

Dr Santokh Singh Matharu

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	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection on Thursday 14th January, 2016. Overall the practice is rated as **good**.

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

- There was an open approach to safety and a system in place for reporting and recording significant events.
- Risks to patients were assessed and 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 and they were involved in their care and decisions about their treatment.
- The practice had proactively sought feedback from patients and had an active Patient Participation Group (PPG).
- Information about services and how to complain was available and easy to understand.

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice premises were purpose built.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- The practice had a high level of achievement in the Quality and Outcomes Framework (QOF) and for screening.

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

- Improve the reporting of incidents to include minor incidents.
- Develop a schedule for cleaning and equipment in line with national guidance.
- Staff vaccination and immunity records were out of date, and need to be updated as soon as possible.

Summary of findings

- The business continuity plan was kept on the premises and the practice manager confirmed he would arrange for copies to be kept off site.
- The practice should ensure that all staff are appropriately trained in respect of their duties under the Mental Capacity Act and the Deprivation of Liberty Safeguards.
- Monitor the implementation of NICE guidance.
- Develop a system of continuous learning and improvement.

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.

- There was a system in place for reporting and recording significant events, but not all incidents.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- The practice had a dedicated Safeguarding lead that demonstrated a good understanding of the needs of the local population and promoted this within the practice.
- Risks to patients were assessed and managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average for the locality and the national average and the Practice achieved 100% of points available.
- Data showed that the practice was performing well when compared to practices nationally and in the Clinical Commissioning Group. Examples included diabetes care, mental illness and asthma.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Limited clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs, although this was generally informal and record keeping was limited.

Good



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the National GP Patient Survey showed patients rated the practice as average for almost all aspects of care.
- Feedback from patients interviewed on the day of the inspection and from the CQC comment cards about their care and treatment was consistently and strongly positive.
- We observed a strong patient-centred culture.
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this.
- We found positive examples to demonstrate how patient's choices and preferences were valued and acted on.
- Views of external stakeholders were in general positive and aligned with our findings.
- Information for patients about the services available was easy to understand and accessible.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- 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.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded appropriately to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity.
- There was an overarching governance framework which, although not written down, supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Good



Summary of findings

- The provider was aware of and complied with the requirements of the Duty of Candour. The GP encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active. The practice Patient Participation Group (PPG) met on a quarterly basis and their input was valued by the practice. The members we spoke to were able to give examples of where changes to the practice had been made following their input.
- There was a focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the 237 older people over 65 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.
- We found easy access for those patients who had poor mobility.
- All patients who were housebound received care in their own home. Those patients who chose to attend the practice were provided with appropriate appointment times and seen in a friendly environment where staff provided assistance when required.
- The practice participated in the Admissions Avoidance Scheme and had identified the most vulnerable who were at most risk of emergency admissions. These patients had a named, accountable GP and a care plan which was reviewed and agreed with the patients.
- The practice was part of the dementia screening programme.
- The GP also worked in the local Accident and Emergency department. This allowed him clinical access to colleagues providing him with an enhanced level of knowledge when delivering care to the elderly in the practice.
- The percentage of people aged 65 or over who received a seasonal flu vaccination was 86% which is significantly higher than the national average of 73%.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

- Patients with long term conditions were managed by both the GP and nurse.
- Patients were invited to attend for routine annual or six monthly reviews.
- Longer appointments and home visits were available when needed.
- All patients with long term conditions had a named GP and a structured annual review to check their health and medicines

Good



Summary of findings

needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

- The GP had a clinical interest in diabetes and the practice rate of achievement in the five QOF diabetes indicators was higher than the national averages. The practice average was 93% and the national average 84% across the five indicators.
- Healthy living was promoted and discussed as part of the long term conditions reviews, and supporting literature was available to patients in the waiting area.

Families, children and young people

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

- All children with urgent medical needs were seen the same day and reception staff were aware that they could interrupt the GP if they considered a child needed seeing as a priority.
- Pre-booked appointments could be made up to three months in advance. Appointments were available outside of school hours and the premises were suitable for families, children and young people.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation uptake rates were high for all standard childhood immunisations.
- The practice rate of females aged 25 to 64 attending cervical screening within the target period was 76%, just above the CCG average of 72% and the national average of 74%.

We were provided with positive examples of joint working with midwives and health visitors.

Good



Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.

Good



Summary of findings

- The practice offered an early morning clinic from 7am every Tuesday and on Wednesdays had a 'Sit and Wait' clinic from 4.30pm. This service was popular with patients. Patients could book appointments up to three months in advance and could order repeat prescriptions on line.
- Health promotion advice and material was available through the practice.
- The practice offered a text messaging service to remind patients about appointments and screening.

