

Dr PM Patel/Dr R Kumar

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 at Dr PM Patel/Dr R Kumar on 3 May 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the May 2016 inspection can be found by selecting the 'all reports' link for Dr PM Patel/Dr R Kumar on our website at www.cqc.org.uk.

This inspection was an announced comprehensive inspection on 31 July 2017. Overall the practice is now rated as good.

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.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.

- 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.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they generally 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.
- 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 the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

However, there were also areas of practice where the provider should make improvements.

The provider should:

Summary of findings

- Improve systems and processes to improve the identification of patients who are also carers.
- Ensure the business continuity plan is updated to include contact details for all staff.
- Review childhood immunisation achievement rates against local and national averages.
- Review measures to support access for patients who have a hearing impairment.

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.

- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Good



Are services caring?

The practice is rated as good for providing caring services.

- The practice maintained a carer's register and patients who were carers were identified as such on the patient records system. However the number of patients identified as carers should be improved.
- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Good



Summary of findings

- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with 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 evidence from five examples reviewed showed the practice responded quickly 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 and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.

Good



Summary of findings

- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels.
- GPs who were skilled in specialist areas used their expertise to offer additional services to 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 practice is rated as good for the care of older people.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

Good



People with long term conditions

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

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- At 98% performance for diabetes related indicators was higher than the CCG and national averages of 80% and 90%.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines 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.

Good



Summary of findings

Families, children and young people

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

- From the sample of documented examples we reviewed we found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk.
- Immunisation rates were below target for standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people.

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 these populations 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 did not offer extended hours but extra clinics were available during the flu season including Saturday morning.
- 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.

Good



People whose circumstances may make them vulnerable

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

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

Good



Summary of findings

- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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.

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).

- The practice carried out advance care planning for patients living with dementia.
- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was above the CCG average of 82% and the national average of 84%.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- At 100% performance for mental health related indicators was higher than the CCG and national averages of 82% and 83%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Good



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 in line with local and national averages. Two hundred and twenty four survey forms were distributed and 100 were returned. This represented 3% of the practice's patient list.

- 88% of patients described the overall experience of this GP practice as good compared with the CCG average of 79% and the national average of 85%.
- 86% of patients described their experience of making an appointment as good compared with the CCG average of 69% and the national average of 73%.
- 79% 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 70% 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. Thirty-nine of the 49 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. The other responses referred to difficulties getting appointments or lack of follow up after tests although they were also positive about staff attitude and the environment.

We spoke with 5 patients during the inspection. All 5 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Dr PM Patel/Dr R Kumar

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, a practice nurse specialist adviser, and an Expert by Experience.

Background to Dr PM Patel/Dr R Kumar

Dr PM Patel and Dr R Kumar Practice is located in a residential area of Hornchurch and is a part of Havering Clinical Commissioning Group. The practice is based in a converted house. There are 4572 patients registered with the practice.

The practice has two male GP partners carrying out 18 sessions per week, one female nurse working seven sessions per week, one practice manager and eight administration/reception staff members. The practice is a teaching practice for third year medical students and operates under a General Medical Services (GMS) Contract (a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract).

The practice is open Monday to Friday from 8:00am to 6:30pm; the phone lines were open from 8:00am. Appointment times were as follows:

- Monday 8:30am to 12:20pm and 4:00pm to 5:50pm.
- Tuesday 8:30am to 12:20pm and 4:00pm to 5:50pm.
- Wednesday 8:30am to 12:20pm however the practice doors remained open until 6.30pm.
- Thursday 8:30am to 12:20pm and 4:00pm to 5:50pm.

- Friday 08:30am to 12:20pm and 4:00pm to 5:50pm.

The out of hours provider covers telephone calls made whilst the practice is closed.

Dr PM Patel and Dr R Kumar Practice operates regulated activities from one location and is registered with the Care Quality Commission to provide family planning, treatment of disease disorder and injury, maternity and midwifery services and diagnostic and screening procedures.

