

Dr A Bisarya

Quality Report

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Date of inspection visit: 22/06/2016
Date of publication: 22/08/2016

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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr A Bisarya on 22 June 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. Significant events were investigated thoroughly and learning effectively implemented as a result.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.

- Patients were overwhelmingly positive about their experiences at the practice and said they were treated with compassion, dignity and respect. They felt involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it very 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.
- 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 and complied with the requirements of the duty of candour.

We saw areas of outstanding practice:

Summary of findings

- The practice was proactive in liaising with secondary care providers in order to improve clinical communication channels and improve patient care. Evidence confirmed that changes had been made by local NHS Trusts to improve systems around feeding back results to local GP practices as a direct result. This meant that GPs received results in a more timely manner with more accurate information, resulting in patients being able to access the most appropriate treatment more quickly.
- Two dieticians attended the practice each month to run clinics for the practice's patients, one of whom was a specialist dietician for patients with diabetes.

The areas where the provider should make improvement are:

- Ensure second cycle audits are completed in order to monitor changes and make sure improvements are maintained.
- The practice should continue with its efforts to establish a patient participation group.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice. Staff were able to describe learning outcomes from significant events in detail.
- When things went wrong patients received 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 clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits were carried out, however these were not full cycle audits where improvements made were monitored.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. We saw that the practice was extremely proactive in its efforts to improve communications with secondary care providers as well as outcomes for patients.
- The practice demonstrated it had a good awareness of its own performance and was engaged in quality improvement activity to address areas of weakness.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice in line with others for all aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Staff told us that if families had suffered bereavement, standard procedure for the practice involved their usual GP visiting them at home in order to offer support.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it very easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of well managed policies and procedures to govern activity.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to improve quality and identify risk.

Good



Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was not active but we saw the practice were making appropriate efforts to initiate this.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Health checks were offered to those patients over the age of 75.
- Multidisciplinary palliative care meetings were held regularly to ensure those patients nearing the end of their lives were receiving the most appropriate care and treatment. The practice monitored outcomes for patients nearing the end of life and told us that all patients passed away in their preferred location.
- The practice delivered care for 18 patients resident in care homes.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was in line with national averages.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. The practice told us that 86% of patients on four or more medications had had their medication needs reviewed in the previous 12 months.
- 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.
- The practice offered weekly anticoagulant clinics where patients' bloods were tested and their anti-coagulant medicine reviewed and dose changed as required. This meant they did not need to attend a separate specialist anticoagulant clinic.

Summary of findings

- Two dieticians attended the practice each month to run clinics for the practice's patients, one of whom was a specialist dietician for patients with diabetes.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were very high for all standard childhood immunisations and the practice was proactive in following up non attendances for these appointments.
- 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.
- The practice's uptake for the cervical screening programme was 84%, which was comparable to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- A family planning service was accessible to the practice's patients in the health centre building.

Good



Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Extended hours appointments were available every Monday evening until 8.00pm for those patients who could not attend during normal working hours.

Good



People whose circumstances may make them vulnerable

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

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability. These appointments were routinely 45 minutes long and review appointments were with the same GP to ensure continuity of care.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months was 81% compared to the national average of 84%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record in the preceding 12 months was 77% compared to the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. A primary care mental health worker was available to patients of the practice in the health centre building.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with or above national averages. A total of 339 survey forms were distributed and 137 were returned. This was a response rate of 40% and represented just over 5% of the practice's patient list.

- 81% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 78% 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 76%.
- 88% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 79% 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 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 28 comment cards which were all overwhelmingly positive about the standard of care received. The comments praised the practice for treating patients as individuals and for the excellent care it offered. They said care and treatment was always delivered in a timely manner and that clinical and non clinical staff were extremely caring and considerate.

We spoke with one patient during the inspection. This patient told us they were extremely happy with the care they received and thought staff were very approachable, committed and caring.

Areas for improvement

Action the service **SHOULD** take to improve

The areas where the provider should make improvement are:

- Ensure second cycle audits are completed in order to monitor changes and make sure improvements are maintained.
- The practice should continue with its efforts to establish a patient participation group.

Outstanding practice

We saw areas of outstanding practice:

- The practice was proactive in liaising with secondary care providers in order to improve clinical communication channels and improve patient care. Evidence confirmed that changes had been made by local NHS Trusts to improve systems around feeding back results to local GP practices as a direct result.

