

Dr. Pankaj Mohanlal Thakrar

Quality Report

The Village Practice, Cowplain Surgery
133 London Road
Cowplain
Waterlooville
Hampshire
PO8 8XL

Tel:02392242960

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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?

Outstanding 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Key findings

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Letter from the Chief Inspector of General Practice

This practice is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Outstanding

Are services responsive? – Good

Are services well-led? - Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) - Good

We carried out an announced comprehensive inspection at Dr. Pankaj Mohanlal Thakrar based at the Village Practice on 15 February 2018 as part of our CQC inspection programme.

At this inspection we found:

- Patients found the appointment system easy to use and reported that they were able to access care when they needed it. The practice confirmed appointments were easy to access and routine appointments were available within a day of a patient asking for one. Patients could often have an appointment within hours of requesting one.
- There was a strong focus on the wellbeing of patients at the practice, with many patients stating they feel cared for by all staff during their visits to the surgery.
- The whole practice had attended multiple learning and training events to enhance the care they provide to patients with additional needs, including blind, hearing and dementia awareness courses.
- Feedback received from patients, including those spoken to on the day, by telephone after the inspection, via the Care Quality Commission comments cards and through practice feedback methods, was highly positive.
- The practice had clear systems to manage risk so that safety incidents were less likely to happen. However not all incidents were shared with the clinical team for learning and improvement.
- Most policies and procedures were up to date and clear for staff however some needed amendment such as prescription security arrangements needed to be reviewed.
- Most but not all staff had up to date appraisals however all overdue reviews were booked for completion.
- Staff understood about Mental Capacity but not had formal training in Mental Capacity Act 2005 awareness.

Summary of findings

- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

We saw one area of outstanding practice:

- The practice demonstrated a highly caring ethos for all patients. Patients were respected and valued as individuals with emotional and social needs seen as important as their physical needs. Feedback from patients who use the service was continually positive with a strong visible patient centred culture.
- Patients were at the centre for arrangements in the practice such as for both routine and emergency appointments.

The areas where the provider **should** make improvements are:

- Review the safeguarding policy to display the correct name for the safeguarding lead.
- Review ways for improving prescription stationary security.
- Review the arrangements for staff appraisals.
- Reviewing the practice emergency medications such as the storing of Chlorphenamine onsite.
- Review the existing processes for reporting of significant events and near misses to ensure all events are recorded and subsequent learning from events can be shared across the practice.
- Review the plan for staff to have Mental Capacity Act 2005 training.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Dr. Pankaj Mohanlal Thakrar

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 CQC inspection manager.

Background to Dr. Pankaj Mohanlal Thakrar

Dr. Pankaj Mohanlal Thakrar is the provider of The Village Practice, Cowplain Surgery and is situated in a converted house and provides general medical care services from two consulting rooms and two treatment rooms with additional office space on the premises.

Since July 2017, the legal entity changed from partnership to a single GP practice with both previous partners still working at the practice. One as the new provider, the other as a regular locum GP.

The practice address is 133 London Road, Cowplain, Waterlooville, Hampshire, PO8 8XL.

The practice serves a population of approximately 4,385 patients; there are low levels of social deprivation in the

area, for example the practice population is in the ninth least deprived decile for deprivation. In a score of one to ten the lower the decile the more deprived an area is. The practice population has a higher proportion of older people compared to local and national averages; 32% of the practice population is aged between 65-74years, compared to the local average of 23% and the national average of 17%.

The practice has one lead GP, a Nurse Practitioner who is a nurse prescribing for minor illness, one Practice Nurse, and a healthcare assistant. The practice also uses two regular locum GPs.

The administrative team comprises of one practice manager, a secretary, a clinical co-ordinator, an administrator and reception staff.

The practice is open Monday to Friday from 8am to 6.30pm. Additionally, once a month the practice provides a Saturday morning surgery from 9.00am to 11.30am. These are for routine pre-booked appointments.

