

Dr Mohan S Saini

Quality Report

Soho Medical Centre
247 -251 Soho road
Handsworth
Birmingham
B21 9RY
Tel: 0121 465 4660
Website: www.sainimedical.co.uk

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Mohan Saini practice on 25 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.
- Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- The practice had a system for the management of clinical waste, however on the day of the inspection it was not stored securely.
- Document management processes were not effective, staff were unable to identify where they would locate some of the policies and procedures.
- 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. Staff had received training appropriate to their roles.
- 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.
- 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.
- 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 GP had developed tools to support patients experiencing poor mental health. medication review template and a patient information template to educate and support patients.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw areas of outstanding practice including;

The practice had a higher than average number of young patients. The GP had developed a face book page that they updated and monitored to improve communication

with this population group. The page included information on health lifestyle and developments to services in the practice that would affect them. There were 400 followers.

The areas where the provider should make improvement are:

- Implement a robust system for managing policies and procedures.
- Ensure clinical waste is managed and stored safely.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Staff understood their responsibilities to raise concerns, and to report incidents and near misses.
- Risks to patients who used services were assessed.
- On the day of the inspection, clinical waste was not managed effectively as there was unsecure storage.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average 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.

- 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.
- Results from the national GP patient survey January 2016, were in line with local and national averages

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice had a higher than average younger age population group and had developed systems to enable them to communicate with this group more effectively.
- The GP had produced a Mental Health review template to ensure a holistic assessment of the patients' needs
- The GP had produced a medication review template and a patient information template to educate and support patients to manage their medicines.

Are services well-led?

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

Good



- 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 practice meetings. However the system for document management was not robust.
- 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 sought feedback from staff and patients, which it acted on. The patient participation group was active.

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 people, and offered urgent appointments for those with enhanced needs.
- Home visits were available for older patients and patients who would benefit from these.
- The GP had developed a medication review template and patient information template to support and educate patients taking multiple medicines.
- An annual review to check their health needs was provided

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.
- The GP had developed a medication review template and patient information template to support and educate patients taking multiple medicines.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- A thrice weekly walk in clinic for health checks was available.

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 relatively high for all standard childhood immunisations.

Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- A Facebook page had been developed for the surgery, with 400 followers, this is regularly updated by the GP.
- A thrice weekly walk in clinic for health checks was available.
- Childhood immunisation rates for the vaccinations given were higher than the CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 89.7% to 94.8% compared to the CCG average which ranged from 41.2% to 92.2%. Immunisation rates for five year olds ranged from 84.2% to 97.4% compared to the CCG average which ranged from 87.1% to 94.4%.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- 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.
- There were extended opening hours throughout the week and a telephone triage service available early mornings and evenings which would benefit working patients.

The practice offered health promotion and NHS health checks for people aged 40 to 74 years of age.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.

Good



Summary of findings

- 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.

People experiencing poor mental health (including people with dementia)

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

- The practice regularly worked with multi-disciplinary teams in the case management of people 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.
- Percentage for mental health related indicators was 100% of QOF compared with the CCG average of 89% and national average of 93.8%.
- The GP had developed a medication review template and patient information template to support and educate patients taking multiple medicines.
- The GP had reviewed the services provided to patients experiencing poor mental health and as a result the practice had developed a review template to ensure a holistic assessment of the patients' needs.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on January 2016. The results showed the practice was performing in line with local and national averages. 398 survey forms were distributed and 64 were returned. This represented 16% response rate.

- 81% found it easy to get through to this surgery by phone compared to a CCG average of 62% and a national average of 73%.
- 69% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 76% and a national average of 85%.
- 75% described the overall experience of their GP surgery as fairly good or very good compared to a CCG average of 76% and a national average of 85%.

- 64% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to a CCG average of 65% and a national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 19 comment cards which were all positive about the standard of care received. Patients commented on the friendly, caring professional attitude of staff and the excellent service provided by the GP.

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

Areas for improvement

Action the service **SHOULD** take to improve

- Implement a robust system for managing policies and procedures.

- Ensure clinical waste is managed and stored safely.

Outstanding practice

The practice had a higher than average number of young patients. The GP had developed a face book page that

they updated and monitored to improve communication with this population group. The page included information on healthy lifestyle and developments to services in the practice that would affect them.

Dr Mohan S Saini

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 nurse specialist adviser.

Background to Dr Mohan S Saini

Soho Road Health Centre is located in the Handsworth area of the West Midlands. The practice have approximately 2800 patients. The practice population had a higher than average number of patients aged 0 to 14 and 20 to 34 age group. National data indicates that the area does have high levels of deprivation.

Services to patients are provided under a Personal Medical Services (PMS). A PMS contract is a locally agreed alternative to the standard General Medical Services (GMS) contract used when services are agreed locally with a practice which may include additional services beyond the standard contract. The practice has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients.

