

Dr Hafiz Rehman

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



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 the practice operated by Dr Hafiz Rehman, at Thornton Lodge Surgery on 1 December 2015. Overall the practice is rated as good.

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

- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a GP and that 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 the requirements of the Duty of Candour.

However there were areas where the provider should make improvements:

- The practice did not have a defibrillator available, whilst it is not mandatory to provide such equipment, practices are encouraged to have equipment such as defibrillators in the event of cardiac arrest occurring on the premises. The practice should therefore undertake a formal risk assessment as to how to manage emergency situations with the equipment currently available within the practice, in addition the practice should ensure that all staff are aware of the action they should take in event of such an emergency.
- During the inspection it was noted that there was limited contact between the practice lead GP and the newly qualified regular locum. The practice should improve the support, oversight and contact

Summary of findings

provided to their locum and in particular ensure that the locum is provided with updates about the practice, management arrangements and clinical issues.

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 requires improvement for providing safe services.

- The practice did not have a defibrillator available, whilst it is not mandatory to provide such equipment, practices are encouraged to have equipment such as defibrillators in the event of cardiac arrest occurring on the premises. The practice should therefore undertake a formal risk assessment as to how to manage emergency situations with the equipment currently available within the practice, in addition the practice should ensure that all staff are aware of the action they should take in event of such an emergency.
- During the inspection it was noted that there was limited contact between the practice lead GP and the newly qualified regular locum. The practice should improve the support, oversight and contact provided to their locum and in particular ensure that the locum is provided with updates about the practice, management arrangements and clinical issues.
- Whilst the practice had a system in place to report, record and act on significant incidents, we found and the practice agreed that it would benefit from further critical analysis of such events.

Notwithstanding the areas where improvement is required during the inspection the practice was able to demonstrate

- There were clearly defined and embedded processes and practices in place to keep patients safe and safeguarded from abuse. In particular staff were all aware of their duties and responsibilities with regards to safeguarding children and vulnerable adults.
- Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical and management audits demonstrated quality improvement, for example an audit of antiplatelet therapy for

Good



Summary of findings

patients diagnosed with ischaemic stroke and transient ischaemic attack led to the introduction of improved communication with patients in respect of reviews and the development of a practice treatment protocol.

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice higher than others for several 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 also saw that staff treated patients with kindness and respect, and maintained confidentiality.
- The practice was receptive to the needs of its community and tailored services to meet this need when possible.
- The practice recognised that some patients were not able to read correspondence written in English. Staff were willing to translate hospital letters and communicate with patients in local community languages.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It 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. For example it offered extended Friday evening opening hours to meet local need.
- An audit of Accident and Emergency attendances led to the introduction of more flexible appointment options being made available to patients during surgery opening hours.
- Patients said they found it easy to make an appointment with a 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.

Good



Summary of findings

- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised.
- The practice told us that the GP gave health and well-being advice at a local place of worship on a regular basis.

Are services well-led?

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

- It had a vision 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 clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- The provider was aware of and complied with the requirements of the Duty of Candour. The practice encouraged a culture of openness and honesty.
- The practice proactively sought feedback from staff and patients, which it acted on. For example it had modified the Friends and Family survey form using visual graphics to be more accessible to patients who had limited English skills.
- The practice and in particular the lead GP worked hard to develop ties across the local community through working with a local place of worship.
- Staff told us that the practice had a supportive and caring culture with regard to those working there.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice were able to support older patients who had limited levels of spoken and written English by using the wider skills of the practice team.
- The practice had a caring and responsive approach to end of life care. In particular the lead GP showed sensitivity in his approach by attending to death certification out of core surgery hours.

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.
- Urgent , emergency appointments and longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met.
- The practice took an active approach to health promotion and wellbeing and discussed long term conditions such as diabetes and asthma with patients on a opportunistic basis.

Families, children and young people

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

Good



- 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

Summary of findings

standard childhood immunisations, for example child immunisation rates at age 5 years ranged between 93.8% and 100%. The practice manager had regular meetings with the Health Visitor.

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence that reception staff interacted well with young people.
- The practice's uptake for the cervical screening programme was 84.1%, which was better than the national average of 81.9%.
- Appointments were available outside of school hours and the premises were suitable for children and babies, and urgent and emergency appointments were available on the day for those under 12 years.
- The midwife had appointments available on Tuesdays between 9.00am and 1.00pm.