The practice has opted out of providing out of hours. When closed, the practice requests that patients contact the out of hours GP via the NHS 111 service. This is advertised on the patient noticeboard in reception, the patient leaflet and on the practice website.

Are services safe?

Our findings

We rated the practice, and all of the population groups, as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance. During inspection we found the practice's Safeguarding policy had not been updated since September 2015. We discussed this with the practice manager who subsequent to the inspection provided us with an updated copy dated February 2018. Further review of this showed that the information contained within the policy referred that the safeguarding lead had not been updated to display the current named individual.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to

manufacturers' instructions. On inspection, we saw evidence of both portable appliance testing and equipment calibration tests being completed in June 2017. There were systems for safely managing healthcare waste.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.
- The practice has purchased a defibrillator and all staff attended yearly training in using cardiopulmonary resuscitation (CPR). (A defibrillator is a piece of equipment that can be used to administer an electric shock when a person's heart beat rhythm has become irregular or stopped).

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. On inspection, when reviewing the practice's emergency medicines stock, we

Are services safe?

found the practice did not store any Chlorphenamine, nor was there a risk assessment in place to give a reason for a lack of this medication. Chlorphenamine is used for the treatment of allergic reactions and can be used as a second line of treatment in anaphylaxis. During inspection, after highlighting the lack of this medication, the practice produced a risk assessment and confirmed their plans to add Chlorphenamine to their emergency medications store.

- The practice did not have a system in place to monitor the security of prescription stationery beyond recording serial numbers of the blank prescriptions when they arrived at the practice. Since inspection, the practice had reviewed and produced an updated policy for the security of prescriptions which included the removal of unused blank prescriptions from printers to a locked drawer overnight and the introduction of a more comprehensive system for the recording of blank prescriptions.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicine. The practice provided evidence of audits being undertaken to improve the monitoring of patients' medication, such as Denosumab, which is used in the treatment of osteoporosis.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements. On inspection, evidence of a health and safety checklist completed in January 2018 was seen. Areas highlighted included the completed replacement of a front door lock and a review of all the internal doors and door handles.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents, however processes were not always followed. For example on inspection we were informed of recent incident whereby a patient was given the flu immunisation twice in error. Whilst undertaking pre-immunisation checks, the staff member could find no record on the electronic system of the immunisation being already given so gave the immunisation. However, the member of staff later found on the system they had in fact received the flu immunisation previously. This incident was raised with the GP and an apology issued to the patient. However a formal incident record of the event was not made to demonstrate evidence of learning from the incident.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as good for providing effective services overall and across all population groups.

As the legal entity changed in July 2017 there is not a full year of published Quality and Outcome data for this practice. However Dr Pankaj Mohanlal Thakrar referred to all data as available when it was a partnership and therefore we have referred to it here where relevant.

(QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital either by telephone or with a home visit. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Following an audit the practice provided evidence of the creation of a monitoring tool for patients receiving Denosumab. Whereby patients, their appropriate blood tests and subsequent results could be tracked more

effectively as well as including a documented date that would be appropriate for their next dose to be administered. (Denosumab is a medication used in the treatment of osteoporosis, a condition in which an individual's bones become weak and break easily).

- End of life care was delivered in a coordinated way; the practice spoke of the importance placed on giving care to patients at the end of their lives and supporting the family as well.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The practice was previously in line with national averages for clinical indicators in long-term conditions. For example, 86% of patients diagnosed with hypertension had achieved a blood pressure result of 150/90mmHg or less in the previous 12 months, compared to the clinical commissioning group and national averages of 80%.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

Working age people (including those recently retired and students):

- The practice reported the current uptake for cervical screening was 95% of eligible practice population, which was above with the 80% coverage target for the national screening programme.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.

People whose circumstances make them vulnerable:

Are services effective?

(for example, treatment is effective)

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability, totalling 23 patients. The practice reported they had no registered patients recorded as being homeless at the time of inspection.

