Dr Marimithu Velmurugan

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

We inspected this service on 14 November 2014 as part of our new comprehensive inspection programme.

Overall we found the registered service Dr Marimithu Velmurugan at 401 Westborough Road, Westcliff On Sea, to be good.

Specifically, we found the practice to be good for providing caring and responsive services. It was also good for providing services for the 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 and people experiencing poor mental health (including people with dementia).

Our key findings were as follows:

- Staff understood how to report significant events and to raise concerns.
- We found that action had been taken in response to safety alerts. Actions were also taken following investigations into significant events, and these were reviewed and analysed to evaluate their impact.
- Risks to patients were assessed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients told us 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.
- All patients said they found it easy to make an appointment with the GP and that there was continuity of care. We were told urgent appointments were available the same day.
- The practice had appropriate facilities and was equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff told us they felt supported by management.
- The practice proactively sought feedback from staff and patients, which it acted on. The practice sought feedback from patients through a proactive patient participation group and a patient survey in relation to the services provided.

Professor Steve Field CBE FRCP FFPH FRCGP

Summary of findings

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?

Good

The practice is rated as good for providing safe services. The premises were visibly clean and tidy and there were cleaning schedules in place to check this. Equipment was tested and maintained regularly and maintenance records confirmed this. Staff understood their responsibilities to raise concerns, and to report incidents and near misses. Incidents and concerns were recorded with the action taken in response. The practice informed us that incidents were reviewed annually. Staff documented or recorded any safeguarding information on the computer system and medical records. Staff members told us the GP was the lead and managed safeguarding at the practice. Reports were run to review patients with co-morbidities/multiple medications.

Are services effective?

Good

The practice is rated as good for providing effective services.

The practice monitored and improved outcomes for people, they carried out a number of audits to facilitate this. The practice used the electronic records to monitor patients with co-morbidities. They had an alert system to notify the practice staff to patients requiring a review, or for example; blood pressure checks or medicine reviews.

The doctor and the nurse kept up to date with their clinical training by their attendance at regular educational meetings. Multidisciplinary working was taking place but was generally informal and record keeping was lacking. We found the patient records had no summaries of the patients' care records, this meant vital information of existing health conditions and current treatment and medicines could not be shared with accident and emergency departments, or out of hour's health providers.

Patients' test results were dealt with within 24 hours of receipt by the practice. The practice used their electronic system to share information with other providers for example with the out of hour's service, the walk in service and both district and palliative care nurses.

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions

Summary of findings

about their care and treatment. Information to help patients understand the services available was easy to understand. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. It knew the needs of its local population and patients said they found it easy to make an appointment with the GP, and that there was continuity of care, with urgent appointments always available the same day.

The practice demonstrated a good understanding of the needs of their patients and had good facilities and was well equipped. Information about how to complain was available and easy to understand and evidence showed that the practice could respond quickly to issues if raised.

Are services well-led?

Good

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about 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. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was extremely supportive of the practice and was kept up to date with NHS changes by events held at the practice. Staff had received inductions, regular performance reviews and attended informative events and training.

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

Good

The provider was rated as good for providing safe, effective, responsive, caring and well-led services.

Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population.

Staff were responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. The patients had a named GP to provide consistency during their care

Longer appointments and home visits were available for older people when needed, and this was acknowledged positively in feedback from patients regarding their care and treatment. The leadership of the practice had started to engage with this patient group to look at further options to improve services for them.

People with long term conditions

Good

The provider was rated as good for providing safe, effective, responsive, caring and well-led services.

Nursing staff had lead roles in chronic disease management to improve outcomes for patients with long term conditions.

Longer appointments and home visits were available when needed. The practice had developed care plans for patients in this group to look at improved care for them. For those people with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

The provider was rated as good for providing safe, effective, responsive, caring and well-led services.

Patients told us that children and young people were treated in an age-appropriate way. We found appointments were available outside of school hours.

Immunisation rates were high for all standard childhood immunisations in comparison with other practices in the local area. The practice looked after several members, or often the entire family and was able to tailor their care to meet the whole family's needs.

Summary of findings

Working age people (including those recently retired and students)

Good

The provider was rated as good for providing safe, effective, responsive, caring and well-led services.

The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice offered extended opening hours for patients who could not attend during a working day.

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.

Patients could not book appointments or order repeat prescriptions online which reduced access for those patients who could not attend the practice during the working day.