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 a full range of health promotion and screening services that reflects the needs for this age group. This included opportunistic health and wellbeing advice, and the provision of specialist health information such as how to reduce the risk of injury to newborns and infants.
- Extended hours were available once a week to meet the needs of working patients.

Good



People whose circumstances may make them vulnerable

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

- The practice recognised the needs of patients living in vulnerable circumstances such as the very elderly and those with a learning disability and offered urgent and emergency appointments and longer appointments for these members of their practice population.
- The practice worked with multi-disciplinary teams in the case management of vulnerable people.

Good



Summary of findings

- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in children and adults whose circumstances may make them vulnerable. 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.
- Some practice staff were able to speak languages other than English and they were used as interpreters when this was needed.

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).

- Every patient diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months.
- Performance for other mental health related indicators was comparable to other practices.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support people 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 on 2 July 2015. The results showed the practice was generally performing in line with local and national averages, although it should be noted that this is based on a small return sample and is not directly comparable with national results. There were 433 survey forms distributed and 86 were returned giving a response rate of 19.9% (86 responses equates to 3.5 % of the total practice population).

- 81.8% found it easy to get through to this surgery by phone compared to a CCG average of 74.1% and a national average of 73.3%.
- 87.7% found the receptionists at this surgery helpful (CCG average 87.5, national average 86.8%).
- 85.7% were able to get an appointment to see or speak to someone the last time they tried (CCG average 85.8%, national average 85.2%).
- 92% said the last appointment they got was convenient (CCG average 91.9%, national average 91.8%).

- 74.9% described their experience of making an appointment as good (CCG average 73.8%, national average 73.3%).
- 61.3% usually waited 15 minutes or less after their appointment time to be seen (CCG average 66.1%, national average 64.8%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 42 comment cards which were all positive about the standard of care received. In particular comments on the cards noted the friendly and caring environment within the practice, the helpfulness of reception staff and the way clinical staff treated them with respect and dignity.

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

Dr Hafiz Rehman

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 advisor, a practice manager specialist advisor and a second CQC inspector.

Background to Dr Hafiz Rehman

Thornton Lodge Surgery is located in Huddersfield and has been operating under Dr Rehman since 2006 and currently provides services for 2450 patients. The practice operates from a purpose built unit which is located on a steep incline in a predominantly residential area. No patient parking is available on the site, however street parking is available on the roads around the practice. Main access to the building is adequate and there is covered storage within the building for prams, wheelchairs and powered scooters if required. The reception and consulting rooms are all on one level although the emergency fire exit requires descent down a stairwell.

Over 90% of the practice population is composed of patients from a South Asian background. Many patients spoke English as a second language, other spoken languages being Punjabi and Urdu. The practice has a disproportionately high number of children and young people with 24.5% of patients being aged under 18 years as compared with other localities. The area served by the practice is relatively deprived being ranked in the 10% most deprived areas nationally and the unemployment rate for the practice population is 23.1%. People living in more deprived areas tend to have greater need for health services.

The practice provides services under the terms of the Personal Medical Services (PMS) contract and is registered with the Care Quality Commission (CQC) to provide the following services; treatment of disease, disorder or injury, diagnostic and screening procedures, family planning, surgical procedures and maternity and midwifery services. In addition to this the practice offers a range of enhanced local services including those in relation to; alcohol, childhood vaccination and immunisation, Influenza and Pneumococcal immunisation, Rotavirus and Shingles immunisation, minor surgery, remote care monitoring and extended hours. As well as these enhanced services the practice also offers spirometry, cryotherapy, joint injection and 24 hour blood pressure monitoring.

The practice has a lead GP (male 0.4 FTE) who is the owner of the practice, a regular locum GP (male 0.6 FTE), a practice nurse (female 0.6 FTE) and a health care assistant (female 0.2 FTE). In addition there is a practice manager, five receptionists and administration staff, a summariser and a cleaner.

The practice appointment system is flexible and offers a number of alternatives;

- Same day/emergency appointments for children under 12, vulnerable adults and patients on the unplanned admissions list
- Pre-bookable appointments
- Sit and wait appointments
- Telephone triage with the GP and practice nurse

The practice is open Monday to Wednesday 9.00am to 6.30pm, Thursday 9.00am to 1.00pm and Friday 9.00am to 7.30pm.

