The Practice Sayeed Medical Centre

Quality Report

352-354 East Park Road
Leicester
LE5 5AY
Tel: 0116 323 2030
Website: www.thepracticeplc.com

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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?	Requires improvement
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Practice Sayeed Medical Centre on 04 February 2016. Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect; they were listened to and involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a leadership structure and staff felt supported by the management team. The practice proactively sought feedback from patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider must make improvements are:

- Ensuring checks on medicines and vaccines are carried out on all stock with regards to their expiry dates.
- Ensure carers are appropriately identified on the patient record system.

In addition the provider should:

- Ensure there is effective working with relevant multi-disciplinary professionals, for instance district nurses, as appropriate.

Summary of findings

- Ensure clinical meetings are formally held to discuss significant events, complaints and clinical audits to document the discussions and lessons learnt.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

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

- There was an effective system in place for reporting and recording significant events.
- All staff were aware of actions taken to improve safety in the practice, however formal documented clinical meetings were not held to discuss patient safety.
- When there were unintended or unexpected safety incidents, patients received reasonable support. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Systems were in place to assess risks to patients, however not all systems were fully embedded. This included the checking of expiration dates for medicines and vaccines.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were slightly better than the national average.
- Staff assessed patient needs and delivered care in line with current evidence based guidance,including the National Institute for Health and Clinical Excellence (NICE).
- Clinical audits were completed and action taken to improve the quality of patient care.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- The practice did not participate in multi-disciplinary meetings.

Are services caring?

Requires improvement

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

- Data from the National GP Patient Survey showed patients were satisfied with the practice for several aspects of care.

Summary of findings

- Patients said they were treated with compassion, dignity and respect; they were listened to and were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible in the waiting area as well as on-line.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Carers were not actively identified on the patient record system.
- The practice were culturally aware of the local population and were able to direct patients to cultural-based services, if required.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, there was a physiotherapy service on the practice premises that patients could be referred to if required.
- Patients said they found it easy to make an appointment and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The premises were accessible to all patients.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff; however discussions were not formally documented.

Are services well-led?

Good

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

- The practice had a vision and strategy, led by The Practice Surgeries Ltd, to deliver high quality care and promote good outcomes for patients. Although staff were unclear of the vision, they were clear about their responsibilities which aligned with the practices' visions.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity, which all staff could access.

Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The clinical lead and practice management team encouraged a culture of openness and honesty.
- The practice proactively sought feedback from patients, which it acted on. The patient participation group was active and the practice responded to any concerns raised.

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

Requires improvement

The provider was rated as requires improvement for safety and caring. The issues identified as requiring improvement affected all patients including this population group. There were, however, examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent on the day appointments.
- All patients over the age of 75 had a named GP.

People with long term conditions

Requires improvement

The provider was rated as requires improvement for safety and caring. The issues identified as requiring improvement affected all patients including this population group. There were, however, examples of good practice.

- Nursing staff held specific clinics for people with long-term conditions.
- Additional phlebotomy (to take a person's blood test) clinics were available if a nurse was unavailable.
- Patients at risk of hospital admission were identified as a priority.
- Home visits were available when needed.
- Patients with long-term conditions had a named GP and a structured annual review to check their health and medicines needs were being met. Personalised care plans were in place to ensure the patients' health and care needs were met.

Families, children and young people

Requires improvement

The provider was rated as requires improvement for safety and caring. The issues identified as requiring improvement affected all patients including this population group. There were, however, examples of good practice.

- There were systems in place to identify and follow up children who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations. If a child repeatedly did not attend for their immunisation, the child would be referred to the home visiting service.

Summary of findings

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  79% of women aged 25 to 64 medical notes recorded they had a cervical screening test performed in the preceding five years. This was comparable to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

Requires improvement

The provider was rated as requires improvement for safety and caring. The issues identified as requiring improvement affected all patients including this population group. There were, however, examples of good practice.

- The needs of the working age population, those recently retired and students had been identified. The practice offered extended hours to ensure services were accessible, flexible and offered continuity of care.
- The practice offered online services as well as a range of health promotion and screening that reflected the needs for this age group.

