

Dr B P Choudhary and Dr R Choudhary

Quality Report

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

Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Saraphed Medical Centre on 17 February 2016. Overall the practice is rated as good

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- 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 their roles.

- The practice was responsive to the needs of the local population. The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about services and how to complain was available and easy to understand.
- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- There was a clear leadership structure and staff felt supported by the GPs and management team

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 and staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- Information about safety was highly valued and was used to promote learning and improvement.
- Lessons learnt from incidents were shared to make sure action was taken to improve safety in the practice.
- Risk management was comprehensive, well embedded and recognised as the responsibility of all staff.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- 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.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.
- There was evidence of appraisals and personal development plans for all staff.

Good



Are services caring?

The practice is rated as good for providing caring services.

- The practice had a nominated carers champion to provide advice and support
- Staff were motivated and inspired to offer kind and compassionate care that promoted peoples dignity
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from the patient participation group.
- 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 the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.
- The GP had completed a post graduate diploma in mental health to support the needs of this patient group.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- There was a strong focus on continuous learning and improvement at all levels.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular practice meetings
- The practice carried out proactive succession planning.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population. For example monthly clinics held by the community matron.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Patients receive personalised care from a named GP to support continuity of care.
- The premises were accessible to patients with mobility difficulties.
- The percentage of patients aged 65 or over who received flu vaccinations was comparable to the national average.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 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.
- Patients receive personalised care from a named GP to support continuity of care.

Good



Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, children and young people who had a high number of A&E attendances.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Good



Summary of findings

- We saw examples of joint working with midwives, health visitors and school nurses.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Immunisation rates were comparable to local and national averages.
- The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages

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.
- The practice offered extended hours for working patients who could not attend during normal opening hours.

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 informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- 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.
- 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. Communicable disease testing was available at the practice.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

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

- 96% of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the last 12 months, which is above the national average.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health.
- The GP had completed a post graduate diploma in mental health to support the needs of this patient group. The practice conducted case studies for five patients with mental health problems, these patients are now supported in primary care by the practice, a dedicated mental health clinic will be commencing in April to continue with the positive results experienced by the five patients.
- All staff had received Mental Capacity Act training.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on January 2016 showed the practice was performing in line with local and national averages. 401 survey forms were distributed and 82 were returned. This represented a 20% response rate.

- 79% found it easy to get through to this surgery by phone compared to a CCG average of 62% and a national average of 73%.
- 66% 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%.
- 72% 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%.

- 71% 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 37 comment cards which were all positive about the standard of care received. The patients had high regard for the doctors and told us that staff were caring, helpful, friendly and took time to listen.

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

Dr B P Choudhary and Dr R Choudhary

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr B P Choudhary and Dr R Choudhary

Saraphed Medical Centre is a long established practice located in Smethwick. There are approximately 3300 patients of various ages and a high proportion of ethnic minority groups compared to the local and national averages. The practice has a high turnover of patients, due to the high asylum seeking population. Services to patients are provided under a General Medical Services (GMS) contract with NHS England. 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 (male), and two longstanding GP locums (one female), three practice nurses and a healthcare assistant. The GP partners and the practice manager form the practice management team.

The practice also employed a part time advisory manager to support the development of the new practice manager. They are supported by four receptionists, a practice secretary and an administrator.

The practice is open between 8.45am to 1.00pm and 3.00pm to 7.00pm on Mondays, 8.45am to 1.00pm and 1.30pm to 6.30pm Tuesdays and Fridays, 8.45am to 1.00pm Wednesdays and between 8.45am to 1.00pm and 3.00pm to 7.30pm Thursdays. Appointments are available at these times. When the practice was closed patients could access help by telephoning the practice after which their call was transferred to the NHS 111 service for assistance.

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.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit 17 February 2016. During our visit we:

- Spoke with a range of staff, GPs, nurse, practice manager and administration staff.
- We also spoke with patients who used the service.
- We observed how patients were being cared for.
- We 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

The practice had an open and transparent approach to recording and reporting significant events. The practice used an electronic system that was linked directly to the Clinical Commissioning group (CCG) to share details of the incident and lessons learnt following the event.