The clinical team includes two GP partners, one practice nurses and a healthcare assistant. The GP partners and the practice manager form the practice management team and they are supported by a team of two part time and two full time receptionists who all cover reception and administration duties. The practice uses three regular locum doctors.

The practice was open between 8am and 7pm Mondays to Wednesdays and Fridays, and between 8am and 6.30pm Thursday. There was a patient telephone triage service available between 8am and 9.55am and 4pm and 6.30pm Monday to Friday. Appointments were from 10am to 12.30pm and 4.30 and 6.30 daily. Urgent appointments were also available for people that needed them. There are also arrangements to ensure patients received urgent medical assistance when the practice is closed during the out-of-hours period.

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 inspection on 25 February 2016. During our visit we:

- Spoke with a range of staff including the GP, nurse and administrative and reception staff. We also spoke with patients who used the service.

Detailed findings

- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed clinical templates and policies and procedures.
- 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.

- The practice had a system in place for reporting incidents and near misses. Staff talked us through the process and showed us the reporting templates which were used to record significant events.
- The practice carried out analysis of the significant events and we saw agendas and minutes of monthly practice meetings where key topics including significant events, complaints and patient safety alerts were reviewed and discussed.

We reviewed records of 2 significant events that had occurred during the last 12 months. We saw that specific actions were applied along with learning outcomes to improve safety in the practice. For example, a patient had not attended for repeat medication, the practice liaised with the community mental health team.

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.

Overview of safety systems and processes

The practice had 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 GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service 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).

- 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 practice had a system for the management of clinical waste, however on the day of the inspection waste was not stored securely.
- We saw calibration records to ensure that clinical equipment was checked and working properly and evidence to reflect the cleaning of medical equipment such as the equipment used for ear irrigation.
- The arrangements for obtaining, prescribing, recording, handling, and security of medicines kept patients safe.
- The vaccination fridges were well ventilated and secure. Vaccinations were stored within the recommended temperatures and temperatures were logged. However reception staff were responsible for monitoring the fridge temperature in the absence of the nurse and they did not know what the minimum and maximum temperature range should be. The practice rectified this immediately during the inspection.
- 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. Prescriptions 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 production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations 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. For example, proof of

Are services safe?

identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

- 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

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. The practice had up to date fire risk assessments 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 premises were maintained by external contractors (NHS estates management) and had a variety of risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- 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.

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 and a 'panic button' in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice shared a defibrillator with the other practice who operated from the premises which was easily accessible for all staff. There was oxygen available with adult and children's masks.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

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 peoples' needs.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). A QOF topic is an agenda item on the monthly practice meetings. The most recent published results were 97% of the total number of points available, with 3.2% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was 84.9% compared to the CCG average of 85.2% and national average of 89.2%.
- The percentage of patients with hypertension having regular blood pressure tests was 100% compared to the CCG average of 96.8% and national average of 97.8%, with an exception rate of 2.1%.
- Performance for mental health related indicators was 100% compared to the CCG average of 89.1% and national average of 92.8%, with an exception rate of 1.73%.

Clinical audits were carried out to demonstrate quality improvement.

There had been two clinical audits completed in the last two years, these were completed audits where the improvements made were implemented and monitored. For example, we saw completed audits for the effects of

taking multiple medicines concurrently to manage coexisting health problems (polypharmacy). The audit was initiated by the GP, as a result of the audit the GP developed a medication review template, patient information template to educate and support patients to manage their medicines and a polypharmacy policy.

The GP had reviewed the services provided to patients experiencing poor mental health as a result the practice had developed a review template to ensure a holistic assessment of the patients' needs.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions, staff administering vaccinations 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 and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support 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 and we saw evidence in staff files to demonstrate this.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness.

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 on-going 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 with regular representation from a wide range of health and social care services 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..
- 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 to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Supporting patients to live healthier lives

Patients who may be in need of extra support were identified and supported by the practice, patients were also signposted to relevant services to provide additional 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.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the national average of 82%. Patients that did not attend for their cervical smear were sent a new appointment. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and providing a female sample taker. 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 higher than the CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 89.7% to 94.8% and five year olds from 84.2% to 97.4%.

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

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.

All of the 19 Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We spoke with members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey January 2016 showed:

- 78% said the GP was good at listening to them compared to the CCG average of 83% and national average of 89%.
- 71% said the GP gave them enough time compared to the CCG average of 81% and national average of 87%.
- 91% said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and national average of 95%.
- 75% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and national average of 85%.
- 81% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 91%.
- 84% said they found the receptionists at the practice helpful compared to the CCG average of 81% and national average of 87%.

The practice had reviewed the results of the patient survey and discussed them with the patient participation group

(PPG). The practice have encourage patients to discuss one problem per consultation to avoid feeling rushed, with the option to book double appointments if required. The part time GP partner will be working full time from April 2016 to reduce the reliance on locum GPs. The feedback from patients and PPG during the inspection was positive.

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.

Results from the national GP patient survey January 2016, showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 78% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and national average of 86%.
- 78% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and national average of 82%.
- 81% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 85%.

