

Our findings

At our previous inspection on 29 November 2016, we rated the practice as requires improvement for providing safe services. For example; lessons learned from incidents were not shared with administrative staff members or reviewed. Patient safety and medicine alerts were not managed effectively. Not all staff acting as a chaperone had received a 'Disclosure and Barring Service' (DBS) check. Some policies required updating, these included infection control, safeguarding and medicines management. The oxygen was out of date and the checking process was ineffective. There was no evidence that two-week wait referrals were reviewed.

These arrangements had significantly improved when we undertook a follow up inspection on 7 November 2017. We rated the practice, and all of the population groups, as good for providing safe services.

Safety systems and processes

Patients were safe and safeguarded from abuse due to the effective systems in place at the practice.

- The practice conducted safety risk assessments. There were safety policies, which were regularly reviewed and discussed with staff. Safety information was received by staff as part of their induction and refresher training. There were safeguards in place for children and vulnerable adults to protect them from abuse.
- The practice worked with other local agencies to support patients and protect them from neglect and abuse. Staff safeguarded patients from abuse, neglect, harassment, discrimination and protected their dignity and respect.
- The practice management carried out on staff that included checks of professional registration where relevant, on recruitment and on an on-going basis. All staff had a Disclosure and Barring Service (DBS) check undertaken. (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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role.
- The infection prevention and control at the practice was managed by a lead nurse that had received training to provide an effective safe environment, which included audits, and monitoring.
- The practice ensured that facilities and equipment were safe and that equipment was annually checked to maintain them according to manufacturers' instructions. There were systems for the safe management of healthcare waste.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements to plan and monitor the number and mix of staff needed.
- The induction system for temporary staff was effective and tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and recognised those needing urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis. The patient record system reminded clinicians to consider sepsis when certain monitored patient readings were entered on the system.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Patient treatment records were written and managed to keep patients safe. Treatment records seen showed the information to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice communicated and shared information with staff and other health and social care agencies to enable the delivery of safe care and treatment.
- Referral letters included all the information necessary to ensure safe onward care.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

Good

Are services safe?

- There were processes and procedures to manage medicines, including vaccines, medical gases, emergency medicines, and equipment to minimise risks. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice monitored the prescribing of antimicrobial medicine to ensure national guidelines were followed.
- Patients' health was followed up appropriately to provide assurance medicines were used safely and appropriately. The practice involved patients in their regular medicine reviews.

Track record on safety

The practice had a good safety record.

- Risk assessments of safety issues were comprehensive and well documented.
- The practice monitored and reviewed activity to understand risk and make safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses; the staff were supported when they did.
- There were effective systems to review and investigate when things went wrong. The practice learned and shared lessons with staff and stakeholders. They identified themes and took action to improve safety in the practice. For example, a patient went to hospital by ambulance with their electro-cardiogram (ECG) print out performed at the practice. The learning action from this incident was to print two copies in future enabling evidence of an ECG to be retained in the patient records.
- There was an effective procedure to receive and act on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts and acted on them appropriately.

Good

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice, and all of the population groups, as good for providing effective services.

Effective needs assessment, care and treatment

Clinicians were updated with current evidence-based practice using learning and clinical web based national guidance for example the National Institute for Health and Care Excellence (NICE). We saw records that showed clinicians assessed patient needs, delivered care and treatment in line with current legislation, standards and guidance supported by best practice clinical pathways and protocols.

- The clinical, mental, and physical wellbeing of patients were fully assessed.
- Hypnotics and antibacterial prescribing data for the practice showed they were the most effective at reducing unnecessary prescribing in the local area. They had attained better than local and national target levels.
- We saw no evidence of discrimination for patients when making care and treatment decisions.
- Experienced dispensary staff members had received training to carry out their roles; and received regular competency checks to ensure their proficiency.
- Staff trained to dispense medicine had received further training to review and support patients with any medicine issues. This support was provided during one to one appointments providing patients the time and access to any learning materials they may need.
- Patients were advised what to do if their condition got worse and provided information about where to seek further help and support.

Older people:

- The practice provided assessments on a on a quarterly basis to reduce the chance of older people's health deteriorating.
- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of their medicines during their quarterly assessments.
- All patients aged over 75 had a named GP and were invited for a health check. If necessary, they were referred to additional services such as voluntary services and supported by an appropriate care plan. Over a 12-month period, the practice had offered 503 patients a health check. Those people that had wanted a health check had received one.
- The practice followed up on older patients discharged from hospital. This ensured patients treatment plans and prescriptions were updated to reflect any changes.