Why we carried out this inspection

We undertook a comprehensive inspection of Dr PM Patel/Dr R Kumar on 3 May 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate for providing safe services, good for being effective, responsive and caring and requires improvement for being well led.

We undertook a follow up inspection on 31 July 2017 to check that action had been taken to comply with legal requirements. The full comprehensive report on the May 2016 inspection can be found by selecting the 'all reports' link for Dr PM Patel/Dr R Kumar on our website at www.cqc.org.uk.

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 31 July 2017. During our visit we:

- Spoke with a range of staff (GPs, nurse, practice managers, receptionists) and spoke with patients who used the service.

Detailed findings

- Observed how patients were being cared for in the reception area and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- 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?

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 3 May 2016, we rated the practice as inadequate for providing safe services as the arrangements in respect of incident reporting and managing, patient safety measures, risk management and emergency/incident arrangements were not adequate.

These arrangements had significantly improved when we undertook a follow up inspection on 31 July 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

At the inspection on 3 May 2016 we found not all significant events were documented and discussed in practice meetings, meaning learning was not always shared with appropriate members of staff in the practice. The practice did not always share the learning from complaints with staff members and they did not carry out a thorough analysis of the significant events. At the inspection on 31 July 2017 we found improvements had been made.

- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. Significant events were now a standing agenda item for monthly practice meetings. Meeting minutes we saw demonstrated that significant events were discussed and identified learning was shared. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following an incident where a patient could not be contacted for a period of three weeks following the receipt of blood test results, it was emphasised to reception staff that they should always check patient's contact details with them. Clinical staff were also required to advise patients to contact the practice for their test results if they had not heard from the practice.

Overview of safety systems and process

At the inspection on 3 May 2016 we found GP's used a comprehensive policy made by Havering CCG, but it was not specific to the practice in terms of highlighting who the practice lead was. This policy was not shared with other

members of staff including the practice nurse and practice manager, who were using a different policy. That policy consisted of two sentences and gave no instructions. None of the non-clinical staff members had received training on safeguarding children and vulnerable adults.

At the inspection on 31 July 2016 we found the practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff on the practice's shared computer drive. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. A list of all relevant safeguarding contacts was displayed on the wall in all consulting rooms. There was a lead member of staff for safeguarding. The practice also kept a list of all vulnerable children. Vulnerable adults were coded appropriately on the records system and so could be easily identified.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. At the inspection on 3 May 2016 we found none of the non-clinical staff members had received training on safeguarding children and vulnerable adults relevant to their role. At the inspection on 31 July 2016 we found non-clinical staff had undergone training in safeguarding vulnerable adults and child protection (Level 1). Clinical staff were trained to child protection or child safeguarding level three.
- 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).
- At the previous inspection on 3 May 2016 we found non-clinical staff members had not received a DBS check and there had been no risk assessment carried out. At the inspection on 31 July 2017 we found all clinical staff had undergone a DBS check.

Are services safe?

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. The practice now employed a professional cleaning company that attended twice a week.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol in place. At the previous inspection we found only clinical staff had received infection control training. At the inspection on 31 July 2017 we found all staff had received infection control training within the previous three months. Annual IPC audits were undertaken, most recently on 24 July 2017 and we saw evidence that action was taken to address any improvements identified as a result.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- 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. The practice carried out regular 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 were securely stored and there were systems to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (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 the personnel file of the one member of staff recruited since the last inspection 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

At the inspection on 3 May 2016 we found risks to patients were not well managed. At the inspection on 31 July 2016 we found improvements had been made.

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

- There was a health and safety policy available. This had last been reviewed in May 2017.
- The practice had an up to date fire risk assessment (July 2017) and carried out regular fire drills. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- 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).
- 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.

- Panic buttons were available on the telephones in all rooms which alerted staff to any emergency.
- All staff had received annual basic life support training in May 2017 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 stored securely.

Are services safe?