People whose circumstances may make them vulnerable

Requires improvement

The provider was rated as requires improvement for safety and caring. The issues identified as requiring improvement affected all patients including this population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered annual health checks (longer appointments) for patients with a learning disability.
- The practice worked with a nearby pharmacy to ensure patients identified as vulnerable request and collect repeat prescriptions as appropriate.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations, including homeless people.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities and could explain what actions they would take if they had any safeguarding concerns.

Summary of findings

People experiencing poor mental health (including people with dementia)

Requires improvement

The provider was rated as requires improvement for safety and caring. The issues identified as requiring improvement affected all patients including this population group. There were, however, examples of good practice.

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  96% of patients with a diagnosis of schizophrenia, bipolar affective disorder or other had a comprehensive and agreed care plan in place, compared to the national average of 90%.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- Longer appointments were available for patients who needed additional support from the GP.
- The practice hosted Improving Access to Psychological Therapies (IAPT) clinics on a weekly basis.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2015. The results showed the practice was performing in line with local and national averages. 447 survey forms were distributed and 82 were returned. This represented 2% of the practice's patient list.

- 73% found it easy to get through to this surgery by phone compared to a CCG average of 68% and a national average of 73%.
- 72% were able to get an appointment to see or speak to someone the last time they tried (CCG average 80%, national average 85%).
- 88% described the overall experience of their GP surgery as fairly good or very good (CCG average 79%, national average 85%).
- 74% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 69%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 37 comment cards which were all positive about the standard of care received. The comments cards stated staff were helpful and friendly and the GPs listened to their problems. A small number of comment cards also stated that at times they found it difficult to get an appointment.

We spoke with six patients during the inspection. Patients said they were happy with the care they received and thought staff were caring and respectful. The NHS Friends and Families test (FFT) results as of November 2015 showed that 86% of patients would recommend the practice.

Areas for improvement

Action the service MUST take to improve

The areas where the provider must make improvements are:

- Ensuring checks on medicines and vaccines are carried out on all stock with regards to their expiry dates.
- Ensure carers are appropriately identified on the patient record system.

Action the service SHOULD take to improve

In addition the provider should:

- Ensure there is effective working with relevant multi-disciplinary professionals, for instance district nurses, as appropriate.
- Ensure clinical meetings are formally held to discuss significant events, complaints and clinical audits to document the discussions and lessons learnt.

The Practice Sayeed Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist adviser and a second CQC inspector.

Background to The Practice Sayeed Medical Centre

The Practice Sayeed Medical Centre is a GP practice providing primary medical services to around 3,850 patients within a residential area. The area has a primarily Asian population. The practice's services are commissioned by Leicester City Clinical Commissioning Group (LCCCG).

The practice is part of a large public company (The Practice Surgeries Ltd). The service is provided by two male GPs (one is the clinical lead) and a part-time female GP. A locum GP also provides cover. There is a nursing team comprising of a part-time practice nurse, a part-time healthcare assistant and a self-employed nurse practitioner. They are supported by a practice manager and a team of reception and administration staff. Additional support is provided by a central management team as part of The Practice Surgeries Ltd.

The practice has one location registered with the Care Quality Commission (CQC). The location we inspected was The Practice Sayeed Medical Centre, 352-354 East Park Road, Leicester. The practice is a converted two storey house with on street car parking. With the exception of a minor surgery room, all patient facilities are on the ground floor. A lift is available for patients unable to use the stairs.

The practice is open between 8am and 6.30pm Monday to Friday. Extended surgery hours are offered on a Monday between 6.30pm and 7.30pm and on a Saturday between 9.30am and 11.30am. Appointments are from 8am to 1pm and 2.30pm to 6.30pm daily. Patients can access out of hours support from the national advice service NHS 111. The practice also provides details for the nearest walk-in centre to treat minor illnesses and injuries, as well as accident and emergency departments.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 4 February 2016. During our visit we:

- Spoke with a range of staff, including the Practice Manager, GPs, practice nurse, nurse practitioner and reception staff.
- Spoke with patients who used the service and observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Requires improvement

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us all incidents were reported on the practice's computer system. This was monitored by a central department.
- The practice carried out an analysis of the significant events.

