Dr Reshma Rasheed

Quality Report

The Chapel Street Surgery
93 Chapel Street,
Billericay
CM12 9LR
Tel: 08444 773945
Website: www.chapelstreetsurgery.co.uk

Date of inspection visit: 19 January 2016
Date of publication: 10/03/2016

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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at the Chapel Street Surgery on 19 January 2016. Overall the practice is rated as good.

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

- We found that the service provision at Chapel Street Surgery was safe, effective, caring, responsive and well led. Staff we spoke with were confident to report serious incidents, whistle blow or challenge poor practice.There were arrangements in place to implement good practice and learn from any untoward incidents. There was an open culture that focused on patient safety.
- Risks to patients were assessed and well managed. Information about safety was monitored, appropriately reviewed and addressed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. There were regular multi-disciplinary team discussions to ensure patients' care and treatment was coordinated and the expected outcomes were achieved.
- We found that staff were supported to participate in training and development which would enable them to deliver effective quality care.
- Patients said they were treated with compassion, dignity and respect, and they were involved in their care and decisions about their treatment. They were complimentary about the dedication of the doctors at the surgery. Information about services and how to complain was available and easy to understand.
- Patients said they could make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. Access on the phone and waiting times were considered too long by patients at times. We saw that actions were being taken to improve these timeframes.

Summary of findings

- The premises were not purpose built but ongoing refurbishments maintained an acceptable standard, although access for disabled people was restricted in parts of the surgery. Plans to extend and improve the premises were in place.
- There was a clear leadership structure. All staff were appropriately qualified and competent to carry out their roles safely and effectively in line with best practice.
- The practice had a system in place for staff appraisals, and staff told us they felt valued and supported by the provider.
- The provider was aware of and complied with the requirements of the Duty of Candour. The practice sought feedback from staff and patients, which it acted on.

However, there was an area where the provider should make improvements.

The provider should strengthen systems for recording outcomes and practice changes identified from monitoring the services provided to ensure a clear audit trail that includes discussions with staff, the implementation of action plans and the cascading of learning.

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.

- Staff we spoke with were confident to report serious incidents, whistle blow or challenge poor practice. There were arrangements in place to implement good practice and learn from any untoward incidents.
- Risks to patients were assessed and well managed. Medicines were managed safely and securely stored. Infection control procedures were being followed. Health and safety risk assessments had been completed.
- Staff who acted as chaperones had received appropriate training.
- The surgery ensured safe staffing levels and skill mix, and had encouraged proactive teamwork to support a safe environment. Ongoing recruitment was actioned where needed.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- There were arrangements in place to deal with foreseeable emergencies.
- Emergency equipment and medication was easily accessible in the practice.

Are services effective?

Good

The practice is rated as good for providing effective services.

- The provider could demonstrate that there was a collaborative, effective approach to care and treatment. Staff could show systematic processes for implementing and monitoring the use of best practice guidelines and standards, and demonstrated good outcomes to patients through the care and diagnostics provided. Care and treatment plans were recorded and communicated with all relevant parties to ensure continuity of care.
- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.

Summary of findings

- The practice routinely collected patient outcomes information and participated in clinical audits, national benchmarking and peer review to encourage service developments and quality improvements.
- All staff were appropriately qualified and competent to carry out their roles safely and effectively in line with best practice. The number of staff who received continuing professional development and supervision was satisfactory.The practice had a system in place for staff appraisals, and staff told us they felt valued and supported by the organisation.
- There were regular multi-disciplinary team discussions to ensure patients' care and treatment was coordinated and the expected outcomes were achieved.

We found that staff were supported to participate in training and development which would enable them to deliver good effective quality care.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the latest National GP Patient Survey results showed patients rated the practice higher than others for several aspects of care.
- Staff in all roles treated patients with dignity and patients felt well-cared for as a result. Patients we spoke with and those close to them were encouraged to be involved in their care, treated as equal partners, listened to and were involved in decision making at all levels.
- Information for patients about the services available was easy to understand and accessible in the waiting areas.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality, despite the limited size of the waiting area.
- There were positive views from a breadth of patients and those close to them about the care provided, which were supported by the views of the staff.We found that care was patient centred. The provider encouraged staff to develop services to provide patients with support where needed