This meant that GPs received results in a more timely manner with more accurate information, resulting in patients being able to access the most appropriate treatment more quickly.

- Two dieticians attended the practice each month to run clinics for the practice's patients, one of whom was a specialist dietician for patients with diabetes.

Dr A Bisarya

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and also included a GP specialist adviser.

Background to Dr A Bisarya

Dr A Bisarya occupies the purpose built Sandy Lane Health Centre along with two neighbouring GP practices in a residential area on the outskirts of Skelmersdale. There is ample car parking available outside the Health Centre and a ramp at the front entrance of the building to facilitate access for those experiencing difficulties with mobility.

The practice delivers services under a general medical services (GMC) contract with NHS England to 2474 patients, and is part of the NHS West Lancashire Clinical Commissioning Group (CCG). The average life expectancy of the practice population is slightly below both CCG and national averages for males (75 years, as opposed to 79 years for both the CCG and nationally) and females (80 years, as opposed to 82 years for the CCG, 83 years nationally). The age distribution of the practice's patient demographic closely aligns with CCG and national averages, with a slightly higher proportion (11.1%) being over the age of 75 years (CCG average 8.9% and national average 7.8%). A slightly lower proportion of the practice's patients are in full time education or paid work; 55.5% compared to the CCG average of 60.5% and national average of 61.5%. The practice also caters for a higher proportion of patients with a long standing health condition (69.5% compared to the CCG average of 55.5% and national average of 54%).

Information published by Public Health England rates the level of deprivation within the practice population group as four on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

The practice is staffed by three GP partners (one female and two male). The GPs are assisted by two practice nurses. Clinical staff are supported by a practice manager and team of four reception and administrative staff, including one who undertakes the role of medicines management coordinator.

The practice is open Monday to Friday between the hours of 8am and 6:30pm, apart from Thursdays when the practice closes at 1pm. Appointments are offered between 9am and 11am each morning, and from 4pm until 5:30pm each afternoon, apart from Mondays when extended hours appointments are also offered from 6:30pm until 8pm, and Thursdays when the surgery closes at 1:00pm. On a Thursday afternoon when the practice is closed, cross cover arrangements are in place with the neighbouring practices that occupy the same health centre building. Outside normal surgery hours, patients are advised to contact the Out of hour's service, offered locally by the provider OWLS CIC Ltd.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 22 June 2016. During our visit we:

- Spoke with a range of staff including the GPs, practice nurse, practice manager as well as a range of non clinical staff. We also spoke with a patient who used the service.
- Observed how staff interacted with patients.
- 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.

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

- Is it safe?
- Is it effective?

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- 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 as well as hard copy templates available for staff to complete. 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).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received appropriate support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events, and identified an appropriate timescale for review to ensure that learning outcomes and changes to practice had been implemented and were successful.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we saw that following a failure for a patient to be contacted in relation to a blood test result, a new protocol had been created and a mail merge had been set up on the patient record system. As a result when a test result was received by the practice, admin staff now created a copy of the new letter template to inform the patient, and this was passed along with the results to the relevant clinician. Telephone contact was still attempted by the clinician, with the letter sent should the patient not answer the telephone.

Staff were able to discuss a range of recent significant events and their outcomes in detail, corroborating the effective dissemination of learning via staff meetings.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements 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. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3.
- Notices throughout the practice 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).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead and she was aware of who within the local infection prevention teams to liaise with in order to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and

Are services safe?

there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- We reviewed three 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.

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 with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers 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. Staff were able to describe the processes and responsibilities for the regular checks undertaken for the emergency medicines and equipment for which the practice was responsible for on site. However, on the day of inspection the check sheets where these checks were recorded could not be located. The practice provided evidence of their existence the day after the inspection visit.
- 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 and identified alternative premises from which the practice could function should the building become unusable.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. Clinical staff told us how they accessed the relevant guidelines online and updated guidelines were disseminated via email to clinical staff. We saw minutes from the practice's regular clinical meetings that demonstrated that updated best practice guidelines were discussed. We also saw how the practice had used up to date best practice guidance to inform the development of clinical protocols, for example around the management of long term conditions.
- The practice monitored that these guidelines were followed through risk assessments, case discussions and audits.