People experiencing poor mental health (including people with dementia):

- 80% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months, covering the 2016/2017 period of QOF data received. This was comparable to the national average of 78%.

Monitoring care and treatment

- The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives. The practice used information about care and treatment to make improvements. For example, a letter to patients regarding a recommendation in the change of medication was seen during inspection to ensure patients were receiving the best care while taking Clopidogrel, a medication used in the prevention of stroke and acts as a blood-thinning agent. 25 letters were sent out, 24 patients subsequently had their medication changed after a review, while one patient remained on the original treatment course as it was deemed most appropriate for them.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. We found that all staff had received an appraisal but not all in the last 12 months however there was a programme for staff overdue an appraisal and staff stated they were always able to raise any issues with their line manager at any time. The induction process for healthcare assistants included the requirements of the Care Certificate. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.

Are services effective?

(for example, treatment is effective)

- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision. During inspection,

we found that Mental Capacity Act 2005 (MCA) training across the practice was not fully implemented as non-clinical staff had not undertaken any form of training while only two clinicians had. Staff informed us of their understanding of capacity and consent. Evidence of a protocol for consent and a MCA policy including a best interest check list was seen on file.

- The practice monitored the process for seeking consent appropriately. The practice gave evidence of an audit in December 2016 to January 2017 regarding the collection of consent in line with the MCA. The audit indicated distinct inconsistencies in gaining consent. In response to this, the practice nurses had created a specific MCA form that would be used by all clinicians to gather the appropriate evidence in supporting their patients' decision-making.



Are services caring?

Our findings

We rated the practice, and all of the population groups, as outstanding for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- We received 160 patient Care Quality Commission comment cards, all but two cards were highly positive about the service experienced. This was in line with the results of the NHS Friends and Family Test and other feedback received by the practice. Examples of comments received included receiving excellent care from clinicians, ease of access to appointments either same day or within a day, and the exceptional kind and caring nature received from all staff.
- Patients also commented that their longevity with remaining at the practice was based on the exemplary, consistent care they had received from all staff, always being treated with respect and dignity, being helped to access appropriate additional services efficiently, and given adequate time during appointments with a clinician who cared about their well-being, not just their health.
- Staff reported they were committed to knowing their patients well, to the extent that they were able to identify if a patient was not quite themselves and could thereby make appropriate enquiries.

Results from the July 2017 annual national GP patient survey that related to the previous legal entity when Dr Thakrar was in a partnership; showed patients felt they were treated with compassion, dignity and respect. 217 surveys were sent out and 132 were returned. This represented about 3% of the practice population. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 92% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 95% of patients who responded said the GP gave them enough time, compared with the CCG average of 88% and the national average of 86%.
- 97% of patients who responded said they had confidence and trust in the last GP they saw, compared with the CCG average of 96% and the national average of 95%.
- 92% of patients who responded said the last GP they spoke to was good at treating them with care and concern, compared with the CCG and national averages of 86%.
- 99% of patients who responded said the nurse was good at listening to them, compared with the CCG and national averages of 91%.
- 99% of patients who responded said the nurse gave them enough time, compared with the CCG average of 93% and the national average of 92%.
- 99% of patients who responded said they had confidence and trust in the last nurse they saw, compared with the CCG and national averages of 97%.
- 97% of patients who responded said the last nurse they spoke to was good at treating them with care and concern, compared with the CCG and national averages of 91%.
- 96% of patients who responded said they found the receptionists at the practice helpful, compared with the CCG average of 88% and the national average of 87%.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- The practice told us they had patients who were deaf and blind attending the practice. Staff described attending a training session to better understand the needs of people who may be deaf and they felt this reflected in how they proactively supported patients.



Are services caring?

- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available. The reception staff was aware which patients needed more or alternative support.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment. The practice reported two members of staff had been identified as 'sign-posters' whereby following additional training, they could when required sign-post patients to additional services outside of the health environment to support them further, for example for financial support. This was reported as a clinical commissioning group initiative that the practice wished to follow.
- On inspection, the practice reported they did not have any registered patients with English not as a first language, but they did have access to an interpretation service, if it would be required.

The practice proactively identified patients who were carers with a form within the patient registration pack. The practice's computer system alerted GPs if a patient was also a carer or had a carer. The practice had identified 46 patients as carers (1% of the practice list). The practice supported carers by offering them health checks.

The practice supported recently bereaved patients by offering telephone calls or home visits to the family. These actions were either followed up 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. Staff gave an example of how the GPs would attend patient homes after the death of a relative to offer immediate support. We were told that in the case of a sudden death

the GP was contacted for support and so the GP went straight to the patients home to offer support. The ethos was that people remember for the rest of their lives the kindness of others in a crisis.

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

- 94% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 87% and the national average of 86%.
- 95% of patients who responded said the last GP they saw was good at involving them in decisions about their care, compared with the CCG average of 84% and the national average of 82%.
- 93% of patients who responded said the last nurse they saw was good at explaining tests and treatments, compared with the CCG average of 89% and the national average of 90%.
- 95% of patients who responded said the last nurse they saw was good at involving them in decisions about their care, compared with the CCG average of 84% and the national average of 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as good for providing responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. (For example extended opening hours, online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments.
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. The practice had installed new signage around the premises as part of the practices recently acquired dementia friendly status. This included pictorial representation of rooms such as a toilet.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice would see patients who had arrived early for an appointment rather than have the patient wait to be seen. For example, a patient, who had booked for a fasting blood test at 11.50am but was advised to attend the practice early, arrived at the practice at 10.01am and was seen shortly afterwards. Another patient, was sent to the practice by the local pharmacist to be reviewed by a GP, arrived at the practice at 4.26pm, and was seen by a GP at 4.35pm.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

- When patients did not attend a planned appointment, the practice would telephone to make sure they were not in any difficulty. Staff reported that one such telephone call went unanswered so a member of staff attended the home address of a patient to check on them, the patient was then found to have collapsed in their home following a stroke. Upon seeing this, the member of staff actioned the appropriate care by calling the emergency services for help.
- The Practice Nurse would also telephone those patients who were known to be on their own during periods, in which the practice was closed, for example at Christmas, to make sure they were comfortable and not in distress.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- Longer appointments were offered to patients with long-term conditions to ensure there was sufficient time to discuss their needs.

Families, children and young people:

- We found there were systems 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 accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- The practice offered families with school-aged children appointments outside of school hours.

Working age people (including those recently retired and students):

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, longer opening hours and Saturday appointments once a month.

Are services responsive to people's needs?

(for example, to feedback?)

- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The practice reported some flexibility in allowing patients to request an early or late appointment time. For example, a working-age patient was offered an appointment at 5.45pm but could not get to the practice until 6pm when clinicians would normally have completed their clinical hours and be updating records, the GP has still agreed to see them.
- The practice was able to book routine appointments at a local Hub health centre for appointments between 6.30-8pm Monday to Friday.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability; the practice had 23 patients registered as living with a learning disability. At the time of inspection, the practice reported no patients were registered as homeless.
- Some members of staff at the practice have attended Blind Awareness and Hearing Awareness training sessions.

