

# Dr Dauod Yosuf Abdulrahman Shantir

## 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?                         | Good                 |  |
| Are services effective?                    | Good                 |  |
| Are services caring?                       | Good                 |  |
| Are services responsive to people's needs? | Requires improvement |  |
| 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 an announced comprehensive inspection at Dr Dauod Yosuf Abdulrahman Shantir on 7 December 2016. The overall rating for the practice was requires improvement. We rated the practice overall requires improvement due to lack of satisfactory regular monitoring of patients on high-risk medication, low National GP Patient Survey scores, a lack of clinical governance to ensure that clinical audits were used as a system to make quality improvements to patient outcomes and not maintaining accurate records in respect of care plans for patients. The full comprehensive report on the December 2016 inspection can be found by selecting the 'all reports' link for Dr Dauod Yosuf Abdulrahman Shantir on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection undertaken following the December 2016 inspection was an announced comprehensive inspection on 10 October 2017. Overall the practice remains rated as requires improvement.

Our key findings were as follows:

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- Not all of the patients we received feedback from said they found it easy to make an appointment with the practice.
- Results from the National GP Patient Survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- The practice did not always deliver care in line with relevant and current evidence based guidance and standards. We saw evidence that the practice did not act on a recent NICE guidelines and corresponding patient safety alert.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns and this learning was shared with relevant staff.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Patients rated their overall experience at the practice lower than the Clinical Commissioning Group (CCG) and national averages.

# Summary of findings

- There was a leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

The areas of practice where the provider must make improvements are:-

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The areas of practice where the provider should make improvements are:-

- Establish effective systems and processes to address continuing patient concerns highlighted in the National GP Patient Survey scores.
- Continue to review how patients with caring responsibilities are identified and recorded on the clinical system to ensure information, advice and support is available to them.
- Review systems relating to the monitoring of uncollected prescriptions kept at the practice.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- Risks to patients were assessed but not always managed. On the day of inspection, inspection we found un-collected repeat prescriptions at the practice. The recipient of these prescriptions had not been contacted by the practice about the uncollected prescriptions.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- There was an effective system in place for reporting and recording significant events.
- The arrangements for managing medicines, including emergency medicines and vaccines in the practice kept patients safe. The medicines held at the practice that we checked were all in dated and stored correctly.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- Prescription pads within the practice were held securely. The practice manager was responsible for keeping a record of the usage of these pads.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- From the sample of documents we reviewed, not all care plans were completed fully.
- Data from the Quality and Outcomes Framework showed patient outcomes were comparable to the Clinical Commissioning Group (CCG) and the national average. The most recent published QOF results showed the practice achieved 99% of the total number of points available compared with the CCG average and national average of 95%.
- Staff had the skills and experience to deliver effective care and treatment, but not all staff were aware of current guidelines. We found that the practice had not acted upon a recent NICE guideline, due to the patient safety alert relating to this guideline not being received in the practice.
- Members of staff had received a staff appraisal in the last 12 months.

Good



# Summary of findings

Annual reviews for specific patient groups such as those with learning difficulties were being conducted.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed mixed results from patients for the practice in comparison to the CCG and national averages for several aspects of care.
- Patients said we spoke to said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The practice had identified less than one percentage of their patient list as carers.
- Information for patients about the services available was easy to understand and accessible.
- The practice had facilities for disabled patients as well as translation services for those who first language was not English.

Good



## Are services responsive to people's needs?

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

- The practice had good facilities and was well equipped to treat patients and meet most of their needs.
- The National GP Patient Survey showed that patient satisfaction with how they could access care and treatment was below local and national averages.
- Information about how to complain was available and easy to understand and evidence showed the practice responded to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice 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.
- The practice website was available in two formats including one for patients with dyslexia. Patients were able to book appointments online via the website.
- The practice offered extended hours surgery four times a week for patients unable to attend the practice during normal working hours.

