

Dr Hazim Ahmad

Quality Report

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

Ratings

Overall rating for this service

Requires improvement 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Requires improvement 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out a comprehensive inspection at Dr Hazim Ahmad on 29 November 2016.

Overall, the practice is rated as requires improvement.

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

- There were arrangements in place to raise concerns, and report safety incidents. However, lessons learned from incidents were not shared with administrative staff members or reviewed to identify any themes or trends.
- Patient safety and medicine alerts received at the practice were not managed effectively.
- The practice had a GP safeguarding lead and trained staff members to keep patients safeguarded from abuse.
- Risks to patients and staff members were assessed and documented regularly and actions taken to improve.
- Dispensary staff members had received training to carry out their roles; and received regular competency checks to ensure their proficiency.
- Patient care and treatment was planned using current clinical guidance.
- Patient comments were positive about the practice and the services provided.
- The number of patients identified as carers on their computer records was 13, this equated to 0.4% of their practice population.
- Information regarding how to complain was available in a leaflet format and on a notice in the waiting room. Complaints had been recorded and patients had received an explanation and or apology if appropriate.
- Patients told us there were urgent appointments available on the day requested.
- On the day of our inspection, not all staff members acting as a chaperone or seeing patients on their own had received a 'Disclosure and Barring Service' (DBS) check.

Summary of findings

- Annual health reviews and medicine assessments were undertaken following current guidance. However, patients prescribed high-risk medicines and medicine that needed regular tests and checks were not recorded, in line with guidance.
- The practice system to track two-week wait referrals was not documented or reviewed from the point of referral to specialist consultants appointment.
- The practice had suitable facilities and was sufficiently equipped to treat patients and meet their various health needs.
- Oxygen held at the practice for use in medical emergencies was three years out of date and there was no monitoring system in place.
- Some policies and procedures at the practice required an update and review, including infection control, safeguarding and medicines management.
- The practice patient participation group was made up of virtual members, and members that met six monthly to provide feedback about the services provided.
- Staff members said they were supported in their working roles by the practice manager and the GPs and the leadership structure was clear.

The areas where the provider must make improvements:

- Implement an effective system to manage patient safety and medicine alerts.

- Ensure there is an effective system in place to monitor patients taking high risk medicines and those that require regular tests and checks, in line with published guidance.
- All staff members acting as a chaperone or seeing patients unaccompanied must have a 'Disclosure and Barring Service' (DBS) check or a risk assessment in place if one is not considered necessary.
- Ensure there is a system in place to monitor the expiry date of oxygen stored at the practice.

The areas where the provider should make improvements:

- Share and record safety incident learning with all relevant staff members to embed learning throughout the practice to ensure themes or trends can be assessed.
- Ensure that policies are relevant to the practice and available for staff to refer to and support them in their roles.
- Record the temperature of fridges in line with guidance used for the storage of medicines.
- Improve the identification of patients who are carer's to ensure they are provided with support.
- Ensure the system to track two-week wait referrals from referral to appointment are documented to ensure patients pathways can be monitored.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- There were arrangements in place to raise concerns, and report safety incidents. However, we found insufficient detail in the documented incidents to demonstrate learning outcomes or actions that had been taken. Lessons learned from incidents were not shared with administrative staff members, or reviewed to identify themes or trends. When things went wrong patients were provided with an explanation or an apology when appropriate.
- The practice had a GP safeguarding lead and trained staff members to keep people safe and safeguarded from abuse.
- We found most risks to patients were assessed and managed, including premises, equipment, and infection control. Oxygen held at the practice for use in medical emergencies was three years out of date and there was no monitoring system in place.
- Some patients prescribed high-risk medicines and medicine that needed regular tests and checks were not recorded, in line with guidance.
- The system to review medicine identified in patient safety and medicine alerts (MHRAs) received by the practice, to keep patients safe when alerts required treatment changes.
- Dispensary staff members had received training to carry out their roles; and received regular competency checks to ensure their proficiency.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data showed patient quality outcomes were above local and national averages.
- Patient care was planned and provided in a way that reflected best practice.
- GPs, nursing and administrative staff members possessed the skills, local knowledge, and experience to deliver effective care and treatment at the practice.
- Clinical audits had been undertaken to improve patient outcomes and the quality of service provided.
- Staff members had received supervision and annual appraisals to support them.