Information on the practice website was available in numerous languages. Staff also spoke a number of languages and translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

The practice had identified 0.8% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them including the route2wellbeing portal. Notices in the patient waiting room told patients how to access a number of support groups and organisations.

Are services caring?

The GP had undertaken a carers audit to ascertain whether formal or opportunist enquiry had been made as to the carers mental and physical wellbeing when they presented to the surgery. As a result of the audit, the carers register was updated and an alert assigned on the computer system and carers are called for an annual health checks and the newly developed carers template was completed. The GP has also developed a carers pack to provide information and support for carers.

The GP had produced a Mental Health review template to ensure a holistic assessment of the patients' needs

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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. Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example:

- The practice offered extended hours for working patients who could not attend during normal opening hours.
- There were longer appointments available at flexible times for people with a learning disability, for carers and for patients experiencing poor mental health.
- Same day appointments were available for children and those with serious medical conditions.
- Home visits were available for older patients and patients who would benefit from these
- Staff were familiar with how to access translators through the services available to them. The GPs and reception staff also spoke a number of languages. It was identified in patients notes if interpreters were required.
- The practice web site could be accessed in numerous languages.
- There were disabled facilities available.
- The practice had a higher than average young population and the GP had developed a 'Facebook' page, to communicate with this group, to keep them updated on the services provided by the practice. The GP managed the content of this page and there are currently 400 followers
- The practice had increased the morning triage service to support the young and working age population.
- The GP had produced a Mental Health review template to ensure a holistic assessment of the patients' needs
- The GP had produced a medication review template and a patient information template to educate and support patients to manage their medicines.

Access to the service

The practice was open between 8am and 7pm Monday to Wednesday and Friday, and between 8am and 6.30pm Thursday. There was a patient telephone triage service available between 8am and 9.55am and 4pm and 6.30pm

Monday to Friday, there are approximately 25 patients using this service in the mornings. Appointments were from 10am to 12.30pm and 4.30 and 6.30 daily. Urgent appointments were also available for people that needed them. When the practice is closed during the out of hours period patients receive primary medical services through an out of hours provider.

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

- 74% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and national average of 75%.
- 81% patients said they could get through easily to the surgery by phone compared to the CCG average of 62% and national average of 73%.
- 61% patients said they always or almost always see or speak to the GP they prefer compared to the CCG average of 47% and national average of 59%.

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

Listening and learning from concerns and complaints

The practice had an effective 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 saw that information was available to help patients understand the complaints system. For example, posters displayed in reception and leaflets were available.
- There was a comments and suggestions book in reception.

We looked at four complaints received in the last 12 months and saw that they had been satisfactorily handled and dealt with in a timely way. They demonstrated openness and transparency when dealing with patients who had complained. We saw that lessons were learnt from concerns and complaints and action was taken to as a

Are services responsive to people's needs?

(for example, to feedback?)

result to improve the quality of care. For example, we saw that the practice had responded to a complaint relating to a patients expectations concerning the length of the appointment time and addressed the issues.

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 provide the highest standard of medical services to patients and to ensure staff valued one another, as well as patients. The practice had a mission statement, strategy and business plans which reflected the vision and values, and staff knew and understood the values. We spoke with members of staff who spoke positively about working at the practice. Staff we spoke with said they felt valued and supported.

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. However the Whistleblowing policy did not indicate where staff could access support outside the practice if required.
- Document management processes were not robust, staff were unable to identify where they would locate some of the policies and procedures, there was no filing structure and some of the policies and procedures were duplicated.
- A comprehensive understanding of the performance of the practice was maintained, the quality outcomes framework indicators were discussed at the practice meetings.
- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership and culture

The GPs demonstrated their skills and knowledge in management and a commitment to lead and develop staff and implement appropriate systems in the practice to ensure high quality care. The GPs were 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 GPs encouraged a culture of openness and honesty and staff we spoke with confirmed that they had the opportunity to raise issues at practice meetings or one to one meetings and felt confident in doing so. The practice had systems in place for knowing about notifiable safety incidents.
- There was a clear leadership structure in place and staff felt supported by management.
- Staff told us the practice held regular team meetings. These included multidisciplinary meetings and practice meetings.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG with 15 members of various ages and backgrounds. The PPG meet bimonthly and submitted proposals for improvements to the practice management team. For example, the use of text message reminders for appointments and an information leaflet explaining the triage process. The practice had gathered feedback from staff through staff meetings, appraisals and discussion.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice extended the opening hours and increased the morning triage service to accommodate the young and working population. The practice are planning to recruit another GP and one of the partners was increasing their working hours to full time from April 2016. The practice were also considering joining a federation, the aim of a federation is

Are services well-led?

Good 

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

to improve collaborative working with local GP practices and stakeholders in developing services for the local population as well as providing training and support to staff across member practices. Staff spoke of opportunities for continuing development to update their skills.