Requires improvement



## Are services well-led?

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

Requires improvement



# Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The lead GP encouraged a culture of openness and honesty.
- The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice did not have a current written business or strategy plan which reflected the vision and values, although the lead GP was able to articulate plans when asked.
- There was evidence that the practice had started to engage further with and act on feedback from its patients through contact with the PPG, placing an online survey on their website and gathering feedback and comments received at the practice.
- The practice had a number of policies and procedures to govern activity. There was a leadership structure and staff felt supported by the management team of the practice.
- There was no evidence of in-house clinical staff meetings or clinical governance meetings held at the practice.
- The practice had a vision to deliver quality care and promote good outcomes for patients.

# 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 provider was rated as requires improvement for responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- The practice offered personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice offered longer appointments for this population group when required
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- Patients over 75 and over had a named GP.

**Requires improvement**



### People with long term conditions

The provider was rated as requires improvement for responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The Quality Outcomes Framework (QOF) recorded the practice as comparable to the CCG average on all three identified diabetes indicators. For example, the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 77%, compared to the CCG average of 76% and the national average of 80%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met.
- For patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

**Requires improvement**



# Summary of findings

## Families, children and young people

The provider was rated as requires improvement for responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- Immunisation uptake rates for the standard childhood immunisations were mixed. The practice did not achieve the national target of 90% of vaccines for children under two years-old for the year 2015/2016. However, the practice vaccine rate for children up to five years old was comparable to the national average. We later received unverified data from the practice which showed that for 2017 the practice had achieved the national target of 90% for under two year-old vaccinations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Requires improvement



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

The provider was rated as requires improvement for responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered telephone consultations.
- The practice offered extended hours surgery four times a week.

Requires improvement



## People whose circumstances may make them vulnerable

The provider was rated as requires improvement for responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- The practice offered longer appointments for patients with a learning disability.
- The practice worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Requires improvement



# Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice website had a second format to allow patients with dyslexia the opportunity to make use of online services.

## **People experiencing poor mental health (including people with dementia)**

The provider was rated as requires improvement for responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- 94% of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months, which is above the national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

**Requires improvement**



# Summary of findings

## What people who use the service say

The National GP Patient Survey results were published in July 2017. The results showed the practice was performing below local and national averages. Three hundred and sixty six survey forms were distributed and 103 were returned. This represented just over 1% of the practice's patient list.

- 63% of patients described the overall experience of this GP practice as good compared with the CCG average of 77% and the national average of 85%.
- 50% of patients described their experience of making an appointment as good compared with the CCG average of 66% and the national average of 73%.
- 44% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 69% and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 26 comment cards, of which were all but one were positive about the standard of care received. Comments received stated that the doctors care and listen to concerns as well as providing good quality treatment.

We spoke with eleven patients during the inspection. All patients said they were satisfied with the care they received and thought staff committed, caring and always willing to help. The Friends and Family Test undertaken by the practice during the months April 2017-September 2017 revealed that 75 out of 83 patients would recommend the practice.

# Dr Dauod Yosuf Abdulrahman Shantir

## 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 practice manager specialist adviser.

## Background to Dr Dauod Yosuf Abdulrahman Shantir

Dr Dauod Yosuf Abdulrahman Shantir is located in an area which has residential housing alongside commercial shops, in Walthamstow, East London. The practice is located in purpose built premises which it shares with another practice. There are parking bays for disabled patients in the road beside the surgery, as well as timed bays for patients using the practice. Bus stops are located approximately five minutes' walk from the practice.

There are approximately 5200 patients registered at the practice. Statistics shows high income deprivation among the registered population. Information published by Public Health England rates the level of deprivation within the practice population group as three on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. The registered population is slightly higher than the national average for those aged between 24-44. Patients registered at the practice come from a variety of geographical and ethnic backgrounds including Asian, Western European, Eastern European and Afro

Caribbean. Of the practice population, 44% have been identified as having a long-term health condition, compared with the CCG average of 50% and the national average of 54%.

Care and treatment is delivered by the lead GP (male) and five regular GP locum doctors (two male and three female) who between them provide approximately 24 clinical sessions weekly. There are two Practice Nurses (female) at the surgery who provide eight sessions weekly and a healthcare practitioner (female) who delivers four sessions per week. Seven administrative/reception staff work at the practice and are led by a practice manager.