Summary of findings

- There were daily ad hoc and weekly arranged meetings between clinicians in the practice, and quarterly meetings with multidisciplinary, palliative staff members from the hospice, community matron, and community nurse teams. These meetings supported practice staff members to understand, treat and meet the varied complexities of patient needs.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the 'National GP Patient Survey' published in July 2016 showed patients rated the practice much higher than other local and national practice averages for all satisfaction areas.
- Patients told us they were treated with compassion, dignity, and respect. They also told us they were involved in decision making about their care and treatment. These responses were in line with responses received on comment cards left at the practice.
- We saw staff members behaved respectfully, with consideration, and maintained patient information securely.
- Information for patients about the services available at the practice was available in the waiting room; this was easy to understand and accessible in a folder in a prominent position and there were posters on the notice boards.
- The practice-recognised patients who were carers, the number identified was 13, this equated to 0.4% of the practice population. The practice offered carer's additional support, however they did not have a system to actively seek out carers.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and the Clinical Commissioning Group (CCG) to secure improvements to services where identified.
- Patients told us they found it easy to make an appointment with a GP and had continuity of care. We were also told that urgent appointments were available on the same day they were requested.
- The practice had suitable facilities and was sufficiently equipped to treat patients and meet their various health needs.
- Information regarding how to complain was available in a leaflet format and a notice in the practice waiting room.

Good



Summary of findings

Complaints had been recorded and patients had received an explanation and or an apology if appropriate. The practice had received one written complaint in the last 12 months; however, the action taken to address the complaint was not clear.

Are services well-led?

The practice is rated as requires improvement for well-led services.

- The practice had a clear vision and strategy in relation to patient care including involving patients in decisions about their treatment.
- Weekly clinical meetings had set agenda items to discuss incidents, complaints, any safeguarding issues and deteriorating patients to ensure care and treatment were consistent and responsive to patient's needs. These meetings were minuted and shared to ensure those unable to attend had access to the information
- There was a clear staffing structure and staff members told us they felt supported by the practice manager and GPs.
- The governance system in place at the practice required strengthening. Some risks to patients had not been identified, assessed or mitigated in relation to medicines management, sharing learning from safety incidents, and competency assessments of dispensary staff members.
- The practice had policies and procedures to govern activity. However many of the policies required reviewing to ensure up to date information, guidance, and contact details were available to support staff members.
- The practice sought feedback from staff and patients, which they used for development and improvement work.

Requires improvement



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as requires improvement for the care of older people. The provider was rated as good for caring, effective and responsive and requires improvement for safe and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice was responsive to the needs of older people, and offered home visits and urgent appointments when needed or requested.
- All older people had a named GP.
- Patients identified with deteriorating health were discussed during daily ad hoc and weekly arranged meetings between clinicians in the practice. There were also quarterly multidisciplinary meetings held with a variety of healthcare professionals to discuss the care and treatment of patients.
- The practice had a high uptake for shingles and flu vaccinations and was pro-active in making patients aware of this service.
- Phlebotomy clinics were available each day for those patients that found it difficult to attend the local hospital service.
- The ground floor purpose built practice was wheelchair accessible.
- Clinicians met weekly with their GP 'Link Worker' from social care to discuss elderly vulnerable patients or gain advice regarding referrals.
- The practice also worked closely with groups such as 'Age UK', 'My Plan' (Colne Housing), 'Living Well Essex' and the 'Alzheimer's Society'. These organisations leaflets were displayed in the waiting room.
- Patients were offered 'Dispensing reviews of the usage of Medicines' (DRUM's), these reviews were provided by a specially trained member of the dispensary staff. Weekly DRUM clinic has supported patients to understand how, when, and why they were taking their medicine. Single dose boxes were offered to patients who needed to be reminded to take their medicine.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of older people. The provider was rated as good for caring, effective and responsive and requires improvement for safe and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Requires improvement



Summary of findings

- Nursing staff and GPs had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Personalised care plans had been created, agreed with patients, and shared to ensure continuity of care.
- Longer appointments and home visits were available when needed.
- People with long-term conditions were provided a named practice GP and given a structured annual review to check health and medicine needs.
- The practice worked with 'North East Essex Diabetic Service' (NEEDS) using the year of care (YoC) tool and the practice achieved 100% of targets for their diabetic patients.
- The named GP worked with relevant health and social care professionals to deliver a multidisciplinary package of care.
- Phlebotomy clinics were available each day for those patients that found it difficult to attend the local hospital phlebotomy service.
- The practice nurses and administrative staff members supported the GPs to monitor patients annually with long-term conditions. A full range of services were offered to patients with chronic diseases, to reduce the need for hospital visits.
- Practice prescribers used clinical templates designed to ensure patient's received the blood tests, and diagnostic checks required before repeat prescriptions were given to patients.

Families, children and young people

The practice is rated as requires improvement for the care of older people. The provider was rated as good for caring, effective and responsive and requires improvement for safe and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice followed-up children at risk; for example, those with a high number of A&E attendances or children that did not attend for their appointments.
- All babies, children and young people were seen on the day and the parents we spoke with confirmed this. Appointments were also available outside school and college hours.
- On-line appointments were available for both advanced and on the day appointments.
- Immunisation rates were much higher for all standard childhood immunisations and flu in comparison with practices both locally and nationally.