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- Due to the size and nature of the practice, patients were known to the staff and clinical team and this supported a personalised service to patients and an awareness of those patients who may be vulnerable. The practice had a register of patients living in vulnerable circumstances and those with a learning disability.
- Patients with a learning disability were reviewed on an annual basis and the practice maintained and updated the register on a regular basis. The practice offered longer appointments for patients with a learning disability.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- 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.
- There were a range of languages spoken by the practice team and there was access to an interpreting service.

Good



People experiencing poor mental health (including people with dementia)

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

- Over the four QOF mental health indicators the practice averaged 99% compared with the national average of 89%.
- Systems were in place to follow-up patients who persistently failed to attend for appointments.
- Care plans were in place for all patients in this group.

Good



Summary of findings

- The practice had informed patients who experienced poor mental health how to access various support groups and voluntary organisations and information was promoted in the waiting area.
- The practice had a system in place to follow up patients who had attended accident and emergency when they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published on 2nd July 2015 showed the practice was performing in line with local and national averages. 413 survey forms were distributed and 112 were returned. This was a response rate of 27.1% and represented 5.9 percent of the patient population.

- 86% of patients described the overall experience of their GP surgery as fairly good or very good compared with the national average of 85%.
- 83% of patients said they were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 86% and the national average of 85%.
- 76% of patients found it easy to get through to the surgery by phone compared to the CCG average of 75% and the national average of 73%.

- 75% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared with a CCG average of 82% 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 45 comment cards which were all positive about the standard of care received. Patients told us that the staff were friendly and helpful and that GP provided an excellent service. Most patients liked being able to see the same GP to support continuity of care.

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

Dr Santokh Singh Matharu

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team consisted of a CQC Lead Inspector, a GP specialist adviser and a practice nurse specialist adviser.

Background to Dr Santokh Singh Matharu

Beechtree Medical Practice is registered with CQC to provide primary care services which include, access to GPs, the treatment of disease, disorder or injury, family planning services, surgical procedures, diagnostic and screening procedures and maternity and midwifery services. It provides services for 1,900 patients in the Bramley area which is in the west of Leeds, and is part of the NHS Leeds West Clinical Commissioning Group (CCG). The practice has a Personal Medical Services (PMS) contract.

The practice was established in 1985, with a catchment area classed as being in the category of second most deprived population group, although there are also more affluent areas. The current premises were purpose built in 1988 and are in good condition, although accommodation is fully utilized. There is a patient list of 1,900. They are mainly of white British ethnicity.

There is limited parking, but additional parking is allowed on the main road outside the building and there are good transport links.

There are similar numbers of male and female patients, with a higher number of patients in the 20 to-54 age group than the national average.

The practice has one full time male GP, a part time Reception Supervisor, two reception/administrators and a part-time female practice nurse. A part time practice manager was recruited in September 2015 after a period when they had a number of short term appointments. The practice also uses the services of two regular locum GPs (male).

Patients can book appointments up to three months in advance. Out of hours care is provided by the Local Care Direct, who can be contacted by ringing the surgery telephone number. A further option is to contact the NHS helpline by dialling 111 or consultant NHS Direct online.

The surgery is open between 8.30am and 6pm Monday to Friday, except for Tuesday when it is open from 7am, and pre bookable appointments are available as follows:

	Morning	Afternoon
Monday	8.30 to 10.30	16.30 to 17.30
Tuesday	7.00 to 8.00 and 8.30 to 10.30	
Wednesday	8.30 to 10.30	16.30 to 17.30
	Ante-natal clinic with midwife	
	9.30 to 12.30	
Thursday	8.30 to 10.30	17.30 to 18.00
Friday	8.30 to 10.30	16.00 to 17.00
Weekend	Urgent appointments are available at Manor Park Surgery – to book ring surgery number on the day.	

Urgent appointments are available every day.

Detailed findings

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.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations including Leeds West CCG and NHS England to share what they knew. We also reviewed policies, procedures and other information provided by the practice before the inspection. We carried out an announced visit on 14 January 2015.

During our visit we:

- Spoke with a range of staff including the GP, Reception Supervisor, Nurse and receptionist/administrator and spoke with patients who used the service.
- Observed communication and interaction between patients and staff, both face to face and on the telephone.
- Observed how staff interacted with patients in the waiting area.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Met with four members of the Patient Participation Group (PPG).

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events and there was an open and transparent approach. Complaints received by the practice were entered onto the system and dealt with in a systematic and timely manner.

