

Dr Rushda Ghani

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?

Requires improvement



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 Rushda Ghani's practice on 2 February 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed with the exception of not having risk assessed the practice for Legionella and not having had an electrical internal wiring check within the previous five years.
- 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, with the exception that we found not all staff had received up to date training

in the safeguarding of children and vulnerable adults. However, all staff that we spoke to showed a good level of understanding of the safeguarding of children and vulnerable adults.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Most 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 had good facilities and was well equipped to treat patients and meet their needs.
- The practice educated patients about minor injuries and illnesses to try to decrease patient use of the accident and emergency department.
- 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.

Summary of findings

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

The areas where the provider must make improvement are:

To ensure that all staff have received training in the safeguarding of children and vulnerable adults to the appropriate level.

Ensure that a risk assessment and all recommended actions are completed, monitored and recorded to minimise the risk of legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

Ensure that the electricity supply and internal wiring for the practice are tested.

Ensure that recruitment checks, including full employment history and references, are completed and retained even if the person is previously known to the practice.

The areas where the provider should make improvement are:

Assess why data from the national GP patient survey showed patients rated the practice lower than others for several aspects of care including involvement of patients in decisions about their care and treatment. Consider relevant action based on the findings.

Assess why data from the national GP patient survey showed that the percentage of patients that said they would recommend their GP surgery to someone who has just moved to the local area was lower than the national average. Consider relevant action based on the findings.

Review whether new systems in place for identifying carers within the practice population are effective with a view to increasing the percentage of carers on the carers' register.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- There was an effective system in place for reporting and recording significant events.
- 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 clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse with the exception that not all administration and reception staff had been trained in the safeguarding of vulnerable adults. We could not find evidence that one of the nursing staff had been trained in child safeguarding and the safeguarding of vulnerable adults at the time of the inspection.
- However staff demonstrated on the day a good understanding of the processes of safeguarding children and vulnerable adults.
- Risks to patients were assessed and well managed with the exception that no risk assessment for Legionella had been carried out and the internal wiring had not been tested within the last five years. The practice explained that they had been in dispute with the landlord over organising these risk assessments and tests and were due to move premises shortly. They told us that the new premises already had these checks in place. They carried out monthly inspections of the current premises.
- One member of the nursing staff was well known to the practice manager, and had been through a recruitment process with her at another practice. However there was no record of a CV, application form, interview notes or references available at this practice. There were records of DBS checks, photographic identification and registration certificates available.
- All other records for the recruitment of new staff were complete.
- The practice had robust systems and processes in place for managing emergencies.

Summary of findings

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 compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- 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.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice lower than others for several aspects of care.
- However patients who commented on comment cards and in person praised the caring aspects of the practice.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example the practice had the fourth highest dementia diagnosis rate in the local CCG area.
- Patients said they found it easy to make an appointment and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Good



Summary of findings

- The practice educated patients about minor injuries and illnesses to try to decrease patient use of the accident and emergency department.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

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 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 and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners 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.
- There was a strong focus on continuous learning and improvement at all levels.

Good



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.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- All local care homes on the practice list were visited weekly with additional visits as required.
- An afternoon session was set aside each week by the GP to pro-actively visit vulnerable and isolated patients at home.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Provision of one stop clinics and screening clinics for patients with long term conditions. At these clinics all tests and consultations with the nurse and if necessary GP were carried at the same appointment.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 98.1% (national average 88.3%)
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 86.4% (national average 78.00%)
- Home visits were available when required.
- All appointments for patients on the Learning Disability, End of Life Care, Dementia and Unplanned Admission Avoidance registers were for 20 minutes
- All these patients had a named GP and 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.

Summary of findings

- The GP arranged joint home visits with other professionals such as the occupational therapist, specialist cancer care nurse or physiotherapist when required.

Families, children and young people

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

Good



- 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 rates were average or above average for all standard childhood immunisations.
- The percentage of patients with asthma, on the register, who had had an asthma review in the preceding 12 months was 76.8% (national average 75.3%)
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding five years was 80.6% (national average 81.8%)
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses. All staff had access to the health visitor's contact number.

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).

Good



- 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.
- There was a link on the website home page to a practice survey and patients were encouraged to leave comments and suggestions as to how the service and care could be improved
- Evening appointments were available to all patients.
- Appointments could be booked or cancelled and repeat prescriptions ordered online.
- 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.

Summary of findings

- Telephone appointments were available with each clinician during each surgery.
- Patients were offered new patient health checks and health checks for 40 to 74 year olds.