Requires improvement



Summary of findings

- Parents of children we spoke with told us they were treated in an age-appropriate manner; and the language used during consultations to explain treatment was easy to understand.
- Patients aged 25-64, attending cervical screening within the target period of 3.5 or 5.5 years coverage was 78% (compared locally 76% and nationally 74%).
- The practice nurses said there was positive joint working with their community professional's colleagues including midwives.
- The GPs provided baby and childhood immunisation clinics twice a month and phlebotomy clinic's each day for those patients that found it difficult to attend the local hospital service.
- There was a range of contraception services available at the practice.
- The safeguarding lead GP at the practice led on all safeguarding issues identified at the practice.
- Clinicians worked closely with different groups in the area such 'Teen Talk' (based locally), 'Youth Enquiry Service' (YES) and 'The Junction'. These are confidential information and support services for young people in the Essex area and the practice had information leaflets available and referred patient when appropriate.
- Sexual health information was available in the waiting room on posters with contact details for the 'Essex Sexual Health Service' (ESHS).
- The practice also referred to 'Emotional Wellbeing Mental Health Service' (EWMHS) which supported young people who may need extra counselling or support.

Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of older people. The provider was rated as good for caring, effective and responsive and requires improvement for safe and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The needs of the working age population, those recently retired, and students had been identified at the practice. They had adjusted their services to ensure they were accessible, flexible and provided continuity of care.
- Extended hours appointments were offered until 7pm every week day evening including until 7.10pm on Thursdays to improve access for patients that worked. They also offered on-line services to support working patients for example; appointments booking, and repeat prescription management.

Requires improvement



Summary of findings

- There was a full range of health promotion and patient screening that reflected the needs of this population group, for example “NHS Health Checks” for 40 - 74 year olds.
- Private employment medicals and insurance reports were available, to support patients that required them for work.
- There were also leaflets in the waiting room regarding support services such as ‘Living Well Essex’. The practice also worked closely with ‘Essex Social Care Direct’.

People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of older people. The provider was rated as good for caring, effective and responsive and requires improvement for safe and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice had identified patients living in vulnerable circumstances; this included those with a learning disability, homeless people and those living in care.
- The practice clinical members of staff worked with other health care professionals in the case management of vulnerable patients. They worked closely with the local community care home to provide, treatment planning, and home visits when needed.
- There were 41 patients identified by the practice as living with a learning disability, all these patients had been offered an annual assessment and health check.
- Home visits were provided when appropriate to support those living with learning disabilities or a mental illness.
- Longer appointments were provided for patients with a learning disability and staff members were learning disability aware which meant they knew how to treat people accordingly.
- The practice provided information to vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise the signs of abuse in vulnerable adults and children. They were aware of their responsibilities concerning the sharing of information and the documentation of safeguarding concerns.
- The GP safeguarding lead at the practice attended forums when possible.
- The practice had identified a low number of patients who were carers.

Requires improvement



Summary of findings

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of older people. The provider was rated as good for caring, effective and responsive and requires improvement for safe and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. Clinicians supported a local community care village where a number of the people had dementia.
- The practice had told patients experiencing poor mental health how to access various support groups and voluntary organisations such as 'Health in Mind' and 'Improving access to psychological therapies' 'IAPT' services.
- The practice followed up patients who had attended accident and emergency that may have been experiencing poor mental health.
- Staff members had received training and understood how to support patients with mental health or dementia needs.
- Patients with mental health issues had an appropriate alert placed on their records; this allowed staff members to recognise any extra support these patients may need.
- The practice told us they offered patients in this population group on the day appointments to ensure patients in mental health crisis could access a clinician and receive the support they needed.
- Practice staff members told us they would find a suitably private area for patients to wait if they were feeling anxious, depressed, or too unwell to wait in the busy waiting room.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing higher than local and national averages.

212 survey forms were distributed and 134 were returned. This represented a 62% response rate compared with the national response rate of 38% and amounted to 3.9% of the patient population.

- 97% of patients who responded found it easy to get through to this practice by phone (compared with 71% locally and 73% nationally).
- 93% of patients were able to get an appointment to see or speak to someone the last time they tried (compared with 74% locally and 76% nationally).
- 93% of patients described the overall experience of this GP practice as good (compared with 83% locally and 85% nationally).
- 90% of patients said they would recommend this GP practice to someone who has just moved to the local area (compared with 77% locally and 80% nationally).

As part of our inspection, we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received 16 comment cards which were all extremely positive about the standard of care patients received. Comments on the cards confirmed staff were friendly, polite, helpful, and indicated they felt supported by the practice services provided.

The four patients we spoke with during the inspection voiced satisfaction with the care they received and thought staff members were approachable, committed and caring. A community health care professional told us, their communication was excellent with the practice staff members. When we asked patients about the dispensing service, we were told they received an excellent service in relation to obtaining their repeat prescriptions. One patient told us the service provided by the dispensary staff to sort out their relatives' medicines was exemplary.

Areas for improvement

Action the service **MUST** take to improve

- Implement an effective system to manage patient safety and medicine alerts.
- Ensure there is an effective system in place to monitor patients taking high risk medicines and those that require regular tests and checks, in line with published guidance.
- All staff members acting as a chaperone or seeing patients unaccompanied must have a 'Disclosure and Barring Service' (DBS) check or a risk assessment in place if one is not considered necessary.
- Ensure there is a system in place to monitor the expiry date of oxygen stored at the practice.