People whose circumstances may make them vulnerable

Good

The provider was rated as good for providing safe, effective, responsive, caring and well-led services.

The practice held a register of patients living in vulnerable circumstances including those with a learning disability. It had carried out annual health checks for people with a learning disability. Staff at a care home told us the GP visited even when they had not called him and he dealt with on-going health concerns before any problems arose.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. They had told 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. The staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and who to contact to raise concerns

People experiencing poor mental health (including people with dementia)

Good

The provider was rated as good for providing safe, effective, responsive, caring and well-led services.

The practice shared information with patients experiencing poor mental health about how to access various support groups and voluntary organisations. Staff members had received training on how to recognise needs for people with mental health needs.

Summary of findings

The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health and those with dementia. The practice provided in-house counselling to support patients in this population group.

Summary of findings

What people who use the service say

All six patients we spoke with during the inspection told us how easy it was to get an appointment at the practice. We were also told how helpful and respectful the receptionists were to patients. We received positive comments regarding the availability of counselling services at the practice and the cleanliness of the practice.

We received 37 comment cards that had been provided by the Care Quality Commission (CQC) to the practice before our inspection took place. All 37 cards had extremely positive comments, these ranged from the appointment system, to the GP, practice staff, and the personal service they received.

Healthcare professionals at two local care homes were extremely positive about the care their patients received from the practice and in particular the GP. They told us the GP visited even when they had not called him and dealt with on-going health concerns before any problems arose.

Dr Marimithu Velmurugan

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector, included a GP specialist advisor , and a Practice Manager specialist advisor.

Background to Dr Marimithu Velmurugan

Dr Marimithu Vel-Murugan practice provides primary medical services to approximately 1010 people from 401, Westborough Road, Westcliff-on-sea. The practice holds a GMS contract to provide primary medical services.

The CQC intelligent monitoring placed the practice in band six. The intelligent monitoring tool draws on existing national data sources and includes indicators covering a range of GP practice activity and patient experience including the Quality Outcomes Framework (QOF) and the National Patient Survey. Based on the indicators, each GP practice has been categorised into one of six priority bands, with band six representing the best performance band. This banding is not a judgement on the quality of care being given by the GP practice; this only comes after a CQC inspection has taken place.

The area covered by the practice was a discreet area surrounding the surgery building in Westcliff-on-sea. The practice has one GP who is supported by two part-time nurses a part-time practice manager and two administrative members of staff.

Dr Marimithu Vel-Murugan has been running the practice since the mid 1970's and provides a traditional general practice delivering personal care for his patients.

The practice is open Monday to Friday 8am to 6.30pm and extended hours on Wednesdays from 6.30pm until 7pm. Consultation hours Monday to Friday where mornings 9am to 11am and evenings 4.30pm to 6pm. Clinics ran from 11.30am every day. Home visits were available as required based upon need.

The practice had one consultation room which was shared between the GP and the nurse consultations and clinics.

The practice has opted out of providing out-of-hours services to the people registered at the practice.Details of how to access out-of-hours emergency and non-emergency treatment and advice is available within the practice, on the practice website, and within the practice leaflet.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. This provider had not been inspected before and that was why we included them.

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. This 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.

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.

Detailed findings

How we carried out this inspection

Before we inspected the practice, we reviewed a range of information we held about the practice and asked other organisations and healthcare professionals that work with the practice to share with us what they knew.

We carried out an announced inspection on 14 November 2014. During our inspection we spoke with a range of staff including the GP, the practice manager, practice nurse and, reception administrative staff. We also reviewed comment cards left by patients who shared their views and experiences of the service. These had been provided by the Care Quality Commission (CQC) before our inspection took place. We also spoke with patients who used the service during the day of the inspection. We observed how patients were cared for and talked with carers and/or family members and reviewed practice records. We observed how staff dealt with patients over the telephone and we discussed patient care planning.

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 are provided for specific groups of people and what good care looks like for them. These 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)

Good

Are services safe?