People with long-term conditions:

- Patients with long-term conditions also had a structured quarterly review to check their health and medicines needs were being met. For patients more complex needs, the GPs worked with other health and care professionals to deliver coordinated care.
- Staff responsible for reviews of patients with long-term conditions had received specific training to carry out the task.
- The practice scored higher for all quality indicators attributed to long-term conditions in comparison to local and national practices.

Families, children and young people:

- Childhood immunisations provision met the requirements of the national childhood vaccination programme. Uptake rates for the vaccines given were considerably higher than the national target percentage of 90% at 97% to 100%.
- Arrangements were available to identify and review the treatment of newly pregnant women taking long-term medicines.
- Parents we spoke with confirmed babies, children and young people were seen on the day.

Working age people (including those recently retired and students):

- The practice had adjusted their services to be accessible, flexible, and provide continuity of care for its working age population, those recently retired, and students.
- Patients aged 25-64, attending cervical screening within the target period of 3.5 or 5.5 years coverage was 79% (compared locally 75% and nationally 73%).
- The practice computer system informed staff when eligible patients should have the meningitis vaccine, for example before attending university for the first time.

Good

Are services effective?

(for example, treatment is effective)

- Patients had access to appropriate health assessments including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way, which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had identified patients living in vulnerable circumstances; this included those with a learning disability, homeless people and those living in care.

People experiencing poor mental health (including people with dementia):

- 94% of patients diagnosed with dementia had their care reviewed in a face-to-face meeting in the previous 12 months. This was considerably higher than the local average 89% and the national average 88%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, patients experiencing poor mental health had received a discussion and advice about alcohol consumption. The practice average that had received this advice was higher at 100%, compared with the local practices average of 92%, and 89% for national practices. The practice average of patients experiencing poor mental health who had received a discussion and advice about smoking cessation was 99% compared with the local practices average of 96%, and 94% for national practices.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activities and routinely reviewed the effectiveness and appropriateness of the care provided. For example, the practice worked closely with North East Essex Diabetic Service (NEEDS) with all their diabetic patients to provide a comprehensive annual review with a Year of Care plan (YOC).

The most recently published Quality Outcome Framework (QOF) results were 99% of the total number of points available compared with the clinical commissioning group (CCG) average of 92% and national average of 95%. The overall exception reporting rate was 5% compared with a local average of 8% and national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- The practice used information about care and treatment to make improvements. For example, although the practice received high satisfaction rates regarding care and treatment however, they developed an action plan for the lowest satisfaction rates to improve.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood their staff requirements for training and learning and provided protected time to achieve this. We saw updated records of skills, qualifications and training were maintained. Staff told us they were encouraged and given opportunities to develop and provided them with
- Staff support included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The practice ensured the competence of staff employed in advanced roles by close monitoring and daily discussions of their clinical decision-making, including non-medical prescribing.
- There was a clear method to support and manage staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- Patient records showed all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.

Good

Are services effective?

(for example, treatment is effective)

- This included when patients moved between services, were referred, or after discharged from hospital. Personal care plans were developed with patients, and shared appropriately with relevant agencies.
- End of life care was delivered in a coordinated way ensuring the needs of different patients, including those who may be vulnerable because of their circumstances, were clearly documented.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers when appropriate.
- National priorities and initiatives to improve the practice population's health was promoted for example, stop-smoking campaigns, tackling obesity and managing medicines effectively.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision-making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Good

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for providing caring services.

Kindness, respect and compassion

Feedback from people who use the service, those who were close to them and stakeholders were continually positive about the way staff interacted with patients.

- We saw a strong, visible person-centred culture that was highly valued by staff and promoted by leaders.
- Staff recognised and respect the totality of patients' needs and understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 25 patient Care Quality Commission comment cards we received were very positive about the service experienced and the caring nature of the staff.
- This is in line with the results of the NHS Friends and Family Test most recent results where 97% of patients replied that they were extremely likely or likely to recommend their GP practice to friends and family if they needed similar care or treatment.
- We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 217 surveys were sent out and 114 were returned. This represented a completion rate of 53%. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 94% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 91% of patients who responded said the GP gave them enough time; CCG 85%, national average 86%.
- 99% of patients who responded said they had confidence and trust in the last GP they saw; CCG 95%, national average 92%.
- 93% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG 84%, national average 86%.
- 100% of patients who responded said the nurse was good at listening to them; CCG and national average of 91%.
- 99% of patients who responded said the nurse gave them enough time; CCG and national average of 92%.
- 100% of patients who responded said they had confidence and trust in the last nurse they saw; CCG 96%, national average 97%.
- 98% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG 89%, national average 97%.
- 99% of patients who responded said they found the receptionists at the practice helpful; CCG 86%, national average 87%.