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

Summary of findings

- The surgery was planning developments of the premises and undergoing refurbishment to improve and expand the areas to meet demands. This was not only for clinical services, but also to provide more facilities and disability access on the surgery site.
- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The importance of flexibility, choice and continuity of care was reflected in the services provided for patients.
- The practice offered appointments from 7am Monday to Friday and Saturday morning practice nurse appointments for working patients who could not attend during normal opening hours.
- All new patients were offered a full health screen including glucose tolerance checks to look for signs of diabetes. Additional twenty minute GP appointments had been introduced to reduce waiting times in response to patient feedback.
- 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, although there was limited access for disabled people.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders. Patients told us they felt listened to.

Are services well-led?

Good

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

- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this. There was a focus on continuous learning and improvement at all levels.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity. Staff told us they received feedback when they were performing well and would be confident to challenge poor performance to improve quality of

care. We saw that the practice engaged with staff at all levels. For example, staff were consulted on service designs and upgrades to premises through multi-disciplinary meetings, team meetings and emails.

- Staff understood the staffing structures and were aware of their own roles and responsibilities. Succession planning was in place and continuing professional development was encouraged.
- There was a governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk through a programme of continuous clinical and internal audit.
- The provider was aware of and complied with the requirements of the Duty of Candour. The registered manager encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice did not have an active patient participation group (PPG) but were trying to establish one. The practice reviewed and responded to issues raised by patients through the national and local patient survey, comments cards, complaints and compliments received.

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.

- A register of older people who needed extra support was in place.
- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were above local and national averages.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- A community care coordinator worked with the surgery to oversee the care plans of older people discharged from hospital, making sure the patient (and/or their carer) was informed of changes and updated at regular intervals.
- GPs worked with local multidisciplinary teams to reduce the number of unplanned hospital admissions for patients at risk, including those with dementia and those receiving end of life palliative care.
- The percentage of people aged 65 or over who received a seasonal flu vaccination was comparable with the CCG and national averages.

People with long term conditions

Good

- The practice is rated as good for the care of people with long-term conditions.The practice performance for the management of long term conditions was similar to or higher than other GP practices nationally.
- Nursing staff had lead roles in chronic disease management, and patients at risk of hospital admission were identified as a priority. These patients were referred to the community care coordinator to support them at home and reduce the risk of readmission to hospital.
- Referrals for people diagnosed with a long term condition or for diagnosis of a long term condition were in line with best practice.
- The practice provided health promotion advice and information, and referred patients to support services to help them manage their condition.

Summary of findings

- The management of people with type 1 and 2 diabetes was comparable to other practices.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured six monthly review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were adequate for children and babies, although the waiting room was cramped.
- We saw positive examples of joint working with midwives and health visitors. In-house weekly midwifery services, post-natal and baby checks were available to monitor the development of babies and the health of new mothers.
- Sexual health information and a range of family planning clinics were available. Patients were signposted to local family planning and sexual health clinics as these services were not available in-house.Cervical screening data was comparable to other practices.

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 the working age population, including those recently retired and students, had been identified. The practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. This included

Summary of findings

extended hours between 7am and 8am to support commuters, and appointments at weekends with the practice nurse to improve access to patients for routine health checks and the treatment of minor illnesses.
- The practice was proactive in offering online services, for example implementing an online appointment system. The surgery also had electronic prescribing (where patients can arrange for their repeat prescriptions to be collected at a pharmacy of their choice).

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.
- The practice proactively promoted annual health checks for patients with learning disabilities. It carried out home visits for these reviews as needed.
- The practice offered longer appointments for patients with a learning disability and worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good

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

- Health promotion leaflets to support patients with mental health problems was accessible in the waiting area.
- There was evidence of shared communication between the multi-disciplinary services that the practice used when referring patients for mental health assessments. Care plans were in place for those patients suffering with dementia and poor mental health.

Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. Systems were in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had received training and 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 published on 2 July 2015 were taken from the January to March 2015 GP Patient Surveys. There were 274 survey forms distributed for the practice and 104 forms were returned, which represented 38% of the patients who were selected to participate in the survey. The survey showed that patient satisfaction was generally similar to local and national averages for GP practices. However, the practice scored below local and national averages for ease of accessing the surgery by telephone and waiting too long to be seen.