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including homeless patients and those with a learning disability. All patients that staff members perceived to be vulnerable were flagged up on the computer system.
- The practice offered longer appointments for patients with a learning disability as standard.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- The GP set aside one afternoon a week to visit some of the practice's vulnerable patients at home.
- 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. However not all staff had received adult safeguarding training to the appropriate level.

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).

Good



- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 95.5% (national average 88.5%)
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Summary of findings

- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- A Mental Health Worker was available for a session in the practice every week.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results were mixed and showed the practice was in some areas performing above, some areas in line with and some areas below local and national averages, 320 survey forms were distributed and 107 were returned. This represented 3.84% of the practice's patient list.

- 86.7% of patients found it easy to get through to this surgery by phone compared to a national average of 73.3%.
- 77.9% of patients were able to get an appointment to see or speak to someone the last time they tried (national average 76.0%).
- 78.3% of patients described the overall experience of their GP surgery as good (national average 85%).
- 62.5% of patients said they would recommend their GP surgery to someone who has just moved to the local area (national average 79.3%).

However the Friends and Family test showed that in November 2015, 85% of patients that filled a review in felt that they were either very likely or likely to recommend the practice to their friends and families.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 40 comment cards. Of these 35 were positive about the standard of care received. The service was described as good, very good and excellent. Staff were described as friendly, professional, kind, helpful, listening and caring. Of the five comment cards which were less positive, the main criticisms were of the appointments system and general organisation of the reception staff.

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

Areas for improvement

Action the service **MUST** take to improve

To ensure that all staff have received training in the safeguarding of children and vulnerable adults to the appropriate level.

Ensure that a risk assessment and all recommended actions are completed, monitored and recorded to minimise the risk of legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

Ensure that the electricity supply and internal wiring for the practice are tested.

Ensure that recruitment checks, including full employment history and references, are completed and retained even if the person is previously known to the practice.

Action the service **SHOULD** take to improve

Assess why data from the national GP patient survey showed patients rated the practice lower than others for several aspects of care including involvement of patients in decisions about their care and treatment. Consider relevant action based on the findings.

Assess why data from the national GP patient survey showed that the percentage of patients that said they would recommend their GP surgery to someone who has just moved to the local area was lower than the national average. Consider relevant action based on the findings.

Review whether new systems in place for identifying carers within the practice population are effective with a view to increasing the percentage of carers on the carers' register.

Dr Rushda Ghani

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

Background to Dr Rushda Ghani

Dr Rushda Ghani offers general medical services to the people of St Leonards On Sea. There are approximately 2800 registered patients.

Dr Rushda Ghani is run by a single GP (female). The practice is also supported by three practice nurses, a health care assistant, and a team of receptionists, administrative staff, an office manager and a practice manager.

The practice runs a number of services for its patients including asthma clinics, child immunisation clinics, well women and well man clinics, diabetes clinics, new patient checks and travel health clinics. The practice also carries out minor surgical procedures on the premises.

Services are provided at:

South Saxon House Surgery, 150A Bexhill Road, St Leonards On Sea, East Sussex TN38 8BL.

Opening hours are Monday, Tuesday and Friday 8am to 6pm. Wednesday 8am to 2pm and Thursday 8am to 8pm.

Consultations are available from 8.30am to 11.30am Monday to Friday and from 3.30pm to 5.30pm on Monday, Tuesday, Thursday and Friday. There is an extended nurse's clinic on Thursdays from 5pm to 8pm.

When the practice is closed a telephone answering service will put patients through to the out of hours care service.

The practice population has a higher number of patients between the ages of 10 and 24 and 35 to 64 than the national average. There is also a lower than average number of patients aged 65 or more. There is a lower than average number of patients with a long standing health condition and slightly higher than average number of patients with caring responsibility or who have health related problems in daily life. The percentage of registered patients suffering deprivation (affecting both adults and children) is higher than average for the Clinical Commissioning Group (CCG) or for England.

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 to share what they knew. We carried out an announced visit on 2 February 2016. During our visit we:

Detailed findings

- Spoke with a range of staff, a GP, practice nurse, health care assistant (HCA), practice manager and administration and reception staff. We also spoke with patients who used the service.
- Observed how patients were being cared for 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.

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a child kept attending the surgery with varying symptoms, making the diagnosis very difficult to ascertain initially. When the diagnosis was made, the episode was considered as a significant event and lessons were learnt from it.