Involvement in decisions about care and treatment

Staff ensured personalised care and support planning for patients with long-term conditions. They also worked with patient's carers to clarify and understand what was important to them. Staff encouraged patients to identify goals, support needs and to jointly develop and implement action plans, and monitor progress. This was a planned, continuous process that staff monitored and updated action plans accordingly.

- Interpretation services were available for patients who did not have English as a first language. The practice did not have any registered patients that did not speak English; however, they had processes in place for when a non-English speaking patient joined the practice.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice actively encouraged patients that were carers to inform the staff so their records could be updated. We saw several different posters in the waiting area signposting carers to support groups and services available to them. The practice had identified 20 patients as carers (0.6% of the practice list). The practice had recognised this was on the low side and were proactively talking to patients about their status.

Good

Are services caring?

- There was a carer's register and these patients were offered flexible appointments, seasonal flu vaccination and wellbeing checks when they attended an appointment.
- Staff told us the practice had a protocol for supporting families who had undergone bereavement. GPs told us that they individualised their response accordingly to the family's needs. Usually following bereavement, families were contacted where this was appropriate and an appointment or other support was provided as needed.

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 saw that personalised care plans were in place for the practice's most vulnerable patients with long-term conditions and complex care needs and those results from health reviews were shared with patients.

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. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 92% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 85% and the national average of 86%.
- 93% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG 79%; national average 82%.
- 98% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG 89%; national average 90%.
- 95% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG and national average of 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity. Staff always-treated patients with dignity and involved them in their care, treatment and support.

- Consideration of patient's privacy and dignity was embedded in everything that staff did, including awareness of any specific needs as these were recorded and communicated to all relevant staff.
- The practice complied with the Data Protection Act 1998.
- Patients told us they valued their relationships with the staff team and felt that they often went 'the extra mile' for them when providing care and support.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as good for providing responsive services.

Responding to and meeting people's needs

The importance of flexibility, informed choice and continuity of care was seen within the practice. Patient's needs and preferences were considered and acted on to ensure that services were delivered in a way that was effective. The practice understood the needs of its population and tailored services in response to those needs.

- Appointments could be booked up to four weeks in advance with GPs and nurses. Urgent appointments were available for people that needed them, as well as telephone appointments.
- The practice opening hours were between 8.30am and 6.30pm Tuesday and Friday with extended hours' appointments available on Monday, Wednesday and Thursday from 6.30pm to 7pm.
- The practice staff had an in-depth knowledge of patient needs and improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. This included a hearing loop.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

Nationally reported data showed that outcomes for patients were consistently above the national average for conditions commonly found in older people. The practice had introduced a number of initiatives to improve the care of older people.

- The practice had identified an increasing number of older people and organised care to better meet their needs. This included early memory loss recognition and documentation.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice offered same day telephone consultations.
- The practice used a frailty tool to monitor patients identified as moderately and severely frail with the aim to improve their wellbeing and reduce hospital admissions.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met.
- Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.

Families, children and young people:

- We found there were systems 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. Records we looked at confirmed this.
- The practice held a list of looked after children and ensured they were up to date with immunisations and they all had care plans that were regularly reviewed.
- Appointments were available before and after school hours.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when requested.

Working age people (including those recently retired and students):

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours.
- Patients can see a GP, healthcare assistant, or nurse during extended hours until 7pm three evenings a week, for routine appointments, health checks and treatments.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- Flexible services and appointments were available for patients who found it stressful waiting in a busy waiting room.
- There was a procedure in place to follow up patients in this group if they did not attend appointments.
- The practice had a process in place to register patients with 'no fixed abode' using the practices address.

People experiencing poor mental health (including people with dementia):

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held GP led dedicated mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.
- When a new diagnosis of dementia was confirmed, the GP commenced a care plan that involved the patient, family and appropriate health care professionals. This plan was reviewed and kept up to date; it was also shared with the Out of Hours (OOH) services.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was higher than local and national averages. This was supported by observations on the day of inspection and completed comment cards. 217 surveys were sent out and 114 were returned. This represented a completion rate of 53%.

- 97% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 74% and the national average of 76%.
- 100% of patients who responded said they could get through easily to the practice by phone; CCG 67%; national average 71%.
- 97% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG 83%; national average 85%.
- 97% of patients who responded said their last appointment was convenient; CCG 79%; national average - 84%.
- 98% of patients who responded described their experience of making an appointment as good; CCG 71%; national average 73%.
- 85% of patients who responded said they do not normally have to wait too long to be seen; CCG 57%; national average 58%.