- 46% of respondents found it easy to get through to this surgery by phone compared to a CCG average of 72% and a national average of 73%.
- 88% of respondents were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 82% of respondents described the overall experience of their GP surgery as good (CCG average 82%, national average 84%).
- 87% of respondents said the last GP they saw or spoke to was good at listening to them (CCG average 83.6% national average 88%).
- 64% of respondents said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 73%, national average 77%).
- 61% of respondents felt they normally had to wait too long to be seen (CCG average 35.2% national average 34.5%).

The practice had reviewed these comments and implemented changes to help address them, such as introducing longer appointments to reduce waiting times and increasing the online booking system to reduce pressure on the reception phones.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 58 comment cards which were positive about the standard of care received and spoke highly of the commitment, dedication and individualised care provided by the GPs. Waiting times to be seen was an occasional issue but the receptionists did inform patients when there was a delay.

We spoke with four patients during the inspection. All four patients said they were happy with the care they received and thought staff were approachable, committed and caring. The NHS Friends and Family test results currently displayed on the NHS Choices website indicate that 92% of patients would recommend this practice.

Areas for improvement

Action the service SHOULD take to improve

- The provider should strengthen systems for recording outcomes and practice changes identified from monitoring the services provided to ensure a clear audit trail that includes discussions with staff, the implementation of action plans and the cascading of learning.

Dr Reshma Rasheed

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist adviser and a Practice Manager specialist adviser.

Background to Dr Reshma Rasheed

Dr Reshma Rasheed (The Chapel Street Surgery) provides primary care services to a population of approximately 4,500 patients in the Billericay area. The surgery has three female GPs, one male GP and two practice nurses. The practice holds a Personal Medical Services (PMS) contract and is a teaching practice.

The practice population is similar to the national average for younger people and children under four years, and for those of working age and those recently retired. It is slightly higher for older people aged over 75 years. Economic deprivation levels affecting children, older people and unemployment are lower than the practice average across England. Life expectancy for men and women are similar to the national averages. The practice patient list is similar to the national average for long standing health conditions and lower disability allowance claimants. The practice covers one care home.

The Chapel Street surgery is not a dispensing practice but offers the Electronic Prescription Service, which allows patients to choose or "nominate" a pharmacy to get medicines or appliances from.

The surgery is close to the local high street and can be accessed by bus. The premises are not purpose built, and are currently undergoing refurbishments to improve the patient and clinical areas. Disability access by ramps is available but some areas of the practice may restrict access due to being narrow in places. The washroom is not designed for disabled people. The surgery has parking at the front and rear of the premises but no designated spaces for disabled people. Translation services and induction loops are available and several staff speak other languages to assist patients who do not speak English as a first language.

The practice is open between 7am and 6.30pm Monday to Friday. GP and nurse appointments are available between 7am and 12pm and 3.30pm to 6.00pm. Patients are able to book appointments with a midwife between 9am and 12pm on Mondays, and with a counsellor between 1pm and 4pm on Wednesdays. There are practice nurse appointments available between 9am and 1pm on Saturdays.

Emergency appointments are available throughout the day. The practice has opted out of providing GP out of hour's services. Unscheduled out of hours care is provided by the NHS 111 service and patients who contact the surgery outside of opening hours are provided with information on how to contact the service. The out of hours provision is provided by IC24 and commissioned by Basildon and Brentwood CCG. This information is also available on the NHS choices website. In an emergency patients are advised to dial 999.

Dr Reshma Rasheed was previously inspected in January 2014 by the Care Quality Commission and found to be compliant with the Health and Social Care Act 2008 regulations at that time.