Action the service **SHOULD** take to improve

- Share and record safety incident learning with all relevant staff members to embed learning throughout the practice to ensure themes or trends can be reviewed and assessed.
- Ensure that policies are relevant to the practice and available for staff to refer to and support them in their roles.
- Record the temperature of fridges in line with guidance used for the cold storage of medicines.
- Improve the identification of patients who are carer's to ensure they are provided with support.
- Ensure the system to track two-week wait referrals from referral to specialist appointment are documented to ensure patients pathways can be monitored.

Dr Hazim Ahmad

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector; the team included a GP specialist advisor.

Background to Dr Hazim Ahmad

Dr Hazim Ahmad's practice provides primary care services to approximately 3470 patients in Lawford village, Mistley village and the surrounding area. They 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 deprivation level is low for the practice area in comparison with other local and national GP practices.

Dr Hazim Ahmad (male) is registered as an individual provider and has two regular female locum GPs working at the practice. The GPs are supported by a practice nurse prescriber, a locum nurse prescriber, two practice nurses, and a healthcare assistant (all female). The dispensary team comprises four staff members and the management and administration team comprises a practice manager and four other staff members with a range of roles; secretary/audit clerk, and administrators/receptionists. The staff members hold a combination of roles and working patterns including full and part time hours.

The practice opening hours are from 8am to 8.30am (emergency line) and 8.30am to 7pm Monday, Tuesdays, Wednesdays and Fridays and until 7.10pm on a Thursday.

The Doctor's clinical opening hours are from 9am to 12 noon every morning and from 4pm to 7pm on Mondays and Wednesdays, from 4pm until 6.30pm on Tuesdays and Fridays and from 4pm to 7.10pm on Thursdays. The Nurses are available every day between 8.30am and 6pm.

The practice has opted out of providing GP out of hour's services. Patients calling the practice outside normal practice working hours are advised by the answerphone message to contact the 111 non-emergency services. Patients requiring urgent treatment are advised to contact the out of hour's service which is provided by Care UK.

Why we carried out this inspection

We carried out a comprehensive inspection of Dr Hazim Ahmad's practice 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 practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we held about the practice and asked other organisations to share what they knew. We carried out an announced visit on 29 November 2016. During our visit we:

- Spoke with a range of staff members, the practice manager, the GPs, nurse practitioner, practice nurse,

Detailed findings

healthcare assistant, dispensing staff members, administrative staff members, receptionists, and an external NHS healthcare professional. We also spoke with patients on the day of inspection.

- Observed how staff members spoke with patients, to their carer's and/or family members.
- Reviewed processes, policies and procedures developed to keep patients safe.
- Reviewed 16 comment cards where patients and members of the public had shared their views and experiences of the practice.

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

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

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

The population groups are:

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

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

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events but it required strengthening.

- There were arrangements in place to raise concerns, and report safety incidents. However, we found that although learning had been shared with staff we found insufficient detail in the documented incidents to demonstrate that learning outcomes or the actions taken had been shared with all relevant staff members. We saw when things went wrong, patients were provided with an apology and explanation when appropriate.
- We reviewed four safety incident reports that had been documented in the last 12 months. An example of improvement action that had been taken related to the labelling of samples taken from patients requiring laboratory analysis, to ensure they were legible and that details were checked with the patient before submission for testing.
- The system to manage medicine and patient safety alerts received by the practice was ineffective. The safety alerts that may have required patient's treatment to be changed had not all been reviewed to identify whether changes to medicines were required. We acknowledge that the practice sent us evidence within 48 hours of the inspection showing than improved system for alerts management. Patients affected had been identified and the actions recorded for any change of medicine that was required.

Overview of safety systems and processes

The practice had procedures and policies to keep patients safe:

- The practice had a GP lead and trained staff members to keep people safe and safeguarded from abuse. The policy did not include up to date guidance regarding the local safeguarding team or their contacts, for referral processes.
- GPs attended local safeguarding meetings and when required provided reports for other health and social organisations.