- 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 some staff and needed to be update to include all staff members.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 100% of the total number of points available compared with the clinical commissioning group (CCG) average of 93% and national average of 95%. The overall exception reporting rate was 4% which was below the CCG and national rate 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 1 April 2015 to 31 March 2016 showed:

- At 98% performance for diabetes related indicators was higher than the CCG and national averages of 80% and 90%.
- At 100% performance for mental health related indicators was higher than the CCG and national averages of 82% and 83%.

There was evidence of quality improvement including clinical audit:

- There had been two clinical audits commenced in the last two years, one of these was a completed audit where the improvements made were implemented and monitored.

- Findings were used by the practice to improve services. For example, following an audit of serum testosterone measurement for patients with erectile dysfunction (ED) it was implemented that all patients with erectile dysfunction should have serum testosterone measured at initial assessment, before starting treatment. The first cycle of the audit (July 2015) showed that out of 26 patients prescribed medication to treat ED, 22 had not had a serum testosterone check. Following blood tests and treatment, the results of the second cycle (November 2015) showed that out of 26 patients, 5 had not had a serum testosterone check. Action taken as a result included calling the patients identified with low serum testosterone for further consultation and offer of referral to a specialist.

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. For example, for those reviewing patients with long-term conditions.
- 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.
- 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.

Are services effective?

(for example, treatment is effective)

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. 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 system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- 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 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 after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated 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.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- 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.

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 nurse gave advice about diet, smoking and alcohol cessation. Patients were referred to local services for advice about drug misuse. Patients were provided with information to self-refer to mental health services. Both GPs had undergone training to advise patients at risk of suicide.

The practice's uptake for the cervical screening programme was 86%, which was comparable with the CCG average of 82% and the national average of 81%.

Childhood immunisation rates for the vaccinations given 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 achieved the target in one out of four areas. These measures can be aggregated and scored out of 10, with the practice scoring 8.7 (compared to the national average of 9.1).

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 for those with a learning disability 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. 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

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.
- The practice did not have a female GP. We were told patients who preferred to see a female were seen by the practice nurse who would then refer to the GP for advice. Where the GP attended the consultation this was done with the patient's consent and the practice nurse remained in the room. We were told this arrangement had not caused any issues so far.

Thirty-nine of the 49 patient Care Quality Commission 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. The other responses referred to difficulties getting appointments or lack of follow up after tests although they were also positive about staff attitude and the environment.

We spoke with five patients including one members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 89% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 85% and the national average of 89%.

- 94% of patients said the GP gave them enough time compared to the CCG average of 83% and the national average of 86%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 83% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 86%.
- 91% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and the national average of 91%.
- 93% of patients said the nurse gave them enough time compared with the CCG average of 91% and the national average of 92%.
- 99% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 97% and the national average of 97%.
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 91%.
- 96% of patients said they found the receptionists at the practice helpful compared with the CCG average of 86% 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. We also saw that care plans were personalised. Children and young people were treated in an age-appropriate way and recognised as individuals.

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

Are services caring?

- 80% 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%.
- 78% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and the national average of 82%.
- 94% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 89% and the national average of 90%.
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 85%.

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. Patients were also told about multi-lingual staff who might be able to support them.

- Information leaflets were available in easy read format.
- The Electronic Referral Service ((ERS) previously Choose and Book) was used with patients as appropriate. ERS is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 30 patients as carers (0.65% of the practice list). Patients were asked at registration if they were carers and were given advice and information accordingly.

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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 did not offer extended hours at the time of this inspection however patients registered with the practice could be seen at the local GP hub when the practice was closed. Information about this service including appointment times was on display on the front door of the practice.
- There were longer appointments available for patients with a learning disability and these patients were given preference for appointments before 4pm when the practice was quieter.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- 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 and were referred to other clinics for vaccines available privately.
- There were accessible facilities, which included interpretation services. The practice did not have a hearing loop.

Access to the service

The practice is open Monday to Friday from 8:00am to 6:30pm; the phone lines were open from 8:00am.