When there were unintended or 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 clearly defined and embedded 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 that 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. There was a lead member of staff for safeguarding. The GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all administrative and reception staff had received child safeguarding training relevant to their role, except for one new recruit who had just had induction training (which included some safeguarding training). However only four out of six administrative and reception staff had received training in adult safeguarding. We could

find no record of safeguarding training for either children or vulnerable adults for one member of nursing staff. The lead GP was trained to 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 been risk assessed as to whether they required 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). Based on the fact that they would always be working with someone who had been DBS checked and never be left on their own with a patient, the outcome of the risk assessment was that a DBS check was not required.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, 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. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for the production of Patient Specific Directions to enable Health Care Assistants to administer vaccines after specific training when a doctor or nurse were on the premises.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment in two cases. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the

Are services safe?

appropriate checks through the Disclosure and Barring Service. In the third case a nurse was employed at another practice where the practice manager also worked and she had been through a recruitment process there. Her CV and references were stored at that location, but copies had not been transferred to her personnel file at Dr Ghani's surgery and were not available for inspection. Photographic identification, DBS checks and proof of registration were all stored in her personnel file.

- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Some risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and current poster on display. The practice had up to date fire risk assessments which were reviewed quarterly and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control. However there was no record of a legionella risk assessment having been carried out on the premises (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). There had also not been an electrical wiring check carried out within the last five years. In mitigation the practice explained that they had been in dispute with the landlord over organising these risk assessments

and tests and were due to move premises shortly. They told us that the new premises already had these checks in place. They carried out monthly inspections of the current premises.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. Staff covered one another's leave.

Arrangements to deal with emergencies and major incidents

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

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed 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 used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. All alerts came to the lead GP directly via email who then disseminated them to other clinical staff.

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 99.1% (Clinical Commissioning Group (CCG) average 97.1%) of the total number of points available, with 9.2% (CCG average 8.9%) 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 to 2015 showed:

- Performance for diabetes related indicators (97.8%) was better than the Clinical Commissioning Group (CCG) average of 93% and national average of 89.2%.
- Performance for mental health related indicators (100%) was better than the CCG average (97.2%) and national average (92.8%)

Clinical audits demonstrated quality improvement.

- There had been four clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.

- The practice participated in local audits, national benchmarking and accreditation.
- Findings were used by the practice to improve outcomes. For example, an audit in to the prescribing of a specific medication for some forms of chronic pain led to dosage decreases, cessation of treatment or a change to a different medication for some patients. The patients were reviewed and reassessed after a few months.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This 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 staff 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 vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources one to one discussions.
- 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 although not all had completed safeguarding training at the time of the inspection. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

Are services effective?

(for example, treatment is effective)

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

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

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 monthly basis and that care plans were routinely reviewed and updated.

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.

- The process for seeking consent was monitored through records audits.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- Smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 80.6%, which was comparable to the national average of 81.8%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice ensured a female sample taker was available. The practice also 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/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 88.6% to 90.9% (CCG average 92.3% to 92.7%) and five year olds from 91.2% to 97.1% (CCG average 89.8% to 94.9%).

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

We observed 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.
- 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 when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Of the 40 patient Care Quality Commission comment cards we received, 35 were positive about the service experienced. Patients said they felt the practice offered a very good service and staff were helpful, caring and treated them with dignity and respect. The five comment cards that were less positive mainly commented on the appointments system and communication with reception staff.

Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey were below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 77.2% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 87.6% and national average of 88.6%.
- 75.3% of patients said the GP gave them enough time (CCG average 86.1% and national average 86.6%).
- 87.8% of patients said they had confidence and trust in the last GP they saw (CCG average 94.6% and national average 95.2%).
- 72.1% of patients said the last GP they spoke to was good at treating them with care and concern (national average 85.3%).

- 85.5% of patients said the last nurse they spoke to was good at treating them with care and concern (national average 90.6%).
- 90.5% of patients said they found the receptionists at the practice helpful (CCG average 90.4% and national average 86.8%).

These results were largely at odds with the positive feedback that we received from the patients that we spoke with, most of the comment cards received and members of the participation group (PPG). We spoke with three members of the PPG. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They had carried out a patient questionnaire in March 2015 and we were told that the results were very positive. They considered that the practice did listen to them. They had trust in the GP and felt that they took the time to listen.

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 on the comment cards we received was also positive and aligned with these views.

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

- 71.3% of patients said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 86% and national average of 86%.
- 72.4% said the last GP they saw was good at involving them in decisions about their care (national average 81.6%)
- 80.8% said the last nurse they saw was good at involving them in decisions about their care (national average 85.1%)

Are services caring?

The practice had responded to the concerns that had been highlighted regarding not being given enough time and had built some catch up time in to the appointments system.

Staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 0.25% of the practice list as carers and we saw evidence that they had

targeted the identification of carers as a priority. Carers were actively encouraged to identify themselves to the practice in the New Patient Registration Pack and on the practice website. Written information was available to direct carers to the various avenues of support available to them and minutes of staff meetings showed that staff were encouraged to ask carers to register as a carer with the practice.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example the CCG had set a challenge for 50% of patients who were offered an NHS health check to take up the invitation. The CCG average was 47%. The practice achieved a 72% uptake.

The practice also pro-actively embarked on educating patients about minor injuries and illnesses and subsequent CCG figures showed a decrease in attendance of their patients at accident and emergency departments.

- The practice offered a nurses clinic until 8pm on Thursday evenings for those who had difficulty attending at other times.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had difficulty attending the practice. Weekly pro-active visits were made to nursing homes as well as responsive visits.
- The lead GP had made an afternoon a week available to carry out pro-active home visits to patients with complex needs, who were vulnerable or at risk of unplanned admission to hospital.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled and baby changing facilities and translation services available.

Access to the service

The practice was open between 8am and 6pm Monday, Tuesday and Friday. On Wednesday it was open until 2pm and on Thursday until 8pm. Between 6pm and 6.30pm and on Wednesday afternoons, the GP was contactable via the out of hours service in an emergency. Appointments were from 8.30am to 11.30am every morning and 3.30pm to 5.30pm on Monday, Tuesday, Thursday and Friday. On Thursday evenings appointments were available with the nurse from 5pm to 8pm. There were five pre-bookable appointments available each morning and two each

afternoon. These appointments were bookable up to two weeks in advance. The remaining appointments were bookable on the day. Urgent appointments were also available for patients 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 with or above national averages.

- 77.4% of patients were satisfied with the practice's opening hours compared to the national average of 78.3%.
- 86.7% of patients said they could get through easily to the surgery by phone (national average 73.3%).
- 77.9% of patients said that the last time they wanted to see or speak to a GP or nurse they were able to get an appointment (national average 76.1%)

Patients told us on the day of the inspection that they were able to get appointments when they needed them, although two comment cards were negative about the appointments system. Other comments made by Patient Participation Group (PPG) members were that it was easy to make an appointment and that they could normally make a routine appointment on the day or the next day.

Listening and learning from concerns and complaints

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

- The complaint 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 that information was available to help patients understand the complaints system. This included comprehensive leaflets in the waiting room. These leaflets had space for comments which could be left as feedback as well as informing patients how to complain.

We looked at three complaints received in the last 12 months and found these were satisfactorily handled. They were dealt with in a timely way with openness and transparency. We saw evidence that where appropriate, the complaints were discussed at staff meetings. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, we

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

saw minutes of a meeting where a complaint about the attitude of reception staff was discussed as a general matter. It had previously been discussed separately with the person involved. The issues were outlined and specific learning identified.

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 work in partnership with their patients and staff to provide the best primary care services possible, working within local and national governance, guidance and regulations.

- The practice had a mission statement that staff knew about and understood.
- The practice had a robust strategy. They were planning to move to a new location with more flexible facilities. The practice principle was also considering options as to how they could serve their patients most effectively in the future.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.

Leadership and culture

The lead GP had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The GP was visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

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, and we saw evidence that, the practice held regular team meetings. Meetings were minuted, had a clear structure with fixed agenda items. All staff had to sign a form to confirm that they had read and understood the minutes.
- 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, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the lead GP 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, the public and staff. The practice 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. The practice encouraged patients to fill in a Friends and Family form each time they consulted with the GP. We saw evidence of this both in the minutes of staff meetings, and from the large number of reviews about the practice on the website of the independent company that the practice used to process its Friends and Family test results.
- The practice had gathered feedback from staff through staff meetings, one to one meetings, appraisals and discussion. All staff told us they would not hesitate to give feedback and discuss any concerns or issues with

Are services well-led?

Good 

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

colleagues and management and that both the lead GP and practice manager were very accessible and would listen to them and where appropriate act on any information or ideas that they may have. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and continuously working to improve outcomes for patients in the area. For example the practice had identified that not many patients were registering as carers and were pro-actively encouraging carers to register.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <p>They had failed to ensure that all staff were trained to the appropriate level in the safeguarding of children and vulnerable adults.</p> <p>They had not carried out a risk assessment for Legionella or a recent test as to the safety of internal wiring.</p> <p>This was in breach of regulation 12(1)(2)(a)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met:</p> <p>The provider did not in all cases follow their established recruitment procedure and have available for each person employed the information specified in schedule 3 of the regulation.</p> <p>This was in breach of regulation 19 (1)(a)(b)(c)(2)(a)3(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>