- Staff members were able to explain their understanding and responsibility concerning both children and vulnerable adults to ensure they were safe from abuse. All staff members had received training to the level relevant for their role.
- Chaperones were offered when required, and there were notices in the waiting room and clinical areas to inform patients they were available. Not all staff members that acted as a chaperone or saw patients unaccompanied had received a Disclosure and Barring Service (DBS) check, and there was no risk assessment in place as to why one was not required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The practice stopped those staff members without a DBS seeing patient's unaccompanied, and sent evidence within 48 hours of the inspection that they had requested DBS checks for all staff members.
- The practice maintained standards of cleanliness and hygiene at the practice.
- The infection control policy did not meet current published guidance. Within 48 hours of the inspection, we were sent; an appropriately reviewed practice specific policy aligned with current guidance, an audit, and an annual statement to evidence new processes at the practice.
- We saw that clinical waste was disposed of appropriately and stored securely until it was ready for collection.
- The dispensary staff members were appropriately qualified and the dispensary policies were up to date and followed recognised guidance. Dispensary staff members received regular competency checks to ensure their proficiency.
- There was an absence of medicine storage guidance and a cold chain procedure. However, 48 hours after the inspection we received evidence of a practice specific cold chain procedure aligned with current guidance.
- Medicines were stored securely in the dispensary; they were accessible to authorised staff members, and at the correct room temperature. All medicines were checked regularly to confirm they remained within their expiry date, and were safe to use.
- Records showed us that medicines requiring cold storage were kept in fridges that were maintained at the required temperatures. Staff members knew how to respond if fridge temperatures were found outside the

Are services safe?

limits for safe use. However, there was an inconsistent approach to recording the minimum and maximum temperatures. We received evidence within 48 hours of the inspection showing an improved checking and recording procedure had been adopted at the practice.

- All prescriptions were reviewed, and laboratory tests checked by the GPs before the prescriptions were signed and/or medicine was given to patients.
- The practice held stocks of 'controlled drugs' (CDs). These medicines require extra checks and special storage arrangements because of their potential for misuse. The practice had a procedure that set out how these medicines were managed and we saw this was being followed. For example, CDs were stored in a secure cupboard and access was restricted to authorised staff members and the key was held securely. There were arrangements in place for the destruction of CDs and the practice carried out regular audits to ensure their recording processes were being followed. Members of dispensing staff were aware how to raise concerns related to CDs with the CD accountable officer in their locality area.
- The system to monitor high-risk medicines such as warfarin, methotrexate and other disease modifying medicines was inconsistent. The checks undertaken were made when signing repeat prescriptions which could lead to patients being missed. A system must ensure all patients receive the recognised level of monitoring when taking these medicines. We received evidence 48 hours after the inspection showing a new practice system for monitoring and checks required to be carried out. We were told patients would receive this level of monitoring in the future.
- We saw a positive culture in the practice for reporting and learning from dispensing errors. Dispensing errors were documented and reviewed promptly, however issues identified by staff before medicines were given to patients (called 'near misses') were not recorded and monitored to help make sure appropriate actions were taken to minimise their occurrence. The practice evidenced a document within 48 hours of the inspection to record these 'near misses' that was being adopted for the future.
- The practice had implemented the work led by the local medicine management team to make sure prescribing was in line with local guidance and best practice clinical guidelines for safe prescribing.

- Blank prescription forms; including those used in the printers for computer generated prescriptions, were stored securely and tracked through the practice in accordance with national guidance.
- Nurses administered medicines in line with local and national guidance using patient group directions (PGDs) and patient specific directions (PSDs). These were current and had been regularly reviewed.
- Arrangements for emergency medicine, medicine management and vaccines, in the practice were safe (including obtaining, prescribing, recording, handling, storing and their security).
- We reviewed four personnel files including a recently employed staff members file and found some of the recruitment checks were not within the files and could not be found on the day of the inspection. We received evidence within 48 hours of the inspection of the recruitment checks that could not be found on the day. For example, proof of identification, references, qualifications, registration with the appropriate professional body and checks through the Disclosure and Barring Service (DBS) along with the notification that those without DBS checks were now in place.

Monitoring risks to patients

Risks to patients were assessed and managed.

- We were told risks to patients were assessed and managed, including premises, equipment, medicines, fire equipment checks, fire drills, and infection control. However, the practice manager could not find the practice risk assessment folder on the day of inspection. We received evidence of their risk assessment folder within 48 hours of the inspection that showed that the risk assessments had been carried out on a regular basis during the last year. The assessments covered the control of substances hazardous to health (COSHH), infection control, fire equipment checks, fire drills, and legionella water testing (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Staff members had received training in the event of a fire and knew how to act and keep people safe.
- The practice had a service and maintenance contract for the electrical equipment used at the practice and equipment had been checked and tested to ensure it was safe for use.

Are services safe?

- The practice building was adequately maintained to keep patients and staff members safe.
- The practice manager planned and monitored the number of staff and the role mixes needed to meet their patient population needs. We were told annual leave and staff member's sickness was factored into their planning and staff members supported one another by covering during annual leave or sickness.

Arrangements to deal with emergencies and major incidents

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

- All staff members had received basic life support training and had access to an emergency system on their computer software to call for help and support if needed.
- Emergency medicines were available and all staff members knew their location. There were processes in place to check these medicines regularly to ensure they were safe for use and in date.
- There was a defibrillator and oxygen available at the practice, with adult and child masks available; we also saw there was a first aid kit and accident book available. Although during the inspection, we found the oxygen was three years out of date and there was no system in place to monitor expiry dates. The practice provided evidence the oxygen had been replaced within 24 hours of the inspection.
- The practice business continuity plan provided information for staff members in the event of a major incident such as power failure or building damage. The plan included staff roles and responsibilities, and emergency contact numbers for staff members. Contacts for the connected utility services were also part of the plan.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

There was guidance available to keep clinical staff up to date with the most recent clinical guidelines from the National Institute for Health and Care Excellence (NICE) to improve patient care and treatment. These were accessible on the practice intranet system available on every computer desk-top at the practice.