Appointment times were as follows:

- Monday 8:30am to 12:20pm and 4:00pm to 5:50pm.
- Tuesday 8:30am to 12:20pm and 4:00pm to 5:50pm.
- Wednesday 8:30am to 12:20pm Doors closed at 1:00pm (phones were still answered until 6:30pm).
- Thursday 8:30am to 12:20pm and 4:00pm to 5:50pm.

- Friday 08:30am to 12:20pm and 4:00pm to 5:50pm.

The out of hours provider covered telephone calls made whilst the practice was closed.

In addition to pre-bookable appointments that could be booked up to 8 weeks in advance, urgent appointments were available for people that needed them.

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

- 81% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 70% and the national average of 76%.
- 93% of patients said they could get through easily to the practice by phone compared to the CCG average of 65% and the national average of 71%.
- 92% 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 average of 81% and the national average of 84%.
- 86% of patients said their last appointment was convenient compared with the CCG average of 77% and the national average of 81%.
- 86% of patients described their experience of making an appointment as good compared with the CCG average of 69% and the national average of 73%.
- 55% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 55% and the national average of 58%.

Patients told us on the day of the inspection that they were able to get 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.

Callers were either put straight through to a GP or details were taken and the GP called them back in order to gather information to allow for an informed decision to be made on prioritisation according to clinical need. 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.

Are services responsive to people's needs? (for example, to feedback?)

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.
- There was a designated responsible person who handled all complaints in the practice.
- We saw information on display to help patients understand the complaints system.

We looked at five complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a

timely way, openness and transparency with dealing with the complaint. Lessons were learned from individual concerns and complaints and action was taken as a result to improve the quality of care. For example, following a complaint by a patient about their medication being stopped, the practice investigated the complaint and discovered the patient had not attended for reviews but had continued to request emergency medication from a pharmacy. The practice had identified that this issue should have been identified and flagged earlier and processes were put in place to try and prevent a repetition. Meeting minutes we saw showed complaints were discussed with all staff.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 3 May 2016, we rated the practice as requires improvement for providing well-led services as policies and procedures to govern activity were not all accessible to relevant staff. There were also issues around staff training and appraisals, governance and quality improvement and managing patient feedback.

We found arrangements had significantly improved when we undertook a follow up inspection of the service on 31 July 2017. The practice is now rated as good for being well-led.

Vision and strategy

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

- The practice had a mission statement and staff knew and understood the values.
- The practice had a clear strategy and supporting business plans. We saw the practice's business development plan which set out the practice's objectives for the next three years. This reflected the practice's vision and values.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures 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, for example in childhood immunisations and cytology. Reception/admin staff also had lead roles, for example doing call and recall for immunisations.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. The practice monitored its

performance for example in the Quality and Outcomes Framework (QOF) and appointment use. Information about appointments wasted due to non-attendance of patients (DNA) was displayed.

- Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all 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.

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

- The practice held and minuted 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 monthly team meetings. Clinical meetings were ad-hoc however clinical matters were also discussed at the monthly team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any

Are services well-led?

Good 

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

issues at team meetings and felt confident and supported in doing so. Minutes were comprehensive and were available for practice staff to view. Practice staff met together socially at Christmas time and to celebrate significant life events.

- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff 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 and staff. It proactively sought feedback from:

- patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly and submitted proposals for improvements to the practice management team. For example, the PPG had supported discussions between the practice and the local council with regard to improving parking facilities on the surrounding streets.

- complaints and compliments received.
- staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, following feedback from a member of staff, a folder was introduced (by that staff member) in which to store repeat prescriptions alphabetically by the patient's name. This helped staff locate them faster, rather than having to sort through a month's worth of prescriptions to locate the correct one. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

The practice had been involved in a pilot improvement scheme which was funded by the local CCG. This involved an external contractor carrying out a review of the practice and providing an improvement report. The practice was also involved in a network initiative whose aim was to centralise certain expertise, for example where a practice specialises in mental health and staff such as receptionists so they could be shared and work across a network of practices.