Our findings

Safe track record

The practice used information to identify risks to patient safety. We reviewed five significant event records and minutes of meetings where these were discussed over the last 18 months. This reflected that the practice could evidence a paper hand written safe track record over time. We saw that there were no complaints raised regarding patient safety, on the comment cards provided by the Care Quality Commission (CQC) that patients had been asked to complete before our inspection took place. The practice informed us significant events were recorded in a notebook and were discussed during team meetings to understand how and why the incident occurred. This was recorded with the action taken in response. The practice informed us that incidents were reviewed annually. The practice had no recurring themes as a result of this analysis from the significant events arising.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. There were records of significant events that had occurred and we were able to review these. There was evidence in the monthly practice meetings that significant events, incidents and complaints if there had been any, were discussed and the practice had learned from these. Staff, including receptionists and nursing staff, knew how to raise an issue for consideration at the meetings and they felt encouraged to do so.

We tracked five incidents and saw records were completed in a comprehensive and timely manner. We saw an example of a change as a result of one incident, for example a delayed referral to a hospital consultant.

The practice had a system to deal with alerts received from the Medicines and Healthcare products

Regulatory Agency (MHRA) and National Patient Safety Alerts (NPSA). The alerts had safety and risk information regarding medication equipment and procedures, which can result in the withdrawal of a medicine from use and return to the manufacturer. The alerts received by the practice had been allocated to the relevant staff member to action.

Reliable safety systems and processes including safeguarding

We looked at training records which showed that staff had received relevant role specific training on safeguarding. Staff knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities and knew how to share information, safeguarding concerns and how to contact the relevant agencies in working hours and out of normal hours. Staff members were able to show us that contact details were easily accessible and had been checked to ensure they were current. Staff told us that they had not had any safeguarding matters arising; however if a safeguarding matter had arisen this would be recorded on the patient record by the practice manager. The staff could show us on the electronic medical records where a safeguarding issue had been recorded on their patient's records. Staff members told us the GP was the lead for and managed safeguarding at the practice.

The practice had appointed the GP as the dedicated lead for safeguarding vulnerable adults and children. They had received appropriate training and could demonstrate they had the necessary knowledge to enable them to fulfil this role. All staff we spoke with were aware who the lead was and who to speak to in the practice if they had a safeguarding concern.

There was a system to highlight vulnerable patients on the practice's electronic records. This included information to make staff aware of any relevant issues when patients attended appointments; for example children subject to child protection plans.

There was a chaperone notice, which was visible on the waiting room noticeboard. The nurses had been trained to be a chaperone. We were told by a patient that a chaperone was offered for intimate examinations even when they had taken a friend or partner along for support.

The practice worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. The staff knew how to recognise signs of abuse in vulnerable adults and children. The staff were aware of their responsibilities regarding information sharing and how to contact relevant agencies in normal working hours and out of hours.

Medicines management

Good

Are services safe?

We checked medicines stored in the treatment room and medicine fridge and found they were stored at the correct temperature. The practice policy for ensuring that medicines were kept at the required temperatures, described the action to take in the event of a potential failure.

Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

The practice had a written repeat prescriptions prescribing procedure that had a clearly defined responsibility for all stages of the process. We found the staff members used the computer alerts to refer prescriptions to the GP, and the GP would either authorise the repeat prescription or request the patient make an appointment. Each drug on the repeat prescription counterfoil had a review date and this was reflected within the clinical record on electronic records. If the review date had passed, the receptionists did not have the system permissions to override the drug review date. The practice advised us they ran reports every six months on patients who were prescribed four or more medicines. The GP would then review this report and contact the patient to request they make an appointment if necessary. The practice nurse had undertaken regular reviews of patients on inhalers in line with local practice medicines management reviews.

The nurses administered vaccines using directions that had been produced in line with legal requirements and national guidance. We saw up-to-date copies of directions and evidence that they had received appropriate training to administer vaccines.

The practice informed us there was one higher risk medicine which was on the computer system as an alert. The hospital monitored the use of this medicine through a shared care arrangement with the practice and performed regular blood tests and informed the GP of the outcome.

All prescriptions were reviewed and signed by the GP before they were given to the patient. Blank prescription forms were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.

Cleanliness and infection control

We observed the premises to be clean and tidy. We saw there were cleaning schedules in place and cleaning records were kept. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control.

The practice had a lead for infection control who had undertaken further training to enable them to provide advice on the practice infection control policy and carry out staff training.

An infection control policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement measures to control infection. For example, personal protective equipment including disposable gloves and coverings were available for staff to use. There was also a procedure for needle stick injury.

Notices about hand hygiene techniques were displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and paper hand towel dispensers were available in treatment rooms.