Management, monitoring and improving outcomes for people

The practice used 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 recently published results of 2015 - 2016 showed the practice achieved 95% of the total number of points available compared with 92% locally and 95% nationally. The practice QOF exception reporting was 5% (compared with 8% locally and 10% nationally). (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 showed:

Performance for diabetes related indicators were higher than the local CCG and national averages.

- The percentage of patients with diabetes, on the register, in whom the last IFCC HbA1c was 64 mmol/mol or less in the preceding 12 months was 79% (compared with 74% locally and 78% nationally).
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 84% (compared with 78% locally and 78% nationally).
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months was 100% (compared with 84% locally and 88% nationally).

There was evidence of quality improvement including clinical audit.

- There had been three clinical audits completed in the last year. One such audit was carried out to monitor patients treated with levothyroxine, a medicine taken to replace a hormone normally produced by the thyroid gland to regulate the body's energy and metabolism. The purpose of the audit was to look at patient dosage compliance. This medicine requires patients to follow exact dosage instructions to receive the greatest benefit from the treatment. The findings of the audit showed that nearly 34% of the patients surveyed taking this medicine were not following the instructions fully. The practice provided patients taking this medicine with further guidance from the dispensary staff members to check their compliance and explain fully the dose instructions for this medicine to improve their compliance. This was due to be repeated regularly over the next few months to ensure compliance was maintained.
- The practice also participated in local medicines management audits, national benchmarking, and dispensing audits.

Effective staffing

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

- The practice had an induction process for new staff members. We spoke with a recently appointed staff member who told us the practice induction programme had given them confidence, and prepared them for their role. It had covered such topics as safeguarding, infection prevention and control, fire safety, health and safety, security and confidentiality.
- Nursing staff that administered vaccines and took samples for the cervical screening programme had received specific training, which had included an assessment of their competence. Nursing staff that administered vaccines could demonstrate their training and an understanding of the national immunisation programmes and used updated patient group directions (PGDs). PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.
- We saw appraisals were used by management to identify staff training needs. We were shown staff

Are services effective?

(for example, treatment is effective)

members had access to appropriate e-learning, in-house, and external training that met their learning needs and covered the scope of their work. Staff members we spoke with said they had received an appraisal within the last 12 months and been given the opportunity to attend e-learning, in-house, and external training.

- GPs provided support and guidance for the nursing prescribers.
- We saw all staff members had received basic life support training in the last year.

Coordinating patient care and information sharing

The GPs had appropriate information needed to plan and deliver care and treatment; this was available and accessible to all clinical staff members through the practice intranet and the patient record system.

- We looked at whether the practice was meeting the two-week referral target set for GP practices. Although the practice told us that they referred patients to other healthcare professionals in a timely manner, we found that the system for monitoring these referrals could be strengthened to ensure that the referrals had been actioned.
- When clinicians referred patients to other services, they shared relevant patient specific information appropriately and in a timely way.
- Staff communicated with multidisciplinary teams to meet the various needs of patients.
- Staff members worked together in the practice, and with other health and social care service providers to understand, meet, assess, and plan on-going care and treatment. This included when patients were referred to other services, or discharged from hospital.

Consent to care and treatment

Consent to care and treatment was obtained by staff members in line with legislation and current guidance. However, one of the GPs told us verbal consent was not always documented when consent was requested verbally.

- Staff members knew the relevant consent and decision-making processes and had an understanding of the Mental Capacity Act 2005. Assessments of capacity to consent were carried out and recorded in line with their policy prior to providing treatment.

Supporting patients to live healthier lives

The practice recognised patients who may need extra support. For example:

- Patients receiving end of life care, patients that were carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and/or alcohol cessation. We saw evidence these patients were signposted or referred to appropriate services and followed up when needed.
- The practice uptake in the cervical screening programme was 87%, which was higher than the local average of 83% and the national average of 82%. The practice had a procedure to remind patients who had not attended their cervical screening test. They also followed up women who were referred as a result of abnormal results.
- The practice encouraged the uptake of the national screening programmes for bowel and breast cancer by using information on their notice boards in the waiting room, and opportunistically during routine appointments.
- Data showed the percentage of people aged, 60-69, screened for bowel cancer within six months of the invitation at the practice was 61% (58%). Females, aged 25-64, that attended for cervical screening within the target period of three and a half or five and a half years at the practice was 78% (locally 75% and nationally 73%).
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged between 40 to 74 and senior health checks. Appropriate follow-ups for the outcomes of health assessments and checks were made, when abnormalities or risk factors were found.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During the inspection, we saw that all staff members were courteous and helpful to patients; this included treating them with dignity and respect.