The practice is open from the following times:-

- 9am – 7:30pm (Monday)
- 9am – 7:00pm (Tuesday & Wednesday)
- 9am – 6:00pm (Thursday)
- 9am – 7:15pm (Friday)

Clinical sessions are run at the following times:-

- 9am – 1:30pm; 2:30pm – 7:30pm (Monday)
- 9am – 1:30pm; 2:30pm – 7:00pm (Tuesday & Wednesday)
- 9am – 1:30pm; (Thursday)
- 9am – 1:30pm; 2:30pm – 7:00pm (Friday)

Patients can book appointments in person, by telephone and online via the practice website.

Patients requiring a GP appointment outside of practice opening hours are advised to contact the NHS GP out of hours service on telephone number 111. The local CCG provided enhanced GP services which allowed patients at this practice to see a GP or Nurse at a neighbouring practice at weekends.

# Detailed findings

The practice has a General Medical Services (GMS) contract and conducts the following regulated activities:-

- Diagnostic and screening procedures
- Treatment of disease, disorder or injury
- Maternity and midwifery services
- Family Planning

Waltham Forest Clinical Commissioning Group (CCG) is the practice's commissioning body.

## Why we carried out this inspection

We undertook a comprehensive inspection of Dr Dauod Yosuf Abdulrahman Shantir on 7 December 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full comprehensive report following the inspection in December 2016 can be found by selecting the 'all reports' link for Dr Dauod Yosuf Abdulrahman Shantir on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up comprehensive inspection of Dr Dauod Yosuf Abdulrahman Shantir on 10 October 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice. We carried out an announced visit on 10th October 2017.

During our visit we:

- Spoke with a range of staff (one lead GP, a practice manager, and a practice nurse) and spoke with patients who used the service.

- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed a 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.
- Looked at information the practice used to deliver care and treatment plans.

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?

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.

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

At our previous inspection on 7 December 2016, we rated the practice as inadequate for providing safe services due to the practice inconsistency on monitoring blood tests for patients who were on high-risk medication (and under the care of a hospital as well as the practice) in accordance with NICE guidelines.

We issued a requirement notice in respect of this issue and found that at our follow up inspection on 10 October 2017, the practice had shown improvement. As result of the inspection on 10 October 2017, the practice is now rated good for providing safe services.

### Safe track record and learning

There was a system for reporting and recording significant events.

- Staff would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We reviewed a documented example where we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and significant events. The practice carried out an analysis of the significant events. There was evidence that safety records, patient safety alerts, incident reports and significant events were discussed with relevant members of the practice team.
- We saw evidence that lessons were shared between GP's and the practice manager and action was taken to improve safety in the practice. For example, we viewed a significant event where a clinician at the practice had a double appointment with two members of the same family. During the consultation, prescriptions were issued to both patients; however one of the prescriptions issued contained medicines for the other

family member present at the consultation. The error was identified when the prescription was taken to the pharmacy to be fulfilled. The prescription was returned to the practice by the patient, who received an apology and a corrected prescription. Following the event, a discussion was held with all clinicians to highlight the need to address one patient at a time, completing clinical notes on the system and closing that record before starting consultation with next patient.

### Overview of safety systems and process

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The lead GP was the lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level 3. Non-clinical staff were trained to safeguarding level 1.
- Staff we interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.

## Are services safe?

- One of the practice nurses along with the practice manager was the infection prevention and control (IPC) leads who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we were told that if action was needed to address any improvements identified as a result, it would be done so as a priority.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice did not always minimise risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- At our last inspection, we found the practice did not have effective monitoring systems in place to monitor patients who were under both the practice and hospital care, who required regular blood tests because of the high-risk medication they had been prescribed. At this inspection we found that there were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. On the day of inspection, we noted that there were a small number of repeat prescription scripts held at reception that had not been collected. One of the prescriptions dated back to April 2017. The inspection team took a sample of the prescriptions to check the clinical record relating to the prescription, and we could not find any notes relating to why prescriptions had not been collected or that the practice had attempted to make contact with the intended recipients. In some cases, a follow-up prescription had been issued by a clinician. We spoke to the lead GP and the practice manager about this, and they told us that it was not standard practice to have prescriptions outstanding for this length of time, but they were unable to tell us why the relevant clinical notes had not been updated to show uncollected prescriptions. Subsequent to our inspection, we received notification from the practice that system are now in place to monitor the prescription box kept at reception weekly and that outstanding collection of high-risk medication after a week is reported to the lead GP or the practice manager.
- The practice carried out medicines audits, with the support of the local clinical commissioning group

pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use.

- Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation (PGDs provide a legal framework that allows registered health professionals to supply and/or administer a specified medicine(s) to a pre-defined group of patients, without them having to see a doctor each time they visit the practice). The healthcare assistant was trained to administer vaccines and medicines and patient specific directions (PSD) from a prescriber were produced appropriately (a PSD is a written instruction usually given by a GP allowing a medicine to be administered to a patient, once that patient has been assessed by the GP). The practice also conducted phlebotomy sessions for elderly patients as well for those patients unable to travel to the nearest clinic.
- The practice held a supply of emergency medicines. These were located in an area of the practice where staff knew of their location and the medicines we checked were in date.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

### Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

## Are services safe?

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

### **Arrangements to deal with emergencies and major incidents**

The practice had adequate arrangements 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.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and an accident book were available. All staff received annual basic life support training.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous inspection on 7 December 2016, we rated the practice as requires improvement for providing effective services as some of the practice Quality Outcomes Framework (QOF) scores were significantly lower than the CCG and national averages. In addition, we found that annual reviews for patients diagnosed with learning disabilities were not being conducted and that care plans for patients diagnosed with mental health issues were not completed fully.

These arrangements had improved when we undertook a follow up inspection on 10 October 2017. The provider is now rated as good for providing effective services.

### Effective needs assessment

The practice did not always deliver care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE to use this information to deliver care and treatment that met patients' needs.
- However, we saw evidence that guidance was still not always being followed. For example, we noted that the practice had not taken action to notify relevant patients regarding a recently identified risk associated with a particular medicine, following guidance issued by NICE. We looked at patient records who were being prescribed this medicine and found that no patients had been invited into the practice to discuss the NICE guidance and what to do in light of this guidance. We spoke to the lead GP and practice manager on the day of inspection regarding this alert. The practice was able to show us that they did not receive this alert, and informed us that the practice would be in contact with the relevant patients.

### 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 (2016/2017) were 99% of the total number of points compared with the CCG average and national average of 95%. The practice exception reporting rate for the same period was 13% compared with CCG average and national average of 10%. (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 2016/2017 showed:

- Performance for diabetes related indicators was comparable to CCG and national averages. For example, the percentage of patients with diabetes, on the practice register, whose last measured cholesterol (measured within the preceding 12 months) is 5mmol/l or less was 77% compared to the CCG average of 76% and the national average of 80%. The exception rate was 20% compared to the CCG average of 12% and national average of 13%.
- Performance for mental health related indicators was comparable to the CCG and national averages. For example, the percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months was 100% compared to the CCG average of 85% and the national average of 84%. The practice did not exception report any of the five patients identified, therefore the exception rate was 0% compared to the CCG average of 5% and the national average of 7%.

There was evidence of quality improvement including clinical audits:

- The practice provided us with evidence of one two-cycle audit conducted over the past 18 months. The audit looked at patients diagnosed with type two diabetes and their hba1c levels to ascertain whether patients were complying with prescribed medication to help with the management of their condition. Hba1a is a term used when referring to the measurement of blood glucose levels in diabetic patients. The audits focused on a number of factors including whether the lifestyle changes and advice given by a dietician had been undertaken, and if the patient attended scheduled reviews with clinicians. Following the completion of the second audit, the practice identified and referred six

# Are services effective?

## (for example, treatment is effective)

patients to a community diabetic clinic as these patients showed poor compliance to prescribed medicine and therefore needed to receive insulin to help with the management of their condition.