We noted that clinical waste was stored correctly and disposed of in line with the practice policy.

Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. They saw that all equipment was tested and maintained regularly and we saw equipment maintenance records that confirmed this. All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date. We were told a schedule of testing would take place in the future, for the calibration of recently purchased equipment. These included the fridge thermometer and blood pressure monitor.

Staffing and recruitment

Records we looked at contained evidence that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and criminal records checks through the Disclosure and Barring Service (DBS).

The practice manager told us, there were arrangements to ensure the correct mix of staff were available to meet patients' needs. The practice was small and the staff

Good

Are services safe?

covered one another for annual leave and sickness to ensure that enough staff members were on duty. We were told there was no need to employ a locum to cover the GP as he rarely took annual leave but when he did the local practice with two GPs covered the practice services.

Staff told us there was always enough staff to maintain the smooth running of the practice and there was always enough staff on duty to keep patients safe.

Monitoring safety and responding to risk

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included annual and monthly checks of the building, the environment, medicines management, staffing, dealing with emergencies and equipment. The practice also had a health and safety policy. Health and safety information was displayed for staff to see and the practice manager took the lead for health and safety issues at the practice. The policies were updated and reviewed annually.

Patients at risk of falling unwell, for example end-of-life patients were given the doctor's private mobile number and told to ring and any time of day or night and the doctor would respond. We spoke to a patient during our inspection who confirmed that the doctor had done this when there had been illness in their family.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. Records showed that all staff had received training in basic life support. Emergency equipment was available including access to oxygen. When we asked members of staff, they all knew the location of this equipment and records confirmed that it was checked regularly.

Emergency medicines were available in a secure area of the practice and all staff knew of their location. Processes were also in place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice**.** The document also contained relevant contact details for staff to refer to. The plan also took account of any unforeseen long term staff absences; which would be covered by working with a neighboring practice.

The practice had carried out a fire risk assessment that included actions required to maintain fire safety. Records showed that staff were up to date with fire training and that they practiced regular fire drills on a monthly basis.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GP had an extensive continued professional development portfolio which was kept updated by their attendance at many clinical development meetings throughout the year, especially, we were told, when there was a change in National Institute for Health and Care Excellence (NICE) guidance or best practice. NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment. The practice manager informed us that any changes in NICE guidance was shared with all staff members at the practice meetings. The staff told us that the doctor and the nurse were kept up to date with regular educational meetings.

We saw no evidence of discrimination when making care and treatment decisions. When talking with the GP they showed that the culture in the practice was that patients were referred on need and that age, sex and race was not taken into account in this decision-making.

Management, monitoring and improving outcomes for people

Staff at the practice were able to run reports to monitor and improve outcomes for patients. The practice had carried out a number of audits which were used to monitor outcomes for patients these included patients with chronic obstructive pulmonary disease (COPD). COPD is severe shortness of breath caused by chronic bronchitis, emphysema, or both.

The patient electronic records were used to monitor patients with co-morbidities. The electronic patient records had an alert system to notify practice staff of patients requiring a review for example; blood pressure checks, or medicine reviews.

The practice protocol for repeat prescribing was in line with national guidance. The staff checked that patients receiving repeat prescriptions had been reviewed by the GP; they also checked that routine health checks for long-term conditions such as diabetes was being provided by the nurse.

Effective staffing

Practice staffing included medical, nursing, managerial and administrative staff. We reviewed staff training records and saw that all staff were up to date with attending courses such as annual basic life support. The GP was up to date with their yearly continuous professional development requirements.

The GP had been given his annual appraisal the day before our inspection. GPs use an NHS appraisal system using external GP appraisers. We examined the doctor's appraisal portfolio used for his appraisal which was up to date and in order.

All staff undertook annual appraisals where learning needs were identified and recorded. Our discussions with staff members confirmed that the practice encouraged training and funded relevant courses.

The practice nurse was expected to perform defined duties and was able to demonstrate that they were trained to fulfil these duties. For example, to administer vaccines, cervical cytology and chronic disease management.

Working with colleagues and other services

The practice worked with other service providers to meet people's needs and support patients with more complex needs. It received blood test results, X ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service, both electronically and by post. The practice had a policy outlining the responsibilities of all relevant staff in passing on, reading and acting on any issues arising from communications with other care providers on the day they were received. The GP who saw these documents and results was responsible for the action required. The staff we spoke with told us they understood their roles and knew how the system worked. The practice staff said that tests results were dealt with within 24 hours of receipt by the practice; as a first task of each day. None were left to the following day, as they were dealt with on the day of receipt. Any identified as a priority were dealt with immediately by the GP.