- Patients' told us their privacy and dignity during examinations, investigations and treatments were respected and maintained by the staff members and the provision and use of curtains that surrounded the examination couches.
- Patients also told us they were treated with consideration, and involved in making decisions about their care and treatment. All the patients we spoke with told us it was a very caring, community established practice, with helpful, supportive staff members.
- Consultation and treatment room doors were closed during consultations to ensure conversations taking place could not be overheard.
- Staff members at the reception desk told us they could recognise when patients appeared distressed or needed to speak about a sensitive issue. They said they would find a private place away from the waiting room where patients could discuss their issues or problems.

The 16 comment cards we received were all positive about the standard of care and treatment delivered at the practice. Comments on the cards confirmed staff were friendly, polite, helpful, and indicated they felt supported by the services provided. Results from the national GP patient survey published in July 2016 showed that satisfaction rates were higher than other practices in the local CCG area and nationally.

For example:

- 91% of respondents said the GP was good at listening (locally 87% and nationally 89%).
- 90% of respondents said the GP gave them enough time (locally 86% and nationally 87%).
- 100% of respondents said they had confidence and trust in the last GP they saw (locally 95% and nationally 95%).
- 93% of respondents said the last GP they spoke to was good at treating them with care and concern (locally 85% and nationally 85%).
- 96% of respondents said the last nurse they spoke to was good at treating them with care and concern (locally 90% and nationally 91%).

- 97% of respondents said they found the receptionists at the practice helpful (locally 87% and nationally 87%).

Care planning and involvement in decisions about care and treatment

During the inspection, all the patients we spoke with told us they felt involved in the decision making process for their care and treatment. They also told us they felt listened to and supported by staff members and were given sufficient time during consultations to make decisions about the choice of treatments available to them. Patient feedback on the comment cards we received reflected these views, and the results from the national GP patient survey were in line with these patient responses. Questions involving planning and making decisions about care and treatment were higher than local and national averages for GPs and nurses.

For example:

- 91% of patients said the last GP they saw was good at explaining tests and treatments (locally 85% and nationally 86%).
- 88% of patients said the last GP they saw was good at involving them in decisions about their care (locally 81% and nationally 82%).
- 97% of patients said the last nurse they saw was good at explaining tests and treatments (locally 89% and nationally 90%).
- 93% of patients said the last nurse they saw was good at involving them in decisions about their care (locally 85% and nationally 85%).
- The practice provided facilities to help patients be involved in decisions about their care:
- Staff told us they had access to translation services for patients who did not have English as their first language.
- Information leaflets were accessible and available in easy to read formats.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room, told patients how to access support groups and organisations if they were a carer. The patient record system alerted practice staff members if a patient was also a carer; this ensured that carer's were given extra consideration when arranging

Are services caring?

appointments so they could meet their caring and healthcare needs and responsibilities. The practice had identified 13, this equated to 0.4% of the practice population.

The practice bereavement process offered families that had suffered bereavement contact from their usual GP, and an invitation for them to meet with the GP. Information for

bereaved families was available within the reception office to ensure staff members were informed when family members contacted the practice; this enabled them to communicate in an appropriate manner. In the practice, there were self-help guides and benefits advice to support the bereaved.

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 the Clinical Commissioning Group (CCG) to assure improvements to services where they were identified. CCGs are clinically led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area.

- The practice closely monitored frail and vulnerable patients, including those where there were safeguarding concerns. Clinicians discussed those patients they felt needed extra monitoring and care to reduce the risk of hospital admission during weekly clinical and quarterly multidisciplinary meetings. These discussions assured the team that patients thought to be deteriorating could be well supported in a whole team approach. Treatment plans were in place for all patients they recognised as needing this support.
- The practice provided longer appointments to patients living with a learning disability.
- Home visits were available for older patients and patients who would benefit from them.
- Appointments were available on the same day requested for children and for those patients with serious or urgent medical conditions.
- Nursing staff had received extra training in specific areas of clinical work to meet the practice population needs for example; managing minor injuries; and specific chronic disease management, to ensure they could support both the patients and GPs.
- Patients could receive travel vaccinations at the practice when they needed them.
- The purpose built GP practice was wheelchair accessible, and translation services were available to aid patients.
- The practice had 41 patients living with a learning disability and we saw they all had been offered an annual health check.
- Extended hours appointments were offered until 7pm every week day evening including till 7.10pm on Thursdays to improve working patient's access to the services provided..