Staff informed us safety alerts, incidents and significant events were discussed informally between GPs. Staff were aware of any incidents that had occurred and reported, however there were no formal clinical meetings to document the discussions undertaken and evidence any lessons learnt to make sure action was taken to improve safety in the practice.

When there were unintended or unexpected safety incidents, the practice was open and honest with the patient. Patients received reasonable support, a verbal or written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation. Staff were able to name the practice safeguarding lead and were aware of the local safeguarding policies in place and how to access them. The information outlined who staff would contact for further guidance if they had concerns about a patient's welfare. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. All staff had received safeguarding training relevant to their role and GPs were trained to an appropriate level to manage safeguarding concerns.
- A notice was in the waiting area to advise patients that chaperones were available, if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. The premises were visibly clean and tidy. The Practice Surgeries Ltd had a lead nurse who oversaw all infection control processes within the company, however the practice nurse led on the infection control systems locally. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccinations, in the practice required improvement. We found three vaccines stored in the bottom of one fridge that expired in 2014. We raised this immediately with the practice manager who removed them. A further two medicines in a second fridge had recently passed their expiry date, the practice nurse disposed of these. We were told that medicines stored in the bottom of the fridge were not checked as regularly as other medicines and vaccines and this would be changed immediately. Prescription pads were securely stored and there were systems in place to monitor their use.
- The practice carried out regular medicines audits, with the support of the CCG medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed six personnel files and found appropriate recruitment checks had been undertaken before employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body (Nursing and Midwifery Council (NMC)) and the appropriate checks through the Disclosure and Barring Service.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and well managed.

Requires improvement

Are services safe?

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

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. A panel within the reception area alerted staff to which room the emergency was in.
- All staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines, including oxygen, were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents, such as power failure, building damage or pandemic flu. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 100% of the total number of points available, with 7% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators, for example monitoring of blood sugar levels, was similar to the national average. 80% compared to 78%.
- The percentage of patients with hypertension having regular blood pressure tests was better compared to the national average. 91% compared to 84%.
- Performance for mental health related indicators was better compared to the national average. For example, 96% of those with a diagnosis of schizophrenia, bipolar affective disorder or other had a comprehensive and agreed care plan in place, compared to 90%. 100% of patients with a diagnosis of dementia had their care reviewed in a face-to-face review, compared to 84%.

Clinical audits demonstrated quality improvement.

- There had been four clinical audits completed in the last two years. We saw that further audits were carried out as a result of two of them. As a result of the audits, appropriate action was taken and systems were set up to maintain monitoring of outcomes. However, we noted the audit results were to be discussed at clinical meetings, which were not formally held or recorded.
- The practice participated in local audits organised by the local clinical commissioning groups' prescribing team, national benchmarking and peer review.
- Findings were used by the practice to improve services. For example, new protocols were written for safe repeat prescribing and for the collection of controlled drugs prescriptions. (A controlled drug is a medicine that requires extra checks and special storage arrangements because of their potential for misuse).

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This included a training plan, regular reviews throughout the staff members' probationary period and an induction experience feedback form.
- The practice was able to show staff received role-specific training, including those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources, discussion at practice meetings and attendance at protected learning time events.
- The learning needs of staff were identified through a system of appraisals and one-to-one meetings. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. Nursing staff

Good

Are services effective?

(for example, treatment is effective)

received clinical supervision through an informal process with the GP. Appropriate support was also provided for revalidating GPs. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, basic life support and equality and diversity.

Coordinating patient care and information sharing

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

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

However, we were told data regarding the number of attendance records of patients seen in a local healthcare hub out of hours were not routinely gathered and monitored by the practice. We were told information relevant to a patient was shared using notes on the patient administrative system. Although this was not necessarily flagged to the practice until the patient presented themselves at the practice afterwards.