People experiencing poor mental health (including people with dementia):

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.
- The practice has been certified as a Dementia Friendly practice. To become a Dementia Friendly practice, practices must attend an awareness session for all staff. A practice must also use a specific checklist to identify changes that can be made within a practice to better support patients with dementia as well as access a range of additional resources from the Alzheimer's Society.
- The practice reported all staff had undertaken Dementia Awareness training following incidents whereby patients and non-registered individuals were attending the practice in a confused state. The practice had wished to improve their provision of care, comfort and assistance to such individuals more appropriately.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately. At 2pm on the day of inspection, the next available urgent GP appointment was 3.20pm while the next routine appointment with a GP was 4.10pm and with the nurse was 3.40pm.
- The practice provided services Monday to Friday between 8am and 6.30pm.
- Patients reported being able to see their named GP most of the time, and as the practice only had three GPs, two of which were regular locums, patients generally reported receiving consistency care.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use and planned six weeks in advance. Patient could book on line but were equally welcome to attend the practice to book appointments
- On inspection, patients were very keen to report how accessible the practice and appointments were, with patients reporting waiting a maximum of one day to see a clinician, but are generally seen on the day of calling for an appointment.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. This was supported by observations on the day of inspection and completed comment cards.

- 88% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) and national averages of 76%.
- 99% of patients who responded said they could get through easily to the practice by phone; CCG - 76%; national average - 71%.
- 95% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 87%; national average - 84%.
- 96% of patients who responded said their last appointment was convenient; CCG - 82%; national average - 81%.

Are services responsive to people's needs?

(for example, to feedback?)

- 96% of patients who responded described their experience of making an appointment as good; CCG 74%; national average - 73%.
- 93% of patients who responded said they don't normally have to wait too long to be seen; CCG - 55%; national average - 58%.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. One complaint was received in the last year. We reviewed the complaint and found that it was handled satisfactorily and in a timely way. Verbal complaints were reported to be addressed upon receiving them but were not documented formally. The practice reported not receiving many verbal complaints.
- The practice learned lessons from individual concerns and complaints. It acted as a result to improve the quality of care. Although there was little evidence of the practice learning from complaints, as most feedback received from patients was overwhelmingly positive.

Are services well-led?

Good 

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

Our findings

We rated the practice as good for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Staff reported no concerns or hesitations in raising an issue with a manager.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. During inspection, the practice outlined their plans to recruit at least one more partner, as it was always the intention for the practice to be a partnership rather than the current single legal entity.

Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them. During inspection, all staff were able to show clear understanding of the values of the practice, described as treating their patients as they would wish for their own family to be treated.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. On the day of inspection when discussing appraisals we found that five out of the ten only five had received an appraisal within the past 12 months. We discussed this with the practice who told us that this was in part due to the practice implementing a new computer system that required a lot of training and additional support. Evidence was seen that arrangements to catch up on appraisals were in place. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out,

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understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.

- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. Some policies needed further amendment that the practice responded to as part of the inspection process.
- A review of the practice's policy on reporting of significant events showed appropriate detail and included a 'Significant Event Review report template'. However, there was a slight lack of oversight for the consistent completion of this report, due to the incident of the flu immunisation not being formally documented. Since inspection, we have received assurances that this incident has now been recorded correctly.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety. A recent Medicines and Healthcare products Regulatory Agency MHRA alert regarding a batch of medication was actioned by notifying patients who were receiving the medication, informing them of the batch numbers affected and advising them to contact the local Pharmacy if they had been affected.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality. Evidence of changes in practice was seen with regards to patients receiving Clopidogrel and Denosumab.
- The practice had plans in place and had trained staff for major incidents.

- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care. During inspection, the practice confirmed a change in their computer system in line with the local clinical commissioning group recommendations, promoting resilience and ensuring improved data collection methods.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. The practice used patient feedback and Friends and Family surveys although the practice reported not receiving many recommendations for changes, only requests for the practice to remain as they are.
- There was a virtual patient participation group with over 230 patients registered and new members have been recruited recently via email. During inspection, the practice reported a desire to introduce a more formal

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meeting to discuss aspects of the practice with the patient participation group and have produced a newsletter to share information and there are details also on their website.

- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice the clinical staff actively sought to remain up to date and the practice staff attended Target training event supported by the clinical commissioning group. Staff reported being able to attend courses relevant to their roles, supported by the practice although funded by themselves.