Access to the service

During 8am to 8.30am and at lunchtime from 12noon until 4pm, an answerphone message connected patients to the duty GP for emergencies. The practice opening hours were 8.30am to 12noon every morning and from 4pm to 7pm on Mondays and Wednesdays, from 4pm to 6.30pm on Tuesdays and Fridays and from 4pm to 7.10pm on Thursdays. The clinical opening hours were from 9am to 12noon every morning and from 4pm to 7pm on Mondays and Wednesdays, from 4pm until 6.30pm on Tuesdays and Fridays and from 4pm to 7.10pm on Thursdays. The practice has opted out of providing GP out of hour's services. Patients calling the practice outside normal practice working hours are advised by the answerphone message to contact the 111 non-emergency services. Patients requiring urgent treatment were advised to contact the out of hour's service which was provided by Care UK.

Results from the national GP patient survey showed that patients satisfaction with the access to care and treatment were higher than other local and national averages.

- 78% of patients were satisfied with the practice's opening hours (locally 76% and nationally 76%).
- 97% of patients said they could get through easily to the practice by phone (locally 71% and nationally 73%).

All the patients we spoke with on the day of the inspection said they were able to get through on the phone easily and gain an appointment when they needed one.

Listening and learning from concerns and complaints

The practice had a system to manage complaints and concerns; they had received one written complaint in the last 12 months, the action taken to address the complaint was clear and an apology had been provided.

- Their complaints policy recognised guidelines set out for GPs in England and met local requirements with regards to the contact details available.
- The practice manager was the named designated staff member that led and managed all complaints. There was information available in the practice leaflet, to support patients that wanted to make a complaint. Practice meeting agenda's had a standing agenda item to discuss any complaints that had been received to ensure they could be shared with staff members.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

We found that the practice did not have a clear vision or strategy and staff were not aware or involved in that aspect of the practice. We found there was a lack of plans at the practice to achieve consistent staff engagement of service quality.

The practice statement of purpose was:

- To provide the best possible quality service for patient's within a confidential and safe environment through effective collaboration and teamwork.
- The future planning at the practice included exploring the benefits for patients and staff members regarding being part of a federation in their locality.

Governance arrangements

The policies, procedures and processes were used to support the delivery of care. However many of the policies required reviewing to ensure up to date information, guidance, and contact details were available to support staff members. We also found that some evidence required on the day of the inspection was not readily available because it could not be located. However, within 48 hours of the inspection this was provided to us. The use of practice systems ensured that:

- The governance system in place at the practice did not always identify risks to patients. In particular, we found that there were risks to patients in relation to managing patient safety and medicine alerts, the monitoring of patients taking high-risk medicines, disclosure and barring checks for the provision of chaperones, and a lack of oxygen to manage and emergencies. However, the practice did take immediate action in relation to these risks and within 48 hours of the inspection we were provided with evidence of a new documented system to manage high risk medicine, disclosure and barring checks for all staff members had been actioned and notification was received that oxygen had been purchased.
- Staff members understood their roles and responsibilities and could provide team support.
- Practice specific policies were in place and staff members knew where to access them. However many of the policies needed updating.

- The practice monitored their performance to maintain and improve patient outcomes. This was shown in their higher than average local and national patient satisfaction and Quality and Outcome Framework (QOF) high achievement results.
- Health and safety risks were documented, and followed-up, we saw actions had been taken when needed to ensure patients and staff member's safety.

Leadership and culture

GPs in the practice prioritised community based, compassionate care. They were visible in the practice and staff members told us they took time to listen and support their views on any improvement suggestions they made. The GPs encouraged a culture of openness and honesty and complied with the requirements of the 'Duty of Candour' for safety incidents. Duty of candour is a specific requirement that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology.

- The practice had arrangements to deal with notifiable safety incidents when they arose however, administrative staff members were not informed of any learning that had been gained.
- The leadership structure was clear and staff members told us they felt supported by management.
- Staff members told us they were involved in the regular practice team meetings and that they appreciated the open culture within the practice. We were also told by staff members that they felt confident to raise any topics and were supported when they did.
- Staff members said they felt respected, and valued, particularly by the practice manager and GPs at the practice.
- The practice manager attended the local 'Practice Managers group' meetings. This ensured they had regular contact with their fellow peers in the locality and could share ideas and good practice to support locality primary care service work.

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

The practice encouraged and valued feedback from patients, the public and staff members. They used feedback gathered to modify practice developments.

Are services well-led?

Requires improvement 

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

- The practice monitored feedback from patients through the national GP survey their patient participation group (PPG) and 'Friends and Family' comments cards.
- The practice had gathered feedback from staff members via staff meetings, appraisals and during ad-hoc discussions. Staff members told us they would not hesitate to give feedback and discuss any concerns or issues with their colleagues or management.
- The practice met with their PPG to gain patient experience and opinions before making changes. They met with the group twice a year to discuss any issues, concerns or information and provided electronic information to their virtual members. One of the improvements made as a result of the PPG was the increased advertising of the voucher scheme available at the practice for food banks.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• The system in place to manage medicine and patient safety alerts did not keep people safe.• The system to monitor high risk medicines was ineffective.• Staff acting as chaperones need 'Disclosure and Barring Service' (DBS) checks.• Oxygen for use in medical emergencies was out of date and there was no system in place to monitor expiry dates. <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>