Detailed findings

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 19 January 2016 During our visit we:

- We used information provided by the organisation, and information that we requested, which included feedback from people using the service about their experiences.
- Spoke with a range of staff (receptionists, practice nurses, health visitor, community care coordinator, practice managers and doctors) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- We reviewed a number of documents including policies and procedures in

  relation to the management of the practice.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

  We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

  Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Good

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff were confident to report serious incidents, whistle blow or challenge poor practice. Staff told us they would inform the practice manager of any incidents, and there was also a recording form available on the practice's computer system.
- We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where incidents were discussed. Information about safety was monitored, appropriately reviewed and addressed. Learning from when things went wrong was shared with staff through meetings and discussions to improve safety in the practice. For example, X-ray and scan request forms had been reported to be lost between the practice and hospital, so patients were given the additional choice of taking the referral form directly to the hospital, posting it themselves or following up with the hospital if not booked within two weeks.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- There were effective safeguarding policies and procedures which were understood and implemented by staff. There had been no safeguarding alerts or concerns for the surgery in the last 12 months. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to an appropriate level to manage safeguarding concerns.
- A notice in the consulting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- The practice maintained appropriate standards of cleanliness and hygiene, and we observed the premises to be clean and tidy. We saw staff wash their hands and use hand gel between patients. There was an infection control protocol in place and staff had received up to date training The practice nurse was the infection control clinical lead. Annual infection control audits were undertaken and patients who came regularly to the practice told us the premises were clean and tidy.
- Staff we spoke with were aware of medicine management policies and monitoring systems were in place to pick up medication errors. The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). We saw that the practice carried out regular medicines audits and monitored fridge temperatures regularly. There were recent reports from the local CCG pharmacy teams, reflecting that prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available for staff reference. The

practice had up to date fire risk assessments and fire training was provided to all staff. We saw that equipment was routinely checked for electrical safety and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as infection control and legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Staff told us they were confident that managers ensured that the right staffing levels and skill-mix were sustained at all times of day and week to support safe, effective patient care and staff wellbeing.

Arrangements to deal with emergencies and major incidents

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

- All staff received annual basic life support training.
- 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 and training logs were up to date.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. We saw evidence that all the medicines and emergency equipment were regularly checked and those we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place 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

Effective needs assessment

We spoke with staff on the day of our inspection and were satisfied that care and treatment was

being delivered in line with best practice and legislation. They were aware of the guidance provided by the National Institute for Health and Care Excellence (NICE) and how to access the guidelines.

- We saw systems in place to keep all clinical staff up to date and how the guidelines were used to deliver care and treatment that met peoples' needs.
- There was an effective system in place to monitor national patient safety alerts. These were reviewed by the lead GP who made appropriate clinical decisions. The information was then shared with other staff if relevant to their role. This ensured patients received effective consultations and treatment.

Management, monitoring and improving outcomes for people

GPs we spoke with told us that the practice was proactive in promoting patients' health and disease prevention to improve outcomes for people. We looked at monitoring systems such as 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 for the year 2014-15 were 88% of the total number of points available, with 7.4% exception reporting. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

This practice was not an outlier for any QOF (or other national) clinical targets. The most recent QOF Data that we reviewed for the year 2014-15 showed this practice was comparable to other practices such as:

- The performance for diabetes related indicators was similar to the CCG and national average. Such as the percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 September to 31 March (01/04/2013 to 31/03/2014) was 97% national average 93%
- The percentage of patients with hypertension having regular blood pressure tests was 88%. This was 5% percentage points above the national average.
- Performance for mental health related indicators was similar to the CCG and national average Such as: The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months (01/04/2013 to 31/03/2014) was 89 % as compared with the national average of 83%.

The practice used clinical audits to monitor and make changes to patient care and treatment as part of its quality monitoring and improvement.

- There had been 14 clinical audits in the last year. We looked at a sample of audits which had been completed within the previous 12 months. Improvements made were implemented and monitored such as proactive early testing for methotrexate users to reduce the number of delayed prescriptions.
- The practice participated in local audits, national benchmarking, and peer review. Data was available and reviewed by the practice to determine how they performed in relation to other practices within their CCG, such as referral rates and unplanned emergency admission rates. The practice was not an outlier for either of the areas. Referrals were also reviewed by an external referral triage system to ensure they met the criteria.
- Findings were used by the practice to improve services. For example, recent action was taken by the practice in response to patients low attendance rates for cervical screening . The practice actively addressed non attendance and aimed to educate patients in the risks and choices they made. The practice reported a significant improvement which is now comparable to national data.

Effective staffing

Staff were trained and supported so that they had the skills, knowledge and experience to deliver effective care and treatment.

Good

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. The practice could demonstrate how they ensured role-specific training and updating for relevant staff had taken place. Nursing staff were trained to carry out assessments and deliver patient screening and treatment programmes including immunisations and cervical screening. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff including medical students on placement had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- We saw that GPs and nurses undertook refresher training courses to keep their continuing professional development up to date and to ensure that their practice was in line with best practice and current guidance. 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.

