# Dr Chandra Khatri

## 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 Dr Chandra Khatri on 24 March 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the inspection can be found by selecting the 'all reports' link for Dr Chandra Khatri on our website at www.cqc.org.uk.

This inspection was an announced comprehensive inspection on 19 July 2017. Overall the practice is now 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 a system in place for reporting and recording significant events.
- The practice had systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect. Patients we spoke with on the day were positive about their care and treatment.
- Information about services and how to complain was now available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they found it easy to make a pre bookable and on the day appointment with a GP.
- Feedback from patients about their care was consistently and strongly positive.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour.

**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?

Good

The practice is rated as good for providing safe services.

- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had arrangements to respond to emergencies and major incidents.

### Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were in line with the national average.
- Staff were aware of current evidence based guidance.
- The practice used data to effectively monitor and improve outcomes for patients.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

### Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients responses were in line with others for several aspects of care.
- Speaking with patients and reviewing comment cards on the day of the inspection the patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

# Summary of findings

- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

**Are services responsive to people's needs?**

Good

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was now available and evidence from examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

**Are services well-led?**

Good

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

- The practice now 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 it.
- There was now a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This now included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.

# Summary of findings

- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.

# Summary of findings

## The six population groups and what we found

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

### Older people

Good

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

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified, at an early stage, older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice participated in a local CCG care home scheme to support patients living in residential and nursing homes. The practice referred patients to the scheme where they were provided with care plans and direct access to a dedicated team which included a GP, advanced nurse practitioner and practice nurse.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services and signposted to relevant social care and voluntary organisations for additional support.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

### People with long term conditions

Good

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

- The GPs had a shared lead in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The practice offered longer appointments for those with multiple long term conditions, offering a holistic review.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.

# Summary of findings

- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for 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 social care professionals to deliver a multidisciplinary package of care.

**Families, children and young people**

Good

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

- From the sample of documented examples we reviewed 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.
- Immunisation rates were high for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

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

Good

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

- The needs of these populations 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, appointments were available one evening a week until 8:45pm. Additionally patients can access GP services in the evening and on Saturdays and Sundays through the Wigan GP access alliance at locations across Wigan Borough.

# Summary of findings

- 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.
- Telephone consultations were available daily.

**People whose circumstances may make them vulnerable**

Good

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- 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 offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

Good

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

- The practice carried out advance care planning for patients living with dementia.
- 76% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is 8% below the national average. However this was being addressed this year by the practice with the assistant practitioner taking the lead on reviews and care plans.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.

# Summary of findings

- 89% of patients with poor mental health had a comprehensive care plan documented in their record agreed between individuals, their family and/or carers as appropriate. This was in line with the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2017 showed the practice was performing above local and national averages. 349 survey forms were distributed and 139 were returned. This was a response rate of 40% and represented 3% of the practice's patient list.

- 87% of patients found it easy to get through to this practice by phone compared to the national average of 71%.
- 81% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 84%.
- 80% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 80% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 42 comment cards which were all positive about the standard of care received. Patients said they were treated with dignity and respect, staff are friendly and helpful.

We spoke with four patients during the inspection, including two members of the patient participation group. The patients said they were satisfied with the care they received and thought staff were approachable, committed and caring and they had easy access to appointments.

The practice had conducted an in house patient's survey during October 2016, which was completed by 108 patients (2% of the patient list). Analysis of the survey by the practice showed levels of satisfaction with the service, for example:

- Experience of being treated with dignity and respect: 90% of patients recorded that they were treated with dignity and respect.
- Helpfulness of receptionists: 87% of patients felt the receptionists were helpful.
- Overall Satisfaction: 85% of patients recorded very/ fairly satisfied overall with the services received.

Information from the "Friends and Family Test" indicated that the vast majority of patients completing the form were extremely likely or likely to recommend the practice to others.

# Dr Chandra Khatri

**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 2nd CQC Inspector.

## Background to Dr Chandra Khatri

Dr Chandra Khatri provides primary medical services in Wigan from Monday to Friday. The surgery is open Monday to Friday 8am to 6:30pm, except Wednesdays when the practice closes at 1pm and Monday evenings when the practice is open until 8:45pm.

Appointments with a GP are available at the following time :

Monday 9am to 1pm, 3.30pm to 6.30pm and extended opening 6.30pm to 8.45pm.Tuesday, Thursday and Friday 9am to 1pm and 3:30pm to 6:30pm and Wednesday 9am to 1pm

Patients requiring a GP outside of normal working hours are advised to contact the surgery and they will be directed to the local out of hours service which is provided by Bridgewater NHS Foundation Trust –through NHS 111. Additionally patients can access GP services in the evening and on Saturdays and Sundays through the Wigan GP access alliance at locations across Wigan Borough.