The practice held multidisciplinary team meetings quarterly to discuss patients with complex needs, for example those with end of life care needs or children on the at risk register. These meetings were attended by district nurses, palliative care nurses, and concerned family

Good

Are services effective?

(for example, treatment is effective)

members where decisions about care planning were discussed. The GP provided the patient and the family with his private mobile number to assure them he was their first point of contact.

Information sharing

The practice used their electronic system to share information with other providers for example with the out of hour's service, the walk in service and both district and palliative care nurses.

Summary care records were provided by the practice as required for example to the A&E department or any hospital.

Consent to care and treatment

We found that staff were aware of the Mental Capacity Act 2005, the Children Acts 1989 and 2004 and their duties in fulfilling it. The clinical staff we spoke with understood the key parts of the legislation.

Patients with a learning disability and those with dementia were supported to make decisions through the use of care plans, which they were involved in agreeing. These care plans were reviewed annually (or more frequently if changes in clinical circumstances dictated it) and had a section stating the patient's preferences for treatment and decisions. When interviewed, clinical staff demonstrated a clear understanding of Gillick competencies. (These help clinicians to identify children under the age of 16 who have the legal capacity to consent to medical examination and treatment).

Health promotion and prevention

The practice held 'well man' and 'well woman' clinics, 'weight watchers clinics', 'anti-smoking clinic 'and 'alcohol abuse and stress counselling clinics' to promote health. We asked the practice about health promotion and prevention and they felt they offered the services their patients needed.

The practice offered immunisations for children, and flu vaccinations in line with current national guidance.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the 2013-2014, survey of 46 patients undertaken by the practice's patient participation group (PPG). The evidence from these sources showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. For example, data from the national patient survey showed the practice was rated 'among the best' for patients who rated the practice as very good or excellent.

Patients completed CQC comment cards to tell us what they thought about the practice. We received 37 completed cards and every card was extremely positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were empathic, helpful and caring. They said staff treated them with dignity and respect. We also spoke with six patients on the day of our inspection. All told us they were more than satisfied with the care provided by the practice and said their dignity and privacy was respected.

Staff and patients told us that the consultations and treatments were carried out in the privacy of a consulting room. Disposable curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that the room door was closed during consultations and that conversations taking place in these rooms could not be overheard.

We saw that staff were careful to follow the practice's confidentiality policy when discussing patients' treatments so that confidential information was kept private.

We were told by staff that if they had any concerns or had observed any instances of discriminatory behaviour where patients' privacy and dignity was not being respected, they would raise these with the practice manager.

There was a clearly visible notice in the patient reception area stating the practice's zero tolerance for abusive behaviour. Staff members told us that referring to this had helped them diffuse potentially difficult situations.

Care planning and involvement in decisions about care and treatment

The patient survey information we reviewed showed patients responded extremely positively to questions about their involvement in planning and making decisions about their care and treatment and rated the practice highly in these areas.

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and very well supported by the GP and had sufficient time during consultations to make an informed decision about the choice of treatment they wished to receive. Patient feedback on the comment cards we received was also very positive and aligned with these views.

Staff told us that translation services were available for patients who did not have English as a first language. We were told that staff had recently checked the number to ensure that it was current.

The practice committed to the enhanced service to avoid unplanned admissions to hospital work. This work entailed identifying patients that could be at risk of a possible unplanned hospital admission and putting together a care plan with the agreement of the person at risk. The plans were developed with the patient, signed by them and kept at their home to inform visiting healthcare professionals of their wishes and treatment plan. These care plans were also recorded on their electronic medical records at the practice.

Patient/carer support to cope emotionally with care and treatment

The patient participation survey information we reviewed for 2013-2014 on the practice website showed patients were positive about the 'very supportive, available, and helpful' support provided by the practice in this area. The patients we spoke with on the day of our inspection and the comment cards we received were also consistent with the survey information. For example, the GP provided alcohol abuse and stress counselling clinics. These clinics highlighted that the practice responded to the needs of their patients when they needed help, and provided support when required.

Notices and information leaflets in the patient waiting room and on the patient website also told people how to access a number of support groups and organisations.

Good

Are services caring?