- The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses.
- We reviewed records of eleven 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 significant event was recorded in relation to a medicine near miss that was identified by the pharmacist. The practice took remedial action immediately, a full investigation was documented, and findings and lessons learned were shared with the clinical team. We saw that significant events were discussed with staff during practice meetings.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies 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 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 and regular hand washing checks were undertaken and we saw evidence that action was taken to address any improvements identified as a result. There was a weekly cleaning schedule to record required and completed cleaning specifications within the practice.
- We saw calibration records to ensure that clinical equipment was checked and working properly and evidence of portable appliance testing (PAT) to ensure that all electrical equipment was safe to use.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe. The vaccination fridges were well ventilated and secure. Vaccinations were stored within the recommended temperatures and temperatures were logged in line with national guidance.
- The practice nurse administered vaccines using patient group directions (PGDs) that had been produced in line with legal requirements and national guidance. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. We saw up-to-date copies of PGDs and evidence that the practice nurses had received appropriate training to administer vaccines.
- Regular medicines audits were carried out to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescriptions were securely stored and there were systems in place to monitor their use. There were systems in place to ensure patients on high risk medicines received regular reviews and we found that they were being appropriately managed. The practice had a process in place to monitor uncollected prescriptions.
- We reviewed five personnel files, one GP, nurse, advisory manger and two administrative staff. We found that a recruitment check list was used to ensure all documents

Are services safe?

were received. Appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

- There were 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 and the practice had risk assessments in place to monitor safety of the premises including fire, control of substances hazardous to health, asbestos survey and an in-house legionella assessment. The practice have arranged for an external company to undertake a full legionella assessment. Regular fire alarm tests and fire drills had taken place
- 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. The practice had two longstanding locum GPs.

Arrangements to deal with emergencies and major incidents

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

- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available. Records showed that all staff had received training in basic life support.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. The practice had a checking system in place and there were systems in place to monitor their use.
- The practice had a business continuity plan and recovery toolkit in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and staff were aware of how to access the plan.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line 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 ensure all clinical staff were kept up to date and NICE guidelines were discussed in monthly multidisciplinary meetings. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet patient needs.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed that the practice had achieved 93.9% of the total number of points available, with 10.1% 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 2014/2015 showed;

- Performance for diabetes related indicators was 79.1% which was lower than the CCG average of 85.2% and national average of 89.2%.
- The percentage of patients with hypertension having regular blood pressure tests was 80.6% which was similar to the CCG of 79.1% and a national average of 80.4%.
- Performance for mental health related indicators was 96.2% which was better than the CCG average of 89.1% and a national average of 92.8%.

During our inspection we discussed the practices performance for overall diabetes related indicators.. The practice had arranged two health education programmes

for diabetes and hypertension, in different languages to support patients with the management of their condition. Both these programmes were well attended and additional events have been planned.

The patient information screen in reception encouraged patients to book appointments for a number of health checks. For example, blood pressure, diabetes and cancer screening.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. We saw evidence of three clinical audits completed in the last two years, These were completed audits where the improvements made were implemented and monitored.

Effective staffing

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

- The practice had a comprehensive induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- Staff had access to appropriate training to meet their needs and to cover the scope of their work. This included on-going support during training sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months. The GPs we spoke with confirmed they were up to date with their yearly continuing professional development requirements and had recently been revalidated. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).
- The practice had supported staff members through a variety of training courses. For example the practice nurse had recently completed a course to support and recognise specific issues relevant to the local population. The practice manager was undertaking the Association of Medical Secretaries, Practice managers and Receptionist (AMPSAR) qualification.
- We noticed that members of the practice team were mostly long term members of staff who had been

Are services effective?

(for example, treatment is effective)

supported and promoted to take on higher roles by the management team. For example, the practice manager was promoted from their previous role and the practice had employed a part time advisory manager to support their development.

- Staff had role-specific training and updating to ensure skills were maintained. For example, for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, by access to on line resources and discussion at practice meetings.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. Regular staff quizzes were undertaken to check learning and understanding.

Coordinating patient care and information sharing

Staff had information they needed to deliver effective care and treatment to patients who used the services. The information was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available.

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 people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that monthly multi-disciplinary team meetings took place, with regular representation from a wide range of health and social care services including health visitors, district nurses and community mental health nurses. We saw minutes of meetings to support that joint working took place.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

- 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 nurse operated an effective system for ensuring that test results had been received for every sample sent by the practice. The practice's uptake for the cervical screening programme was 81.8%, which was comparable to the CCG average of 79.7% and the national average of 81.8%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening, this was enhanced by the information screen in reception.
- Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds were 100% and five year olds from 80% to 91%.

Flu vaccination rates for the over 65s were 69.8%, and at risk groups 50.1%. These were also comparable to CCG and national averages. Patients had access to appropriate health assessments and checks. These included health

Are services effective?

(for example, treatment is effective)

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.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed throughout the inspection that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone.