Dr Chandra Khatri is part of Wigan Clinical Commissioning Group (CCG).

The practice has a Personal Medical Services (PMS) contract with NHS England.

Dr Chandra Khatri is responsible for providing care to 4619 patients

The practice consists of three part time male GPs and a female GP for one session a week. The practice also has a part time health care assistant and was in the process of recruiting a part time practice nurse. The practice is supported by a practice manager, assistant manager and reception administrators.

## Why we carried out this inspection

We undertook a comprehensive inspection of Dr Chandra Khatri on 24 March 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing safe, effective and well led services.

We undertook a further announced comprehensive inspection of Dr Chandra Khatri on 19 July 2017.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 19 July 2017. During our visit we:

- Spoke with a range of staff including the lead GP, practice manager, health care assistant and , reception and administration staff.
- Observed how patients were being cared for in the reception area and talked with patients.

# Detailed findings

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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 living 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.

Good

# Are services safe?

## Our findings

At our previous inspection on 24 March 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of managing and monitoring cleaning of the premises and fire safety required improvement.

These arrangements had significantly improved when we undertook a follow up inspection on 19 July 2017 The practice is now rated as good for providing safe services.

### Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the sample of five documented significant events we reviewed we found these were appropriately investigated and actions and outcomes shared. We saw that where appropriate, when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events. The practice also monitored trends in significant events and evaluated any action taken.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (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). We noted however that following a consultation chaperones did not record in patient's notes they had been present in line with good practice guidance.
- The practice had a system for managing safety alerts from external agencies. For example those from the medicines and healthcare products regulatory agency (MHRA). These were reviewed at practice meeting by the GPs and practice manager and action was taken when required.

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice manager was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines.

Good

# Are services safe?

Repeat prescriptions were signed before being given to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits. There was a pharmacist from the CCG who worked with the practice to support regular medicines audits and to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use.

- The health care assistant was trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.

We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment for new staff. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

## Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

## Arrangements to deal with emergencies and major incidents

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

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

Good

# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous inspection on 24 March 2016, we rated the practice as requires improvement for providing effective services as the arrangements in respect of training and appraising staff were not sufficient.

These arrangements had significantly improved when we undertook a follow up inspection on 19 July 2017. The provider is now rated as good for providing effective services.

### Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 93% of the total number of points available, in line with the clinical commissioning group (CCG) average and national average.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators were above the CCG and national average at 93%. (1% above the CCG average and 3% above the national average).
- The percentage of patients with hypertension having regular blood pressure tests was comparable to the CCG and national average at 100% (in line with the CCG and national average.)
- Performance for chronic obstructive pulmonary disease (COPD) related indicators were above the CCG and national average at 100% (2% above the CCG and 4% above the national average.)

There was evidence of quality improvement:

- The practice used data to effectively monitor and improve outcomes for patients for example, access to appointments, monitoring prescribing data and QOF on a regular basis.
- There had been six clinical audits completed in the last two years, we looked at two completed audits where the improvements made were implemented and monitored. Examples included, Type 2 Diabetes Mellitus in Relation to HbA1c and Glycaemic Control and minor surgery.
- The practice participated in national and local benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services.
- A CCG pharmacist provided support to the practice. They ran prescribing safety checks and audits, where any issues were highlighted these were passed to a GP to act on.

### Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and to nurse and clinical leads within the CCG.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support,

Good

# Are services effective?

## (for example, treatment is effective)

one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Regular meetings took place with other health care professionals when care plans were routinely reviewed and updated for patients with complex needs.

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.

### Consent to care and treatment

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

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

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- A health trainer (employed by the Local Authority) worked at the practice weekly to support patients in achieving a healthier lifestyle. Support included smoking cessation and weight management.
- The practice's uptake for the cervical screening programme was 81%, in line with the national average of 81%.
- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable with CCG and national averages. For example, NHS England figures showed that in 2016 96% of children, registered with the practice aged 5 years had received the full measles, mumps and rubella (MMR) vaccination which was above the national average of 88%.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were failsafe systems 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.

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

The practice produced a newsletter which was circulated to the patient population. It included information about appointments and screening programmes, general health advice as well as information about how the practice worked with the local community.

Good

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and helpful to patients and treated them with dignity and respect. We saw a strong patient-centred culture:

- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this.
- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- 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.
- The practice had three male GPs and a female GP one session a week.