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 99.2% of the total number of points available, with a 4.2% exception reporting rate for the clinical domains (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was broadly in line with the national average. For example:

- The percentage of patients with diabetes on the register in whom the last IFCC-HbA1c was 64mmol/mol or less in the preceding 12 months was 86% compared to the national average of 78%.
- The percentage of patients with diabetes on the register in whom the last blood pressure reading (measured in the last year) was 140/80 mmHg or less was 77%, compared to the national average of 78%.
- The percentage of patients with diabetes on the register whose last measured total cholesterol (measured in the preceding 12 months) was five mmol/l or less was 86% compared to the national average of 81%.
- The percentage of patients with diabetes on the register who had had influenza immunisation in the preceding 1 August to 31 March was 96% compared to the national average of 94%.
- The percentage of patients on the diabetes register with a record of a foot examination and risk classification within the last 12 months was 77% compared to the national average of 88%.
- Performance for mental health related indicators was slightly lower than the national average. For example:
 - The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record in the preceding 12 months was 77% compared to the national average of 88%.
 - The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 82% compared to the national average of 90%.
 - The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months was 81% compared to the national average of 84%.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less was 86% compared to the national average of 84%.

Are services effective?

(for example, treatment is effective)

- The percentage of patients with asthma on the register who had an asthma review in the preceding 12 months that included an appropriate assessment of asthma control was 80%, compared to the national average of 75%.
- There was evidence of quality improvement including some clinical audit.
- We were shown three clinical audits that had recently been completed, however, none of these were completed audit cycles where the improvements made had been revisited and monitored.
 - The practice participated in local audits, national benchmarking, accreditation, peer review and research.
 - Findings were used by the practice to improve services. For example, recent action taken as a result of an audit of the practice's prescribing of a particular type of medicine for pain relief resulted in two patients being reviewed and having their medication updated in line with best practice guidelines.

Information about patients' outcomes was used to make improvements. For example, the GPs explained to us how they were aware the practice had a below average prevalence of atrial fibrillation. They explained they were implementing an action plan to address the issue which included offering opportunistic pulse checks during flu vaccination appointments.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. 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; the practice nurse was able to show us training certificates obtained when appropriate update training had been attended.
- 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 discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. The vast majority of staff had received an appraisal within the last 12 months, and we saw that the few who had not had one booked in the near future.
- 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.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care 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. Meetings took place with other health care professionals on a quarterly basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice was extremely proactive in its efforts to improve information sharing between primary and secondary care. The practice were able to show the inspection team email trails confirming outcomes of meetings with local NHS Trusts where discussions were held and changes implemented, for example to make feedback from the pathology lab more efficient. The GP

Are services effective?

(for example, treatment is effective)

had highlighted issues such as the lab using out of date codes for the patient records and results being sent to the incorrect GP practice. As a result of the practice highlighting these issues, the Trust had implemented improvements for the benefit of all patients in the local area.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. 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. Patients were signposted to the relevant service.
- A dietician was available on the premises each month and smoking cessation advice was also available from practitioners located in the health centre building. The patients from all three GP practices housed in the health centre building could access services offered by a primary care mental health worker who ran a clinic there.

The practice's uptake for the cervical screening programme was 84%, which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test; the practice had found this to be a more successful method of encouraging patients to attend these appointments than sending letters. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 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.

Childhood immunisation rates for the vaccinations given were above CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 86.4% to 100% (with a 100% uptake achieved for four of the 8 vaccinations offered for this age group) and the practice had achieved 100% uptake for all vaccinations offered to five year olds. The practice nurse told us how the practice were extremely proactive in encouraging families to attend with their children for childhood vaccination appointments. The practice would remind non-attendees by telephone.

Patients had access to appropriate health assessments and checks. These included health checks for new patients, health checks for patients over the age of 75 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 showed the inspection team that there had been increased uptake of health checks over the previous three years.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 28 patient Care Quality Commission comment cards we received were extremely positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with one patient during the visit. They also told us they were very satisfied with the care provided by the practice and said a highly personalised, patient centred service was offered and that 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 showed patients felt they were treated with compassion, dignity and respect. The practice was in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 86% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) and national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.

- 83% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 91% 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%.
- 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

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, with options about treatment clearly explained and made available to them. 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 was also positive and aligned with these views. We also saw that care plans were personalised.