- Staff we spoke with could show how relevant information was shared with other services in a timely way, for example when referring patients to other services in the community through regular meetings with the community care coordinator and health visitor. This included discussions around care and risk assessments, care plans, medical records and investigation and test results.
- The community care coordinator and health visitor confirmed that formal multi-disciplinary team meetings took place on a regular basis. The care and treatment of patients who were receiving palliative care, those who were identified as being at risk of unplanned hospital admission and other vulnerable patients was discussed and reviewed. Patient records and care plans were routinely reviewed and updated so as to ensure that appropriate and relevant information was available to all the agencies involved in patients care and treatment.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.. Patients were then signposted or referred to the relevant service, for example, patients on the the obesity management programme would be referred to a dietician.
- Patients were signposted to an external service for smoking cessation, although the practice was responsible for issuing prescriptions for nicotine replacement therapy. This community based health organisation offered a range of health services, including health checks, health trainers, sexual health, weight management, smoking cessation, alcohol reduction and general lifestyle advice.
- The practice's uptake for the cervical screening programme was 85% which was comparable to the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated

Good

Are services effective?

(for example, treatment is effective)

how they encouraged uptake of the screening programme and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 90% to 100% and five year olds from 89% to 97%.

Flu vaccination rates for the over 65s were 65%, and at risk groups 46%. These were also comparable to CCG and national averages.

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

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

  We saw that the surgery had a chaperone system in place for people if required.

All of the 58 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

The practice did not have a patient participation group but was planning to set one up later this year. They participated in a local General Practice patient survey. Completed samples we looked at indicated that patients were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the National GP Patient Survey published in July 2015 showed patients felt they were treated with compassion, dignity and respect. The practice performance was similar to the CCG and national averages for satisfaction scores on consultations with GPs and receptionists and slightly below average for nurses. For example:

- 87% of respondents said the GP was good at listening to them compared to the CCG average of 83% and national average of 88%.
- 88% of respondents said the GP gave them enough time (CCG average 83%, national average 86%).
- 92% of respondents said they had confidence and trust in the last GP they saw (CCG average 92 %, national average 95%).
- 82% of respondents said the last GP they spoke to was good at treating them with care and concern (CCG average 79%, national average 85%).
- 84% of respondents found the receptionists at this surgery helpful (CCG average 84%, national average 86%).
- 79% of respondents said the last nurse they saw or spoke to was good at listening to them (91% CCG and 91% national)

We found patients we spoke with and comment cards reviewed were also complimentary about the kindness, dignity, respect and compassion showed to them by staff. They were positive about the nursing staff listening to them.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the National GP Patient Survey published in July 2015 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 81% of respondents said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and national average of 86%.
- 75% of respondents said the last GP they saw was good at involving them in decisions about their care (CCG average 74%, national average 81%).
- 73% of respondents said the last nurse they saw was good at involving them in decisions about their care (CCG average 85%%, national average 84%).

Good

Are services caring?

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. A mental health counsellor was available weekly to provide additional support where needed.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 15% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them, such as flu vaccinations.

Staff told us that if families had suffered bereavement, their usual GP contacted them. 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. The practice no longer routinely sent out condolence letters as they found that some relatives/ carers found them unwelcome. They did, however, signpost families to the local hospice and external organisations for bereavement support.

We spoke with four patients who were all very positive about the information and care provided in the surgery. Patients told us they were involved in decision making and understood the care and treatment they received. They were positive regarding the professionalism and support provided by the clinical and non-clinical staff.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and CCG to secure improvements to services where these were identified. Patients and staff said the surgery was responsive to meeting their needs, they gave examples such as:

- The practice offered extended early morning appointments from 7am Monday to Friday. They also provided Saturday morning practice nurse sessions for the convenience of working patients who could not attend during normal opening hours.
- All new patients were offered a full health screen including glucose tolerance checks to look for signs of diabetes.
- There were longer appointments available for patients with a learning disability and home visits were available for older patients and patients who would benefit from these.
- Additional longer GP appointments had been introduced to reduce waiting times in response to patient feedback and the provider was in the process of installing an automated phone booking system to improve patient access to timely appointments.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS.
- There were ramps for disabled patients at the side and front of the surgery, a hearing loop and translation services available.
- The practice had a plan in place to develop the premises to support additional services and improve disabled access in the future.
- Admission avoidance referrals for patients over 75 were sent to the community care coordinator to provide additional support in the home. The doctors liaised closely with the community teams including regular meetings to review individual patients to ensure vulnerable patients were treated and referred appropriately, including end of life patients.
- Weekly GP visits were conducted for patients in the local care home. These were intended to ensure people with complex needs, for example those living with dementia or those with a learning disability, received the support they needed. All dementia patients in the dementia unit of the care home were also reviewed by the psychogeriatric team to ensure their management and drug treatment was appropriate.

Access to the service

The practice was open between 7am - 6.30pm Monday to Friday. Appointments were available from 7am to 12pm every morning and 3.30pm to 6pm daily.

Results from the National GP Patient Survey published in July 2015 showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages, although they sometimes struggled to get through by phone.

- 79% of respondents were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 74%.
- 46% of respondents said they could get through easily to the surgery by phone (CCG average 72%, national average 73%).
- 88% of respondents said they always or almost always see or speak to the GP they prefer (CCG average 61%, national average 60%)

The practice were addressing this by increasing staff on reception and the duty managers on site during 7am and 7pm to deal with the increases in demand. The surgery was also installing a system used for automated bookings, which was intended to reduce the amount of calls coming through to reception. People told us on the day of the inspection that they were were able to get appointments when they needed them.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice. This included discussing the findings of complaints with relevant staff members as part of a programme of shared learning.
- We saw that information was available to help patients understand the complaints system in the practice

Good

Are services responsive to people's needs?

(for example, to feedback?)

complaints leaflet. Patients we spoke with were aware of the process to follow if they wished to make a complaint and were confident that the staff would respond in an appropriate manner.

We saw a summary of complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way and there was openness and transparency when dealing with the complaint. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, the practice identified a number of concerns relating to extended waiting times and an absence of explanation provided to patients. The receptionists now apologise and inform patients if the practice nurse clinics are running late.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a vision to deliver high quality care and promote good outcomes to ensure all patients received quality care consistent across all patient groups.

- The practice had a strategy and supporting business development plans which reflected the vision and values and staff knew and understood them.
- Two patients we spoke with were aware of the development plans and patient comment cards showed high levels of satisfaction with the quality of care and outcomes for patients.

Governance arrangements

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

- Staff were clear on the staffing structure and were aware of their own roles and responsibilities. Succession planning was in place and continuing professional development encouraged.
- Practice specific policies were implemented and were available to all staff.
- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements. However the registered manager recognised that whilst actions were taken, documentation of outcomes and practice changes from audits and incidents were not always robust.
- Staff were aware of local audit and performance outcomes and clear on day-to-day risk management practices. This was supported by the fact that there was evidence of minutes of formal meetings to show that staff and line managers were involved in risk management, developments and quality strategies.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The registered managers in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The doctors were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The registered managers encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.

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

- 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 in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the doctors in the practice. All staff were involved in discussions about how to run and develop the practice, and the doctors encouraged all members of staff to identify opportunities to improve the service delivered by the practice. An example of this was the implementation of a new travel clinic template designed by the practice nurse to cut down on paperwork.

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

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

- The practice did not have an active patient participation group (PPG) but were trying to establish one. The practice did review local patient survey data (GPAQ) and gathered and responded to feedback from patients through comments cards, complaints and compliments received.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss

Are services well-led?

Good

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

any concerns or issues with colleagues and management. They felt involved and engaged to improve how the practice was run. For example, the practice nurses raised concerns when the practice discontinued referral of patients for suture removal and identified the benefits of the service to patients. This decision was reviewed by the practice accepting it was in addition to their contractual requirements and reinstated the service at a cost to the practice.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and had been involved in the development of the community care coordinator role. We saw that the doctors participated in community health promotion lectures for patients and attended strategic area safeguarding meetings for wider learning. In February 2016 the doctors were introducing virtual follow-up appointments for results and medication reviews which was intended to free up 30% of appointments in-house and enhance the accessibility of the service for patients.