GP consulting times are Monday to Wednesday 9.00am to 12.10pm and 2.30pm to 4.30pm, Thursday 9.00am to

Detailed findings

12.30pm and Friday 10.00am to 1.30pm, 4.00pm to 6.00pm and 6.30pm to 7.30pm. In addition to the consultation times noted the lead GP is available for contact Monday to Friday 8.00am to 9.00am.

Nurse clinics are Monday to Tuesday 9.00am to 6.00pm and Wednesday 9.00am to 12.00pm.

The practice has an allocated midwife who is available by appointment on Tuesdays between 9.00am and 1.00pm. When the practice is closed on a Thursday afternoon telephone calls are redirected to a nearby practice who are able to make appointments and offer emergency advice.

Out of hours care is provided by Local Care Direct and is accessed via the practice telephone number or NHS 111.

Why we carried out this inspection

We inspected this service as part of our 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 that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 1 December 2015. During our visit we:

- Spoke with a range of staff including the lead GP, the regular locum GP, practice nurse, practice manager and members of the reception and administration team. We also spoke with patients who used the service.
- Reviewed the personal care and 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 are provided for specific groups of people and what good care looks 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

Whilst the practice had a system in place to report, record and act on significant incidents, we found and the practice agreed that it would benefit from further critical analysis of such events.

We reviewed safety records, incident reports and national patient safety alerts. We saw evidence that the practice had examined those that they had identified and that lessons were shared to make sure action was taken to improve safety in the practice. For example, there had been an incident where a clinical member of staff had received a needlestick injury. The incident had been investigated and measures put in place to prevent any recurrence. All clinical staff and the practice manager had been made aware of the incident and the necessary corrective actions were taken.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies 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 practice manager usually attended safeguarding meetings and cascaded information to clinical staff. It was noted though that the lead GP, who acted as safeguarding lead, had no direct contact with the Health Visitor. During the inspection the practice reflected as to who would be best placed to act as safeguarding lead going forward and advised us that the practice nurse would take over this responsibility.
- All senior clinical staff were trained to Safeguarding Level 3 and other staff had all received training relevant to their role.
- A notice in the waiting room advised patients that nurses would act as chaperones, if required (a chaperone is a person who serves as a witness for both a patient and a medical professional as a safeguard for both parties during a medical examination or

procedure). The practice had frequent requests for chaperones from female patients due to the specific demand of its patient population as both GPs within the practice were male. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection prevention control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits 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 drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Prescription pads were securely stored and 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 that recruitment checks had been undertaken prior to employment.
- There was limited contact, supervision and peer support available from the practice lead GP to the newly qualified regular locum (the locum provided services Monday to Wednesday and the practice lead GP covered Thursday and Friday). Coupled with this limited contact it was also noted that the locum did not attend formal staff clinical meetings or practice meetings. The practice should improve the support, oversight and contact provided to their locum and in particular ensure that the locum is provided with updates about the practice, management arrangements and clinical issues.

Monitoring risks to patients

Risks to patients were assessed and well managed.

Are services safe?

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. 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 also had a number of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.
- There was a first aid kit and accident book 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 fit for use.
- The practice had access to a business continuity tool which would enable them to plan for major incidents such as power failure or building damage. However elements of the business continuity plan this tool supported were held in different documents. During the inspection the practice recognised that the plan ought to be centralised and undertook to do this immediately.
- The practice did not have a defibrillator available, whilst it is not mandatory to provide such equipment, practices are encouraged to have equipment such as defibrillators in the event of cardiac arrest occurring on the premises. The practice should therefore undertake a formal risk assessment as to how to manage emergency situations with the equipment currently available within the practice, in addition the practice should ensure that all staff are aware of the action they should take in event of such an emergency.

Arrangements to deal with emergencies and major incidents

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

- All staff received annual basic life support training and there were emergency medicines available in the treatment room.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to 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 peoples' needs.
- The practice monitored that these guidelines were followed through audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice attained 97.4% of the total number of points available, with 4.1% exception reporting over all domains. Data from 2014/2015 showed;

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented on the record in the preceeding 12 months was 72.7% and whilst comparable to other practices in the locality, was below the national average of 86%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in the the previous 12 months was 100% and was above the CCG and national average.

Clinical and management audits demonstrated quality improvement.