- Staff told us they would inform the practice manager of any serious incidents and there was a recording form available on the practice's computer system.
- The practice carried out an analysis of significant events.
- The practice had experienced two cold chain incidents in 2014/15. We saw evidence that these had been logged, reviewed, lessons learned and action taken.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. The practice was currently recording serious incidents, but not all incidents. We were informed they will expand their reporting and recording in future.

When there were unexpected safety incidents, patients received reasonable support, truthful information, a verbal and 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 defined systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These reflected relevant legislation and local requirements and 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 GP was the lead for safeguarding. The GP provided reports where necessary for other agencies and held regular meetings with the health visitor, and minutes of these meetings were viewed. Staff demonstrated they understood their responsibilities and all had received training relevant to

their role. The GP was trained to Safeguarding level three. A notice detailing how to report safeguarding concerns was in all clinical rooms. Vulnerable patients were recorded on the computer system.

- A notice in the waiting room and on the clinical room doors advised patients that chaperones were available, if required. All staff who acted as chaperones were trained by the practice for the role and most 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). We saw evidence that for those members of staff who had not been DBS checked because it wasn't a requirement, a process was underway to obtain these.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The GP was the infection prevention and control (IPC) clinical lead. There was an IPC policy in place and staff had received up to date training. Annual IPC audits were undertaken. The last audit had taken place just before our inspection and we saw evidence that action was taken to address improvements identified as a result.
- The practice was clean and tidy and a cleaning checklist was available. The cleaner signed and dated the checklist daily. There was no schedule for cleaning and equipment and neither the GP nor the practice nurse were aware of any specific guidance on cleaning schedules. Single use equipment was being used, a sample of which was in date when we inspected.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice minimised risks as much as possible (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG medicines utilisation team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. No Patient Group Directions (PGDs) were in place to allow nurses to administer medicines in line with legislation, although the GP was consulted. The GP and practice manager were informed regarding the lack of PDGs. They assured us these would be produced as a matter of urgency.

Are services safe?

Since the inspection the practice has provided evidence that appropriate signed and dated PGDs are now in place. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).

- We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identity, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. There was also an induction programme in place.
- Staff vaccination and immunity records were out of date, and need to be updated as soon as possible.
- There was a system in place and run by the G.P. to ensure all test 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 managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified the practice health and safety representative. The practice carried out fire drills, checked the fire alarms and there were posters displayed around the building on what to do in the event of a fire. 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 safety of the premises

such as control of substances hazardous to health, infection prevention and control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- There was a rota system in place for the different staffing groups to ensure that sufficient staff were on duty. The practice had identified the need for additional receptionist/administration hours and had advertised for an additional 20 hours post.
- We saw that a Disability Discrimination Act (DDA) assessment had been undertaken in the patient areas in October 2015.

Arrangements to deal with emergencies and major incidents

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

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

The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

However, this plan was kept on the premises and the practice manager confirmed he would arrange for a copy to be kept off the premises.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and informed us they used this information to deliver care and treatment that meets the needs of patients. However, the practice did not monitor whether these guidelines were being followed.

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% (the national average is 93%) of the total number of points available, with 9.4% 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:

- The practice average for diabetes related indicators was 93%, which was better than the national average of 84%.
- 88% of patients with hypertension were having regular blood pressure tests compared to the national average of 84%.
- The practice average for performance against mental health related indicators was 99% compared to the national average of 89%.

The practice achieves consistently high outcomes in the QOF and is the same or better than the national average for all indicators.

Clinical audits demonstrated quality improvement.

- We saw three clinical audits, all undertaken by the GP, and completed in the last two years, two of these were completed audits where a re-audit had been undertaken and the improvements made were implemented and monitored.
- The practice participated in local CCG area audits.
- Findings were used by the practice to improve services. For example, recent action taken as a result included reduced referral rates and improvements in antibiotic prescribing.

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. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they supported role-specific training and updating for staff. 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 and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals and meetings. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support, health and safety. 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 available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet.

- 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.

Are services effective?

(for example, treatment is effective)

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services 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. We saw evidence that multi-disciplinary team meetings took place on a regular basis and that care plans were routinely reviewed and updated by the GP.

Consent to care and treatment

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

- Some staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- Not all staff had sufficient understanding of their duties under the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards (DoLS).
- 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 assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was not monitored through records audits.

Supporting patients to live healthier lives

The practice had a range of leaflets available to patients in the waiting area, including information about social groups. 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, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 82%, which was the same as the national average. The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93% to 100% and five year olds from 91% to 100%.

Flu vaccination rates for the over 65s were 86%, and at risk groups 62%. These were above the national averages of 73% and 55%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40 to 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

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients both at the reception desk and on the telephone and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 45 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. One patient asked specifically to speak to us as they wanted to provide us with their positive views of the service provided.