- At our last inspection, we found that the practice clinical staff were not conducting annual reviews for patients with learning difficulties. At this inspection from the records we viewed, we saw evidence that annual reviews for this group of patients had been conducted.

### Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings and relevant forums.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness and basic life support. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was not always 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. At our last inspection in December 2016, we identified a number of care plans that had not been completed fully. At this inspection, although we noted that there was an improvement on the sample of care plans we viewed, we found that in some cases not all relevant details on the plan had been completed. For example, we looked at a care plan which had details of the patient's medication but no medication review date listed nor did it detail any discussion held with the patient, such as an agreed action plan in the event of an emergency.
- We found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services. For example, one of the practice nurses was able to talk through how the practice access local community services such as specialist nursing functions for patients.

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

Information was shared between services, with patients' consent. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

### Consent to care and treatment

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

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits

# Are services effective?

(for example, treatment is effective)

## Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.

The practice's uptake for the cervical screening programme was 82%, which was higher than the CCG average of 80% and the national average of 81%. The practice exception rate in this clinical area was 21% compared to the CCG average of 10% and the national average of 6%.

2015/2016 child immunisation data showed childhood immunisation rates for children under 24 months were lower when compared to the national averages. There are four areas where childhood immunisations are measured; each has a target of 90%. The practice did not achieve the target in any of the areas for 2015/2016. These measures can be aggregated and scored out of 10, with the practice scoring 8.3 compared to the national average of 9.1. For children up to five years old, the practice vaccine rate for MMR dose one was 95%. This was comparable to the CCG average of 89% and the national average of 94%. Opportunistic vaccines (subject to consent) were also administered to patients whose records indicated they had not received a vaccine, if they were being seen by clinical

staff at the practice. Subsequent to the inspection, we received unverified data from the practice which showed that for 2017 the practice had achieved the national target of 90% for under twos vaccinations.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. The practice take up for breast cancer screening had improved since our last inspection with the practice obtaining 66% compared to the national average of 72%. However, the take up for bowel cancer screening was still low at 39% compared to the national average of 58%. There were failsafe systems 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.

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

# Are services caring?

## Our findings

At our previous inspection on 7 December 2016, we rated the practice as requires improvement for providing caring services as the practice had not made sufficient effort to identify carers within the patient list.

These arrangements had improved when we undertook a follow up inspection of the service on 10 October 2017. The provider is now rated as good for providing caring services.

### Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could request to be treated by a clinician of the same sex.

All but one of the 26 patient Care Quality Commission comment cards we received was positive about the care received from the practice. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. The one negative comment card mentioned that they found it almost impossible to get a suitable appointment and it was difficult to get through to the practice by telephone. One other comment card stated that it was sometimes difficult to gain access to the practice by telephone.

We spoke with 11 patients, who were all members of the patient participation group (PPG). They told us they were very satisfied with the care provided by the practice and that their dignity and privacy was respected by all staff. Many of the comments included that they attribute their good health to the care provided by the provider and that staff responded compassionately when they needed help and provided support when required.

Results from the latest published National GP Patient Survey showed patients felt they were treated with

compassion, dignity and respect. The practice scores were lower in comparison to local and national practice averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 78% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and the national average of 95%.
- 68% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and the national average of 85%.
- 77% of patients said that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern compared with the CCG average of 84% and the national average of 91%.
- 79% of patients said the nurse gave them enough time compared to the CCG average of 86% and the national average of 92%.
- 94% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 94% and the national average of 97%.
- 67% of patients said they found the receptionists at the practice helpful compared with the CCG average of 84% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Patient feedback from the comment cards we received was also positive and aligned with these views. Children and young people were treated in an age-appropriate way and recognised as individuals.

Results from the National GP Patient Survey showed a mixed response from patients to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 71% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 81% and the national average of 86%.

## Are services caring?

- 61% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 71% and the national average of 82%.
- 76% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG of 85% and the national average of 90%.
- 64% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 85%.