- There had been two clinical and management audits completed in the last two years regarding Accident and Emergency admissions and antiplatelet therapy, these were completed audits where improvements identified were implemented and monitored.
- Findings were used by the practice to improve services. For example a recent audit of patient Accident and

Emergency attendances during surgery opening hours between March and April 2015 led to a review of the appointments system and the introduction of alternative routes to access the surgery. This was achieved via the introduction of sit and wait appointments and telephone triage. Subsequent follow up analysis showed a fall in attendance at Accident and Emergency during surgery opening hours of around 45% in June 2015 when compared to March/April 2015.

Effective staffing

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

- We saw the practice had an induction programme for newly appointed clinical and non-clinical members of staff that 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 e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- 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 these learning needs and to cover the scope of their work. This included ongoing support during one-to-one sessions, meetings, appraisals, coaching and mentoring and clinical supervision. It was noted during the inspection that appraisals were running behind schedule, however the practice explained that this was being rectified.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

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.

Are services effective?

(for example, treatment is effective)

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place regularly and that care plans were routinely reviewed and updated.

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, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

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 cessation and alcohol consumption issues. Patients were then signposted to the relevant service.
- The practice nurse and health care assistant were both available to offer health and lifestyle advice to patients on both a planned and opportunistic basis.
- The lead GP had held health focussed discussions in a local place of worship.
- The practice's uptake for the cervical screening programme was 84.1%, which was better than the national average of 81.9%. The practice had a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national health programmes such as NHS Health Checks.

Childhood immunisation rates for the vaccinations given were comparable to national averages. For example, childhood immunisation rates for the vaccinations given to five year olds ranged from 93.8% to 100%. Flu vaccination rates for the over 65s were 79.1%, and at risk groups 61.9%, and these were above national averages.

Patients had access to appropriate health assessments and checks. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and helpful to patients and treated people 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 and that conversations taking place in these rooms could not be overheard. It was noted though during the inspection that conversations between reception staff and patients could be clearly overheard in the reception area.
- Reception staff told us they knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Staff were able to support the language needs of their patients.

All of the 42 patient CQC comment cards we received were positive about the care and 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 also spoke with seven patients who were waiting for appointments. They also told us they were highly satisfied with the care provided by the practice. Comment cards highlighted the welcoming and supportive attitude of staff.

Results from the national GP patient survey showed patient satisfaction scores below average on consultations with doctors and nurses, but that scores for the helpfulness of reception staff were slightly above average. For example:

- 86.9% said the GP was good at listening to them compared to the CCG average of 90.3% and national average of 88.6%.
- 83.8% said the GP gave them enough time (CCG average 89%, national average 86.6%).
- 90.6% said they had confidence and trust in the last GP they saw (CCG average 96.1%, national average 95.2%)

- 77.2% said the last GP they spoke to was good at treating them with care and concern (CCG average 87.8%, national average 85.1%).
- 76.4% said the last nurse they spoke to was good at treating them with care and concern (CCG average 91.5%, national average 90.4%).
- 87.7% said they found the receptionists at the practice helpful (CCG average 87.5%, national average 86.8%)

Care planning and involvement in decisions about care and treatment

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

However, results from the national GP patient survey showed below average patient satisfaction with regard to questions about their own involvement with the practice in planning and making decisions about the care and treatment they received. For example:

- 84.1% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88.7% and national average of 86%.
- 73.7% said the last GP they saw was good at involving them in decisions about their care (CCG average 84.5% , national average 81.4%)

Staff had good language skills to support the needs of the patient population. If the needs of the patient could not be met by the staff then we were told that additional translation services were 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 and there was a dedicated carers noticeboard.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified those amongst their practice list who had caring responsibilities. Written information was available to direct carers to the various avenues of support available to them.

Are services caring?

Staff told us that the practice was extremely supportive to those who were near end of life or families who had experienced bereavement. For example the lead GP gave out his mobile telephone number and was

contactable out of hours to respond quickly to calls to certify death (within the Muslim faith it is important that rituals around death are dealt with promptly whenever possible).

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 had engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to improve services;

- The practice offered extended opening hours on a Friday 6.30pm to 7.30pm.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Sit and wait appointments and telephone triage was available to all patients should they wish to access services in this way.
- There was an external call button for patients who required assistance to enter the building and interior storage for prams and powered scooters.
- The practice staff had good language skills to support the needs of their local population and regularly helped patients translate health related documents that had been sent to them such as hospital appointment letters.
- Practice staff send SMS text reminders and make telephone calls to patients to remind them of appointments.