We spoke with four members of the PPG. They also told us they were highly satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when patients needed help and provided support when required. The patients and members of the PPG who we spoke to valued highly the personal care and continuity provided by the GP.

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

- 84% of patients said the GP was good at listening to them compared to the CCG average of 89% and the national average of 87%.
- 84% of patients said the GP gave them enough time compared with the CCG average of 89% and the national average of 89%.

- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 81% of patients said the last GP they spoke to was good at treating them with care and concern compared with a CCG average of 88% and a national average of 85%.
- 80% of patients said the last nurse they spoke to was good at treating them with care and concern compared with a CCG average of 92% and a national average of 90%.
- 95% of patients said they found the receptionists helpful compared with a CCG average of 89% and a 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, were supported by staff and had sufficient time during consultations 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 aligned with these views.

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, although results were lower than local and national averages in some cases. For example:

- 72% of patients said the last GP they saw or spoke to was good at explaining tests and treatments compared with the CCG average of 89% and the national average of 86%.
- 71% of patients said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 84% and the national average of 81%.
- 69% of patients said the last nurse they saw was good at involving them in decisions about their care compared with the CCG and national average of 85%.

Staff told us that interpreter services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this

Are services caring?

service was available. Between the staff they can speak four different languages including Hindi and Urdu, and the website has a translate button which allows translation of information in 80 different languages.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room informed patients how to access a number of support groups and organisations.

The practice's computer system alerted the GP if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them.

Being a single-handed practice, the GP had built a good working knowledge and relationships with his patients. The continuity of service was valued by the patients. It was routine for the GP to contact bereaved families by phone to offer his condolences and family members would be offered a consultation where advice would be given on how to access support services or referral to bereavement counselling offered.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice undertook reviews of the needs of its local population.

- The practice offered same day appointments if required.
- The practice offered early morning appointments on a Tuesday morning.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for children, older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- No travel clinic was available but patients were able to receive travel vaccinations available through the NHS as well as privately.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open between 8.30am and 6pm Monday to Friday. Appointments were from:

	Morning	Afternoon
Monday	8.30 to 10.30	16.30 to 17.30
Tuesday	7.00 to 8.00 and 8.30 to 10.30	
Wednesday	8.30 to 10.30	16.30 to 17.30
	9.30 to 12.30 Ante-natal clinic with midwife	
Thursday	8.30 to 10.30	17.30 to 18.00
Friday	8.30 to 10.30	16.00 to 17.00
Weekend	Appointments are available at Manor Park Surgery – these can be pre-booked via Beechtree reception via the surgery number on the day.	

Urgent appointments are available every day.

Extended surgery hours were offered between 7am and 8am on a Tuesday morning. In addition to pre-bookable appointments, that could be booked up to three months in advance, urgent appointments were also available every day for people who 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. 71% of patients were satisfied with the practice's opening hours compared to a CCG average of 77% and the national average of 75%.
- 76% of patients said they could get through easily to the surgery by phone compared to a CCG average of 75% and the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available and displayed in the waiting area to help patients understand the complaints system.

We viewed two complaints received in the last 12 months and found these were appropriately handled, although there was a time delay as they had been submitted via the website and had not been picked up by the practice. There appeared to be openness and transparency in dealing with the complaints. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, the website was changed so that complaints and comments could not be lost in the system.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver the best possible health care and promote good outcomes for patients.

- The practice had a mission statement the staff knew and understood the values.
- The practice did not have a business plan in place.
- The practice did have an action plan for future developments and the practice was keen to work more closely with neighbouring practices and consider joining a federation in future.

Governance arrangements

The practice governance arrangements, included a clear staffing structure with staff being aware of their own roles and responsibilities, policies and procedures that were available to all staff, a basic understanding of the performance of the practice and arrangements were in place for identifying, recording and managing risks, issues and for implementing mitigating actions.

Leadership and culture

The GP in the practice had the experience, capacity and capability to run the practice and ensure quality care. He prioritised high quality, compassionate and accessible care. The GP was visible in the practice and staff told us he was approachable. The arrival of a new practice manager in September of 2015 had shown benefits already, such as improved systems and processes and there was an action plan in place to prioritise future improvements and developments.

The practice was aware of and complied with the requirements of the Duty of Candour.

When there were unexpected or unintended safety incidents:

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

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

- Staff told us the practice held regular, although sometimes informal, team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, by the GP and management of the practice and they 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 and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the Wednesday evening walk-in service.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and

Continuous improvement

There was no formal focus on continuous learning and improvement within the practice. However, the team worked well together and the new practice manager was keen to develop this aspect of the practice. The GP is taking positive steps to attend as many educational sessions as possible to avoid isolation.