We spoke with the practice regarding the overall low patient satisfaction survey scores from patients regarding the service they received from the practice. We were told that patients were encouraged to share their experience of the service they received through filling out comment slips or discussing their experience with the practice manager

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

- The practice website could be translated into approximately 100 different languages

### **Patient and carer support to cope emotionally with care and treatment**

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 38 patients as carers, which showed an improvement on the list of carers identified at the last inspection; however this figure is still less than 1% of the practice list. Written information was available to direct carers to the various avenues of support available to them.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

At our previous inspection on 7 December 2016, we rated the practice as requires improvement for providing responsive services due to low national GP survey results. Patient access to the practice by telephone scored particularly low. We found when we discussed this issue with the practice, they were unaware of how low patient satisfaction scores were and therefore did not have a plan of action on how to address the low scores.

At this inspection, these arrangements had improved, but they had not done so sufficiently when we undertook a follow up inspection of the service on 10 October 2017. The provider remains rated as requires improvement for providing responsive services.

### Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:-

- The practice offered extended hours four evenings a week for working patients who could attend the practice during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- On line appointment booking and repeat prescription request were available through the practice website. The website could be translated into a number of languages to allow patients whose first language was not English the ability to gain information about the practice. A separate format of the website was available for patients with dyslexia.
- Telephone consultations were available for patients who were unable to access the practice during normal working hours.
- The practice was accessible for disabled patients by having wide corridors, consultation rooms and a toilet situated on the ground floor.
- There was a hearing loop and translation services available. Several members of staff spoke a second language, including Polish, Arabic, Russian and Gujarati.

- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- The practice was a member of a local GP federation, giving patients at the practice the opportunity to see a GP or nurse outside of normal working hours and at the weekend.

### Access to the service

The practice was open from the following times:-

- 9am – 7:30pm (Monday)
- 9am – 7:00pm (Tuesday & Wednesday)
- 9am – 1:30pm (Thursday)
- 9am – 7:15pm (Friday)

And appointments are available at the following times:-

- 9am – 1:30pm; 2:30pm – 7:30pm (Monday)
- 9am – 1:30pm; 2:30pm – 7:00pm (Tuesday & Wednesday)
- 9am – 1:30pm; (Thursday)
- 9am – 1:30pm; 2:30pm – 7:00pm (Friday)

In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them.

Results from the National GP Patient Survey showed that patient's satisfaction with how they could access care and treatment was below local and national averages.

- 59% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 72% and the national average of 76%.
- 38% of patients said they could get through easily to the practice by phone compared to the CCG average of 59% and the national average of 71%.
- 69% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG of 78% and the national average of 84%.
- 56% of patients said their last appointment was convenient compared with the CCG average of 73% and the national average of 81%.

# Are services responsive to people's needs?

## (for example, to feedback?)

- 50% of patients described their experience of making an appointment as good compared with the CCG average of 66% and the national average of 73%.
- 38% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 47% and the national average of 58%.

We spoke with the practice at this inspection regarding the continuing low patient satisfaction scores from the national GP survey and they informed us that they will continue to engage with patients to improve these scores via the PPG and through addressing comments received in the practice. However, they were unable to provide us with a plan of action on how the practice were going to address the overall low scores attained by the practice. In the case of the low telephone access scores, the practice informed us that they now have extra staff on the telephones at busy periods such as first thing in the morning to try to minimise the waiting time for patients. The practice once again stated that a lot of calls received by the practice are for the other GP practice based in the same building which led to a delay in answering telephone calls for Dr Shantir's practice.

Patients told us on the day of the inspection that they had no problems obtaining appointments when they needed them.

The practice had a system to assess:

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

If a patient calls the practice (when the phone lines are open) requesting an urgent appointment, the receptionists would allocate for the next available urgent appointment. If a patient calls the practice requesting a home visit, the receptionist would take the details of the patient requesting a home visit and forward on to the duty doctor to call the patient at their earliest opportunity. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. The practice had information placed in the waiting area informing patients what they should do if they wanted to make a complaint. This information was also in the practice patient leaflet and on the practice website.