Access to the service

The practice was open Monday to Wednesday 9.00am to 6.30pm, Thursday 9.00am to 1.00pm and Friday 9.00am to 7.30pm. Appointments were available Monday to Wednesday 9.00am to 12.10pm and 2.30pm to 4.30pm, Thursday 9.00am to 12.30pm and Friday 10.00am to 1.30pm, 4.00pm to 6.00pm and 6.30pm to 7.30pm. In addition to the consultation times noted the lead GP was available for contact Monday to Friday 8.00am to 9.00am.

Nurse clinics are Monday to Tuesday 9.00am to 6.00pm and Wednesday 9.00am to 12.00pm.

The practice had an allocated midwife who was available by appointment on a Tuesday between 9.00am and 1.00pm. When the practice is closed on a Thursday afternoon telephone calls were redirected to a nearby practice who were able to make appointments and offer emergency advice.

In addition to pre-bookable appointments the practice offered urgent/emergency appointments, sit and wait appointments and telephone triage.

The practice had recognised the impact missed appointments (Did Not Attends) had on the practice. Between August and November 2015 366 Did Not Attends were recorded. To tackle this the practice had put in place a system of reminders via SMS text messages, awareness raising via posters and discussions in the local place of worship, coupled with direct conversations with patients who persistently missed appointments. Outcomes from this work led the practice to review their appointment systems and increase the availability of sit and wait appointments.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was generally slightly better when compared to local and national averages. People told us on the day that they were able to get appointments when they needed them.

- 78.6% of patients were satisfied with the practice's opening hours compared to the CCG average of 75.2% and national average of 74.9%.
- 81.8% patients said they could get through easily to the surgery by phone (CCG average 74.1%, national average 73.3%).
- 74.9% patients described their experience of making an appointment as good (CCG average 73.8%, national average 73.3%).
- 61.3% patients said they usually waited 15 minutes or less after their appointment time (CCG average 66.1%, national average 64.8%).

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.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that a notice was displayed to help patients understand the complaints system.

Are services responsive to people's needs? (for example, to feedback?)

We looked at two complaints received in the last 12 months and found that these had been dealt with in a satisfactory manner. Complaints are discussed at practice meetings and any learning points and corrective actions outlined to staff.

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 for patients. It was also aware of the challenges it faced in the future and had developed approaches to deal with these.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- An understanding of the performance of the practice was achieved
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership, openness and transparency

The lead GP and the management team had the experience, capacity and capability to run the practice and ensure high quality care. We were told by staff that the lead GP and practice manager were approachable and always take the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. Managers encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents, although this was in need of review in order to capture all incidents.

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

- Staff told us that the practice held team meetings, however minutes when kept were brief and lacked detail. Staff advised us that in future these would be more comprehensive and contain additional detail.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any

issues at team meetings and confident in doing so and felt supported if they did. We noted the positive family atmosphere within the practice and the supportive nature of staff to one another. The lead GP organised and hosted many staff social events such as team breakfasts and evening meals.

- Staff said they felt respected, valued and supported by the lead GP. All staff were involved in discussions about how to run and develop the practice, and encouraged to identify opportunities to improve the services 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 engaged patients in the delivery of the service.

- The practice did not have a Patient Participation Group, although team minutes indicated that this is something they are planning to develop in the future. However the practice had gathered patient views via complaints, patient surveys and direct feedback, and had actioned these when feasible and appropriate. For example following feedback from patients repeat prescriptions had moved from having a turnaround time of 48 hours to 24 hours.
- The practice recognised that some patients had limited skills in reading English and had redesigned the Friends and Family form using "smiley/sad faces" in order to increase understanding and raise participation. Other practices in the area have shown interest in adopting this approach and this material has been shared with them.
- The practice had also gathered feedback from staff through meetings and appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The lead GP and management team were aware of specific service delivery issues. As an example the team had recognised the impact missed appointments (Did Not Attends) had on

Are services well-led?

Good 

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

the practice. Between August and November 2015 366 Did Not Attends were recorded. To tackle this the practice had

put in place a system of reminders via SMS text messages, awareness raising via posters and discussions in the local Mosque coupled with direct conversations with patients who persistently missed appointments.