The practice did not participate in multi-disciplinary team meetings and had no direct contact with district nurses. At the time of our inspection, the practice did not have any patients who had been identified as being in the last 12 months of their lives. The practice was able to provide examples where patients had been identified in the last 12 months of their lives, however had since passed away.

Staff worked together to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.

Consent to care and treatment

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

- < >taff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Completed consent forms for minor surgery were scanned into the patient care record.
  When providing care and treatment for children and young people, staff carried out appropriate assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet and smoking cessation. Patients were then signposted to the relevant service. However, at the time of our inspection, the practice did not have any patients who were identified as being in the last 12 months of their lives.
- The nursing team provided advice, where possible, with regards to diets, healthy lifestyles and smoking cessation. If additional support was required, the practice referred the patient to local support groups.
- Patients could be referred to an active lifestyle hub, if they agreed. This service provided additional advice with regards to diet and exercise.

The practice's uptake for the cervical screening programme was 79%, which was better than the CCG average of 71% and comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice nurse reminded patients to book a cervical screening test when they attended for other routine appointments. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

All patients who were referred on the two week-wait scheme were contacted by the practice to ensure the patient attended the appointment.

Good

Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 97% and five year olds from 89% to 97%.

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

Requires improvement

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed staff members were polite and helpful to patients and treated them with dignity and respect.

- Privacy curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard.

All of the 37 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

We spoke with three members of the patient participation group. They also told us they felt the practice was caring and the GPs were respectful. Comment cards stated staff provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The satisfaction scores regarding consultations with GPs and nurses were comparable to the results for the CCG and nationally. For example:

- 89% said the GP was good at listening to them compared to the CCG average of 86% and national average of 89%.
- 86% said the GP gave them enough time (CCG average 83%, national average 87%).
- 97% said they had confidence and trust in the last GP they saw (CCG average 93%, national average 95%).
- 82% said the last GP they spoke to was good at treating them with care and concern (CCG average 81%, national average 85%).
- 87% said the last nurse they spoke to was good at treating them with care and concern (CCG average 86%, national average 90%).
- 89% said they found the receptionists at the practice helpful (CCG average 83%, national average 87%).

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They felt the GP listened to them and had enough time during their appointment to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and emphasised that the GP listened to their problems.

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

- 87% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 75% said the last GP they saw was good at involving them in decisions about their care (CCG average 76%, national average 81%).
- 83% said the last nurse they saw was good at involving them in decisions about their care (CCG average 82%, national average 85%).

Staff told us the majority of staff members spoke more than one language. Between the whole staff group, around eight languages were spoken. With the patients' consent, staff translated for a patient, translation services, including sign language, were also available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. This included, but was not limited to, Diabetes UK, Age UK and a local group regarding 'living with diabetes'.

The practice manager also translated and signposted patients who attended the practice with non-medical problems.

The practice's computer system alerted GPs if a patient was a carer, or if the patient had a carer. At the time of our

Requires improvement

Are services caring?

inspection, the practice did not have any carers identified within their practice list size. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. Specific bereavement services for women were also offered, which were cultural-based through individual and group therapy.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered additional appointments on a Monday evening until 7.30pm and on a Saturday morning from 9.30am to 11.30am for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Same day appointments were available for children and those with serious medical conditions.
- Home visits were available for older patients and other patients who would benefit from these.
- There was no hearing loop in the practice, however staff told us patients hard of hearing communicated easily with the practice staff. Translation services were available.
- With the exception of the minor surgery room, all patient facilities were on the ground floor. A lift was available for patients to access the first floor minor surgery room if required.
- The practice provided a room for antenatal visits so pregnant women could be seen at the surgery.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. This information was also advertised on the practice website and provided additional information regarding the vaccinations required for specific countries.
- Additional services were available for patients to access including physiotherapy services, and non-obstetric ultrasound services.
- Online services were available for patients to order repeat prescriptions and to book an appointment.
- The practice was culturally aware and sensitive to the needs of the local population.
- GPs would share personal telephone numbers with patients in the event of an expected death. The GP and practice manager would attend out of surgery hours to avoid unnecessary delay for relatives and issue a death certificate wherever feasible.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8am to 1pm and 2.30pm to 6.30pm daily. Extended surgery hours were offered from 6.30pm to 7.30pm on a Monday and every Saturday from 9.30am to 11.30am. Telephone slots and home visits were available each day. In addition to pre-bookable appointments, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 84% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.
- 73% patients said they could get through easily to the surgery by phone (CCG average 68%, national average 73%).
- 46% patients said they always or almost always see or speak to the GP they prefer (CCG average 48%, national average 60%).