We looked at one complaint received within the last 12 months and found that this was dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and action was taken to improve the quality of care. For example, we viewed a record of a complaint which occurred as a result of a hospital appointment cancellation at short notice. The complainant contacted the practice following the cancellation of the appointment without an explanation. The hospital told the patient concerned that they had been referred back to their GP as advised. On receipt of the complaint, the practice sought authorisation from the patient to contact the hospital on their behalf to find out why the appointment had been cancelled. The practice manager made contact with the hospital and was able to gain an explanation as to why the appointment was cancelled, and this information was relayed to the complainant. A new appointment with a GP was made for the patient to discuss what the next course of action would be. As a result of the complaint, the practice was satisfied that their processes and response to the complaint resolved the issue that was brought to their attention.

# Are services well-led?

Requires improvement 

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

## Our findings

At our previous inspection on 7 December 2016, we rated the practice as requires improvement for providing well-led services as the practice failed to have a plan to address low patient satisfaction scores and that the system of clinical governance did not ensure that clinical audits were used as a system to identify where quality improvement to patient outcomes were required. In addition, we saw evidence that accurate and contemporaneous records of care plans in respect of service users were not being maintained.

We issued a requirement notice in respect of these issues and found that whilst arrangements had improved, they had not done so sufficiently when we undertook a follow up inspection of the service on 10 October 2017. The practice remains rated as requires improvement for being well-led.

### Vision and strategy

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

- The practice did not have a formal mission statement but we were told by members of staff during the inspection that patient needs come first.
- The practice did not have a current written business strategy plan which reflected the vision and values. As part of their action plan following the December 2016 inspection, we were notified that the practice had a draft business strategy. This was not available at this inspection, however on the day; the lead GP was able to articulate his strategy for the practice over the next two years.

### Governance arrangements

The practice had a governance framework to support the delivery of good quality care. This outlined the structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas.
- Practice specific policies were available to all staff. These were updated and reviewed regularly.
- A programme of clinical and internal audit was now being used to monitor quality and to make improvements.

- The practice had a 'buddy' practice within the locality, which would provide practical assistance in the event of an emergency which prevented the practice location being able to open.

On the day of inspection, we did not see evidence of in-house clinical staff meetings or clinical governance meetings between the Lead GP, the locum GP's and the practice nurses. We asked the practice how new and existing clinical knowledge was shared amongst clinical staff and we were told that the lead GP would speak with the individual long-term locum GPs where required. The inspection team spoke with the practice regarding the possible implementation of such meetings which could help minimise the risk of missing important information such as updated NICE guidance or new patient safety alerts, which may contain information that affect patients at the practice.

### Leadership and culture

On the day of inspection the partners in the practice told us they prioritised safe, quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. From the sample of three documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- The practice attended a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.

# Are services well-led?

Requires improvement 

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

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. Staff were encouraged to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged feedback from patients and staff. It proactively sought feedback from:

- Patients through the Patient Participation Group (PPG) and through surveys and complaints received. The PPG continue to meet annually and are encouraged to submit proposals for improvements to the practice management team.
- Through the NHS Friends and Family test, as well as complaints and compliments received at the practice.
- Staff through ad-hoc discussions, appraisals and team meetings. Staff told us they would not hesitate to give

feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

- On the day of the inspection, we spoke to the practice about the continuing low scores that the practice had received as part of the National GP Patient Survey. Following our last inspection, the practice told us that they were engaging further with their patients through following-up on comments received via the PPG, the friends and families test and comments slips received at the practice. A practice survey has been set up on the practice website giving patients the opportunity to comment on the service at the practice.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice was part of the NHS 'Healthier You' programme which focuses on diabetes prevention. The practice had referred a number of their patients whom they had identified as being likely to benefit from this programme.

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<br>Family planning services<br>Maternity and midwifery services<br>Treatment of disease, disorder or injury | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk in particular with reference to acting on NICE guidance and patient safety alerts.</p> <p>In addition, there were no systems or processes that enabled the registered person to ensure that accurate, complete and contemporaneous records were being maintained in respect of each service user. In particular, with regards to comprehensively completed care plans for relevant service users.</p> |