- 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 37 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with five members of the patient participation group. They also told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published January 2016 showed the practice was below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 66% said the GP was good at listening to them compared to the CCG average of 83% and national average of 89%.
- 74% said the GP gave them enough time compared to the CCG average of 81% and a national average of 87%.
- 87% said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and a national average of 95%.
- 69% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and a 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 a national average of 91%.

- 90% said they found the receptionists at the practice helpful compared to the CCG average of 81% and a national average of 87%.

The practice in-house survey results, completed by 103 patients provided positive feedback. The comments from patients and the patient participation group (PPG) members that we spoke to on the day also contradicted the national results.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views. However information from the national GP survey did not align with these views.

Results from the national GP patient survey were lower than the local and national average for its satisfaction scores relating to patient involvement in planning and making decisions about their care and treatment. For example:

- 62% 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%.
- 60% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average 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%

The practice in-house survey results, completed by 103 patients provided positive feedback. The comments from patients and the patient participation group (PPG) members that we spoke to on the day also contradicted the national results.

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

Are services caring?

In August 2015 the practice identified that the number of carers registered was low, 0.1%, a number of initiatives were implemented to improve this. For example, a carers champion was identified, a carers question was added to the registration form, and the carers notice board and information pack containing supportive advice and signpost information to other services was introduced. . The number of carers now registered has increased to 0.6% and the practice are working to improve this figure.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs or by giving them advice on how to find a support service. Notices and leaflets in the patient waiting room told patients how to access a number of support groups and organisations.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

The practice was part of local pilot schemes to improve outcomes for patients in the area. 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.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for those whose needs were urgent.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- The practice was accessible to patients with mobility difficulties or used a wheel chair. Translation services were available and staff speak a number of languages.
- The practice had a range of in-house services available for the convenience of patients. For example, an elderly care and midwifery clinic and spirometry testing.
- An automated self-booking in system with multiple languages was available.
- The GP had completed a post graduate diploma in mental health to support the needs of this patient group. The practice conducted case studies for five patients with mental health problems, these patients were now supported in primary care by the practice, a dedicated mental health clinic was to commence in April to continue with the positive results experienced by the five patients.
- The practice offered a number of clinics for mother and babies, and enhanced screening clinics. For example, communicable diseases.
- The practice nurse had completed a course to support and recognise specific issues relevant to the local population.

The practice was open between 8.45am to 1.00pm and 3.00pm to 7.00pm on Mondays, 8.45am to 1.00pm and 1.30pm to 6.30pm Tuesdays and Fridays, 8.45am to 1.00pm Wednesdays and between 8.45am to 1.00pm and 3.00pm to 7.30pm Thursdays. Appointments are available at these times. When the practice was closed patients could access help by telephoning the practice, after which their call was transferred to the NHS 111 service for assistance.

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

- 66% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and national average of 75%.
- 79% patients said they could get through easily to the surgery by phone compared to the CCG average of 62% and national average of 73%.
- 73% patients said they always or almost always see or speak to the GP they prefer compared to the CCG average 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

We looked at two complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way. For example, we saw how the practice had responded to a complaint relating the conflicting appointments, appropriate action was taken that demonstrated openness and transparency when dealing with the complaint. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

Access to the service

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 value one another, as well as patients.

We spoke with three members of staff who all spoke positively about working at the practice. Staff we spoke with said they felt valued and supported. Staff members commented on how they valued the weekly newsletter that provided regular communication.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The monthly meetings provided a forum for staff to discuss and consider complaints, significant events and other topics of concern.
- There was a comprehensive understanding of the performance of the practice. All staff were involved in supporting QOF targets and improving outcomes for patient.

Leadership and culture

The GP partners and the practice manager formed the management team at the practice. The team encouraged a

culture of openness and honesty. They were visible in the practice and staff commented that staff were supportive and approachable. Conversations with staff demonstrated that they were aware of the practice's open door policy and staff said they were confident in raising concerns and suggesting improvements openly with the management team.

Staff discussed their attendance and involvement at meetings where staff were involved in discussions about how to run and develop the practice. Staff told us that there was an open culture within the practice and they confirmed that they had the opportunity to raise any issues at any time and during staff meetings or one to one meetings.

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 an active patient participation group (PPG). The PPG met regularly with the management team and submitted proposals for improvement. For example, playing constant quiet music in reception rather than having a radio playing, to reduce the probability of hearing conversations at reception.
- Staff told us they were able to provide feedback through appraisals, meetings and informal discussions. Staff confirmed there was an open culture in the practice.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. Staff spoke of opportunities for continuing development. There was collaborative working with other providers.