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

- 83% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 78% 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 translation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

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. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 16 patients as carers (0.6% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, standard procedure for the practice involved their usual GP visiting them at home in order to offer support. Further consultations would then be offered if required to meet the family's needs.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered extended hours appointments on a Monday evening until 8.00pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability. We were told these were 45 minutes long. All review appointments for patients with learning disabilities were with the same GP to ensure continuity of care.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities and translation services available.
- Consultation and treatment rooms were all located on the ground floor of the building, meaning access for patients with mobility difficulties was not an issue.
- Telephone consultations were available, and patients were able to book appointments online.
- The practice also offered weekly anticoagulant clinics where patients' bloods were tested and their anti-coagulant medicine reviewed and dose changed as required. This meant they did not need to attend a separate specialist anticoagulant clinic.
- Two dieticians attended the practice each month to run clinics for the practice's patients, one of whom was a specialist dietician for patients with diabetes.
- The practice's patients could also access a primary care mental health support worker who ran clinics from the health centre building.
- While there was not a hearing loop available in reception, we noted the practice had documented a plan to purchase one in the near future.

Access to the service

The practice was open Monday to Friday between the hours of 8am and 6:30pm, apart from Thursdays when the practice closed at 1pm. Appointments were offered between 9am and 11am each morning, and from 4pm until 5:30pm each afternoon, apart from Mondays when extended hours appointments were also offered from 6:30pm until 8pm, and Thursdays when the surgery closed at 1:00pm. On a Thursday afternoon when the practice was closed, cross cover arrangements were in place with the neighbouring practices that occupied the same health centre building. In addition to pre-bookable appointments that could be booked up to one week in advance, urgent appointments were also available for people that needed them. On the day of inspection, the next available pre-bookable routine appointment was the following morning.

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

- 79% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 81% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 57% of patients said they always or almost always saw or spoke to the GP they preferred, compared to the national average of 36%.

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

The practice had a system in place to assess:

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

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. We saw that this issue had been discussed at a recent staff meeting following receipt of a safety alert and newly appointed reception staff demonstrated they were aware of this issue and had received appropriate training around it as part of their induction.

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system in the form of a complaints information leaflet available to patients in the waiting area.

The practice had received two complaints in the last 12 months and we looked at one of these in detail. We found it had been satisfactorily handled, dealt with in a timely way and with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, following a complaint where concerns were raised around information governance, the practice implemented new protocols and restrictions around records access to provide a further safety net against similar concerns arising in the future. They took this action even though thorough investigation had confirmed that no information confidentiality had been breached.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and improve the health, lives and well-being of its patients.

- The practice had a mission statement which was displayed in the practice's charter leaflet and on the website and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and these were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. These policies were well controlled with clear systems in place to document when they were created and when they were due a review.
- A comprehensive understanding of the performance of the practice was maintained, and we saw that action plans to address areas of weakness were implemented where areas for improvement were identified.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

However, while we saw that audit work was undertaken to assess and improve performance, a documented programme of clinical and internal audit was not available. The audits we were shown were not completed, full cycle audits which would facilitate the practice being able to demonstrate that improvements made were effective and had been maintained.

Leadership and culture

On the day of inspection the partners in the practice 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 the partners and practice management were very approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place 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). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people appropriate 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 in place and staff felt supported by management.

- Staff told us the practice held regular team meetings, and we saw comprehensive minutes of these meetings to verify this.
- 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.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had found it difficult to gain support from patients in setting up a patient participation group (PPG). We saw that the practice had produced a leaflet which was available in the waiting area that advertised the opportunity to join the group. The practice had also been approached by a patient volunteering to chair the

Are services well-led?

Good 

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

group once it was started. The practice also opportunistically discussed the group when patients offered informal feedback to the practice. However, at the time of the inspection an active PPG was not in place.

- The practice carried out patient surveys in order to gain feedback from people who use the service, but we were told uptake of these surveys was low, with only a small number of responses received. A survey carried out in August 2015 resulted in 8 responses. These responses were positive about the services offered by the practice.
- The practice had gathered feedback from staff generally 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. For example, the practice nurse was able to give us an example where she had fed back around how travel vaccination appointments were managed.

She told us that the system was changed as a result to streamline the process, so that patients were given a travel questionnaire to complete before the appointment with the nurse. 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. The practice demonstrated how it was proactive in seeking to improve outcomes for patients by improving clinical communications between primary and secondary care providers. All three of the GP partners were also GP appraisers. The practice worked closely with others in the locality and staff regularly attended forum meetings held by the CCG in order to share learning.