The majority of the 42 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was in line with others for its satisfaction scores on consultations with GPs and nurses. For example:

- 88% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 86% and the national average of 89%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 86%.
- 91% of patients said they had confidence and trust in the last GP they saw compared to the CCG and the national average of 96%.
- 81% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 86%.
- 98% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

The majority of 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 from the comment cards we received aligned with these views. Comments included , treated with dignity and respect, staff are friendly and helpful and very good

Children and young people were treated in an age-appropriate way and recognised as individuals.

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 mixed compared to the local and national averages. For example:

- 86% of patients said the last GP they saw was good at explaining tests and treatments the same as the CCG and the national average.
- 67% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 91% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that interpretation 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.
- The NHS E-Referrals service was used with patients as appropriate. (NHS E-Referrals is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital. The practice monitored and peer reviewed referrals made by clinicians to ensure they were appropriate and carried out in appropriate time frames.

Good

# Are services caring?

### Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Support for isolated or house-bound patients was monitored and these patients were included within the practice 'important patient' list

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 57 patients as carers (approximately 1% of the practice list). Carers were provided with an annual health review and where it was difficult for carers to attend the practice for appointments due to caring responsibilities home visits were available. Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support.

Staff told us that if families had experienced 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 and/or by giving them advice on how to find a support service.

Good

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours on a Monday evening until 7.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- The practice worked closely with the integrated neighbourhood team, meeting monthly to co-ordinate care and treatment for patients with multiple long term conditions and those who were vulnerable.
- Two GPs within the practice provided minor surgery within the practice on a weekly basis enabling them to access care closer to home.

### Access to the service

The surgery was open Monday to Friday 8am to 6:30pm except Wednesdays when the practice closes at 1pm and Monday evenings when the practice was open until 8:45pm. Appointments with a GP were available:

Monday 9am to 1pm, 3.30pm to 6.30pm and extended opening 6.30pm to 8.45pm.

Tuesday, Thursday and Friday 9am to 1pm and 3:30pm to 6:30pm

Wednesday 9am to 1pm

Extended hours appointments were offered one evening a week until 8:45pm. In addition to pre-bookable appointments, urgent appointments were also available for patients that needed them. Additionally patients could access GP services in the evening and on Saturdays and Sundays through a local extended hours hub.

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

- 87% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 79% and the national average of 71%.
- 81% of patients said they could easily get through to the practice by phone compared to the national average of 84%.
- 81% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG and the national average of 84%.
- 82% of patients said their last appointment was convenient compared with the CCG and the national average of 81%.
- 77% of patients described their experience of making an appointment as good compared with the CCG average of 78% and the national average of 73%.
- 58% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 63% and the national average of 58%.

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

This was achieved by the GP triage, in which a GP would telephone the patient or carer in advance to gather information to allow an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Good

# Are services responsive to people's needs?

## (for example, to feedback?)

### Listening and learning from concerns and complaints

The practice had a system 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 formal complaints received in the last 12 months and found they were satisfactorily handled, dealt with in a timely way with openness and transparency. Compliments and complaints were also discussed routinely within practice meetings. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care.

# Are services well-led?

Good

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

## Our findings

At our previous inspection on 24 March 2016, we rated the practice as requires improvement for providing well-led services as there was no overarching governance structure.

These arrangements had significantly improved when we undertook a follow up inspection on 19 July 2017. The provider is now rated as good for providing well led services.

### Vision and strategy

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

- The practice had a mission statement and staff knew and understood the values.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### 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 and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- An understanding of the performance of the practice was maintained.
- Practice and clinical meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence from minutes of meetings a structure that allowed for lessons to be learned and shared following significant events and complaints.

### Leadership and culture

On the day of inspection the lead GP and practice manager demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care.

They told us they prioritised safe, high quality and compassionate care. Staff told us managers and GPs were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).This included support training for all staff on communicating with patients about notifiable safety incidents. The organisation encouraged a culture of openness and honesty. The practice gave affected people reasonable support, truthful information and a verbal and written apology.

- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure and staff felt supported by management.

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the mangers and lead GP in the practice. All staff were involved in discussions about how to run and develop the practice, and the practice encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- Patients through the patient participation group (PPG) and through surveys and complaints received.
- The PPG were newly formed with five members currently active, meeting formally on a quarterly basis

# Are services well-led?

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and engaging with the practice via email. The group were working with the practice to look at ways of improving confidentiality at reception, promote online access and the content of the practice newsletter.

- The NHS Friends and Family test, complaints and compliments received and via the suggestion box.
- As a result of feedback from patients the practice were looking at ways of improving confidentiality at reception and increasing the number of patients using the online services such as booking appointments.
- Staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

### Continuous improvement

There was a 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. This included being proactive with the local CCG cluster to look at new ways of working for example, building on the care home scheme.