During our inspection, patients told us they were able to get appointments when they needed them.

The practice carried out a monthly analysis of the appointment system to monitor capacity and demand. This allowed the practice to make changes within their service provision.

Listening and learning from concerns and complaints

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

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice. Staff knew how to assist and support patients wishing to make a complaint.
- We saw that information was available to help patients understand the complaints system. This included complaints forms available in the waiting area.

We looked at one complaint which was received in the last 12 months and found that this was handled in a satisfactory way. Staff were able to tell us about the

Good

Are services responsive to people's needs?

(for example, to feedback?)

complaint and the actions taken as a result. However, there was no record of discussions in clinical or practice meetings regarding the complaint or any lessons learnt to improve the quality of care.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a vision to deliver high quality care and promote good outcomes for patients, this was directed by The Practice Surgeries Ltd.

- Staff were unaware of the practices' vision, however understood that their roles were to ensure patients' received good, quality and safe care and treatment.
- The practice had a strategy in place to improve the services already provided and to increase the number of female GPs to support the demand by patients for a female GP.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. Staff were required to sign to confirm they had read and understood the contents of the policies.
- An understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements. However, identified improvements were discussed informally and there was no documented evidence to show that these had been discussed and shared with other clinical staff members.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. Although these arrangements were not fully embedded when reviewing medicine expiration dates.

Leadership and culture

The lead GP and practice management team had the experience, capacity and capability to run the practice and ensure high quality care. There was a locality clinical lead position within The Practice Surgeries Ltd who provided overall clinical support to the GPs. However at the time of our inspection this support was not being provided due to recruitment issues, this impacted on the overall support and clinical leadership given to the lead GP within the practice. They prioritised safe, high quality and compassionate care. The GPs and practice manager were visible in the practice and staff told us they were approachable and always took the time to listen to all staff members.

The practice encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents, this information was recorded on a central system which all staff could access.

When there were unexpected or unintended safety incidents:

- The practice gave patients and those close to them reasonable support and a verbal or written apology.
- They kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings. We saw evidence of three team meetings, which discussed appointment availability and the implementation of a new protocol following an information governance incident. However, the meeting minutes did not always document who had attended the meeting. The practice did not hold clinical meetings, therefore it was unclear if the GPs attended meetings to discuss practice issues.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so. We noted staff members were able to attend the monthly protected learning time events organised by the local clinical commissioning group.
- Staff said they felt respected, valued and supported.

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

Are services well-led?

Good

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys. There was an active PPG which met every three months, they carried out patient surveys and contributed towards potential improvements to the practice. For example, the PPG had been involved in discussions around the implementation of early hour's access to the practice one day a week. The practice trialled this, however, due to poor uptake of the appointments no longer offered this service. The PPG had also contributed towards getting dropped kerbs outside the practice to ease access for patients with mobility problems and parents with pushchairs.
- The practice had an open door policy for staff and practice meetings were held to engage all staff. The Practice Surgeries Ltd were in the process of writing a staff survey, which would be distributed to all staff. Staff told us they felt supported and were able to take any ideas or suggestions to the practice manager regarding improving the services provided.

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 Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Person-centred care **How the regulation was not being met:** The registered person did not do all that was reasonably practicable to ensure care and treatment was appropriate and met individual needs. This was specific to the identification of carers. This was in breach of regulation 9(1)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment **How the regulation was not being met:** The registered person did not do all that was reasonably practicable to ensure there was proper and safe management of medicines to provide safe care and treatment. Regular checks on medicines and vaccines were not carried out on all stock. This was in breach of regulation 12(1)(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.