Staff told us that if families had suffered bereavement, the GP contacted or visited them.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice was responsive to people's needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs in the way services were delivered.

The practice had also implemented suggestions for improvements and made changes to the way it delivered services in response to feedback from the patient participation group (PPG). For example the practice had changed the seating in the waiting room to improve the comfort of patients while they waited for appointments.

Patients at risk of falling unwell, for example end-of-life patients were given the doctors private mobile number and told to ring and any time day or day and the doctor would respond. We spoke to a patient during our inspection who confirmed that the doctor had done this when there had been illness in their family.

Tackling inequity and promoting equality

The practice had access to an online telephone translation services which the staff had checked was current and working before our visit.

The premises and services had been adapted to meet the needs of people with disabilities. Access to the consulting room was on the ground floor. We saw that the waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the consultation room. Accessible adapted toilet facilities were available for patients attending the practice.

Access to the service

Appointments were available from 9am to 11am and 4:30 pm to 6pm on weekdays. Clinics ran from 11:30am each weekday. The practice also offered extended opening hours on Wednesdays 6.30pm hours until 7pm.

Comprehensive information was available to patients regarding appointments, opening hours, clinics, and services on the practice website and within the patient leaflet. This included how to arrange urgent appointments and home visits. There were also arrangements to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances giving information on the out-of-hours service provided to patients.

The practice communicated to their patients their flexible appointment system that offered longer appointments for people who needed them, for example those with long-term conditions. Home visits were made to two local care homes regularly. When we spoke with the staff at the care homes they told us the GP visited even when they had not called him because he liked to keep an eye on those patients that he felt were vulnerable.

Patients were really satisfied with the appointments system. They confirmed that they could see the GP on the same day if they needed to and wait to see the doctor if this was their choice. Comments received from patients showed that patients in urgent need of treatment were always able to make appointments on the same day of contacting the practice.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice. We were told the practice had received no complaints.

We saw that information was available on the notice board in the waiting room on the practice website and in the patient leaflet to help patients understand the complaints system

Patients we spoke with were aware of the process to follow if they wished to make a complaint. None of the patients we spoke with had ever needed to make a complaint about the practice.

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 told us they had a vision to deliver high quality care for their patients, they aimed to offer a friendly, caring service that was accessible to all their patients. This was formally documented on the practice website and on the patient leaflet; it outlined what patients could expect from the practice and what the practice expected from patients.

Governance arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff on the desktop on any computer within the practice. We looked at 10 of these policies and procedures these had been reviewed annually and were up to date.

There was a clear leadership structure with named members of staff in lead roles. For example, there was a lead nurse for infection control and the GP was the lead for safeguarding. We spoke with two members of staff and they were clear about their own roles and responsibilities. Staff members told us they felt valued, well supported and knew who to go to in the practice with any concerns.

The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for this practice showed it was performing in line with national standards. QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long-term conditions e.g. diabetes and implementing preventative measures. The results are published annually.

We saw the practice had achieved an overall level two for information governance using the 'information governance (IG) toolkit'. The IG toolkit is an online system which allows NHS organisations and partners to assess themselves against Department of Health IG policies and standards. It also allows members of the public to view participating organisations' IG toolkit evaluations. Level two is a satisfactory achievement for primary care services.

Leadership, openness and transparency

The practice manager was responsible for human resource policies and procedures. We reviewed a number of policies, which were in place to support staff. We were shown the information that was available to all staff, which included sections on equality and harassment and bullying at work. Staff we spoke with knew where to find these policies if required. The staff told us that information was cascaded on a daily basis because the practice was so small. The practice manager told us that in future they would record the minutes of meetings with staff to ensure there was evidence that staff were kept up to date.

Seeking and acting on feedback from patients, public and staff

The practice had gathered feedback from patients through patient surveys, comment cards and suggestion box.

The practice had an active patient participation group (PPG). A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care.

Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management if they had any. Staff members told us they felt involved and engaged in the practice to improve outcomes for both staff and patients at the practice.

The practice had a whistleblowing policy which was available to all staff in paper format and electronically on the computer within the practice.

Management lead through learning and improvement

Staff told us that the practice supported them to maintain their clinical professional development through training. We looked at two staff files and saw that regular appraisals took place which included a personal development plan. Staff told us that the practice was supportive of training and that they had evenings where guest speakers had attended and involved the PPG.