We spoke to the practice about the high satisfaction response and asked how they managed such good figures. The GP told us they did not use any automated answering system all calls were answered by a receptionist.

Are services well-led?

Good

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

Our findings

At our previous inspection on 29 November 2016, we rated the practice as requires improvement for providing well-led services. For example; Not all policies were practice specific or had been reviewed and updated. Some risks to patients had not been identified, assessed or mitigated in relation to medicines or competency assessments of dispensary staff members.

These arrangements had significantly improved when we undertook a follow up inspection on 7 November 2017. We rated the practice and all of the population groups, as good for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had considerable local knowledge and experience, the capacity and skills, to deliver the practice strategy and address practice and patient risks. Since the previous inspection, the leadership at the practice had driven the improvements required as identified at our last inspection.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them with plans for collaborative working with other local practices.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership, capacity, and skills, including planning for the future leadership of the practice.

Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- Their strategy was in line with health and social priorities across the local region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable care.

- Staff said they felt respected, supported and valued. Each staff member we spoke with were proud to work at the practice.
- The practice focused on the needs of patients and said they provided patient-centred care.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. This was seen when a patient wanted to make a complaint. The practice manager gave the patient all the information and details they would need to make the complaint and was sympathetic they felt the need to take this action. This showed the provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisals and career development conversations. All staff had received regular annual appraisals in the last year.
- Staff were supported to meet the requirements of professional revalidation where necessary. The dispensary staff received competency checks and continued professional development to ensure they were updated and current with pharmacy best practice.
- Clinical staff, including nurses, were considered highly valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work. This was seen in the auditing and monitoring processes seen at the practice.
- There was a strong emphasis on the safety and well-being of all staff patients, seen in the well-documented risk assessments to ensure the safety of equipment, premises, and processes used.

Are services well-led?

Good

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

- The practice actively promoted equality and diversity. This was seen in the recruitment and employment processes used at the practice. Staff had received equality and diversity training. Staff told us they felt treated equally.
- There were positive relationships between all staff throughout the practice that promoted an excellent team spirit recognised by patients.

Governance arrangements

There were clear responsibilities, roles and methods of accountability to support good governance and management.

- The governance at the practice had improved significantly since our last inspection and all areas of risk previously identified, had been actioned.
- Systems, and processes used supported good governance and management. Staff had full access to all practice policies and procedures which were clearly set out, easy to understand, and effective.
- Practice leaders had established credible policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- We found all policies and procedures had been up updated to meet current best practice, legislation, and staff knew where and how to access them.
- Staff were clear about their roles and responsibilities including in respect of safeguarding and infection prevention and control.

Managing risks, issues and performance

There were clear and effective processes to manage risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audits of consultations, prescribing and referral decisions. This was seen in clinical meeting discussions, along with oversight of MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had planned and had trained staff in the event of major incidents.
- The practice implemented service developments and changes these were with input from clinicians, to understand the impact on care quality.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views and feedback received from patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information, which was reported and monitored, and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. Any identified weaknesses were addressed, and plans made against reoccurrence.
- The practice used reporting systems on the computer medical records to monitor and identify improvements of the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support them to provide a high-quality sustainable service.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. Leaflets and information were available for a number of support organisations with in the reception and waiting room. The practice held vouchers to give to patients identified as vulnerable and in need to access the well supported local Food bank.
- An active patient participation group provided the practice with opinions to ensure they met patient needs.

Are services well-led?

Good

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

- The service was transparent, collaborative and open with stakeholders about performance. The local newspaper had reported on data from the National GP survey over the last two year. They had set out a league table and Dr Hazim Ahmad was at the top or second place on consecutive years.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- We found a proactive focus on continuous learning and improvement at all levels within the practice. For example, the appointments provided by the dispensing team to discuss patient's medicine in an environment where questions could be asked and learning materials used to clarify and support their understanding.
- Staff identified improvement methods, and had received training to gain these skills.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- The lead GP and practice manager encouraged staff to take time out to review individual and team objectives, processes and performance. This was seen in the individual team meeting minutes and the practice meetings minutes.
- The practice had plans for the future development of the practice with other local practices to protect primary care for patients living in their practice population.

The practice had been extremely responsive to concerns we had expressed at a previous inspection. We saw safety procedures had been maintained, reviewed, and updated for example:

- An effective system to monitor patients taking high-risk medicines that require regular tests and checks, in line with published guidance.
- An effective system to monitor the oxygen stored at the practice.
- Safety incident learning shared with all staff members to embed learning throughout the practice and ensure themes or trends could be assessed.
- The tracking of two-week wait referrals from referral to appointment were now well documented and monitored to ensure patients received timely care and treatment.