

Dr Mokashi

Quality Report

Clayton Health Centre
89 North Road
Clayton
Manchester
M11 4EJ

Tel: 0161 223 8388

Website: www.drshanifandbannuru.co.uk

Date of inspection visit: 5 October 2016

Date of publication: 29/11/2016

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10

Detailed findings from this inspection

Our inspection team	11
Background to Dr Mokashi	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Mokashi on 5 October 2016. Overall the practice is now rated as good.

The practice had been previously inspected on 19 January 2016. Following this inspection the practice was rated inadequate with the following domain ratings:

- Safe – Inadequate
- Effective – Requires improvement
- Caring – Requires improvement
- Responsive – Good
- Well-led – Inadequate

The practice was placed in special measures.

Our key findings from the most recent inspection were as follows:

- Following the inspection on the 19th January the practice enrolled in the Royal College of General Practitioners (RCGP) special measures peer support programme. The programme involves a six month

support package, working closely with the practice's clinicians and senior staff to develop improvement solutions, provide peer support and in depth reviews and solutions of services.

- The practice had a clearly defined process for the monitoring and checking of all patients test results. All high risk medicines were regularly monitored by a clinician and were no longer on repeat prescriptions these patients had been fully audited and received clinical guidance and support.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events with learning outcomes documented.
- 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.
- The practice had developed a programme of continuous quality improvement through clinical and internal audits, and these were used to monitor quality and to make improvements.
- Risks to patients were assessed and well managed.

Summary of findings

- There was a clear leadership structure. The practice proactively sought feedback from staff and patients, which it acted on. The practice had an active patient participation group (PPG).
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvements are:

- Develop a formal significant event reporting form.
- Add the full address of the Parliamentary and Health Service Ombudsman(PHSO) in the complaints policy.
- Keep reviewing and maintain the appointment system, including telephone access for patients.
- Review and increase the carers numbers in the practice.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

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



- Risks to patients were being assessed and actions to improve safety were identified and were being well managed. A risk management culture had been adopted by the practice.
- Previous concerns relating to arrangements to deal with test results, infection control and high risk medicines had been improved. Clear records of checks were recorded.
- There was an system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. We saw multiple examples of these working within the practice.

Are services effective?

The practice is rated as good for providing effective services.

Good



- The practice had developed a programme of continuous quality improvement through clinical and internal audits.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. A formal training programme had been provided throughout the practice.
- There was evidence of appraisals and personal development plans for all staff.
- Multidisciplinary working was taking place and records of multidisciplinary meetings were kept to ensure all professionals were able to access information about patients with complex needs.

Are services caring?

The practice is rated as good for providing effective services.

Good



- Data from the national GP patient survey showed patients rated the practice in line with others for several aspects of care.

Summary of findings

- Patients said they were treated with compassion, dignity and respect.
- Information for patients about the services available was easy to understand and accessible.
- Staff spoke several different languages which helped support patients.
- The patient participation group (PPG) spoke highly of the care and support given by the GP partners and staff.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Most patients said they found it easy to make routine appointments. They said they had to telephone the practice to access an on the day appointment and patients said they were seen in an emergency.
- The practice provided extended hours from 7am twice a week.
- 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 that 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 policies and procedures to govern activity and held regular governance meetings. Policies and procedures were updated regularly.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- 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

Good



Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- 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.

- 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.
- Longer appointments and home visits were available for older people when needed.

Good



People with long term conditions

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

- GPs and the practice nurse had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 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.
- For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



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.
- Each new parent received a home visit by a GP. The visit also included eight week check-up for the baby and an immunisation clinic at the surgery.
- Immunisation rates were in line with or above average for all standard childhood immunisations.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Good



Summary of findings

- We saw good examples of joint working with midwives and health visitors.

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.
- Telephone consultations were available.
- There was additional out of working hour's access to meet the needs of working age patients with extended opening hours every Tuesday and Friday open from 7am.

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.

- 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.
- The practice held a register of patients living in vulnerable circumstances including when required homeless people, travellers and those with a learning disability.
- It offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.

Good



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).

- 89% of patients diagnosed with severe and enduring mental health problems had a care plan in place.
- 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.

Good



Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing below in line with local and national averages. 332 survey forms were distributed and 117 were returned. This represented 2% of the practice's patient list.

- 67% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 69% 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%.
- 81% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 75% 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 36 comment cards. 29 were positive about the standard of care received. Seven of the comments cards contained mixed responses to accessing appointments. Patients commented that the GP was very caring and helpful always taking time to listen to them.

We spoke with eight patients during the inspection. All three patients said they were satisfied with the care they received and thought staff were kind and caring.

The practice took part in the friends and families test.

Areas for improvement

Action the service SHOULD take to improve

The areas where the provider should make improvements are:

- Develop a formal significant event reporting form.
- Add the full address of the Parliamentary and Health Service Ombudsman(PHSO) in the complaints policy.
- Keep reviewing and maintain the appointment system, including telephone access for patients.
- Review and increase the carers numbers in the practice.

Dr Mokashi

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, and a practice manager specialist adviser.

Background to Dr Mokashi

Dr Mokashi is located close to Manchester city centre. The practice is located on the ground floor of a health centre which is managed by NHS Properties Ltd and also hosts two other GP practices.

The practice is in a highly deprived area which supports a high turnaround of patients who are seeking asylum. The practice sees higher than average health problems in chronic obstructive pulmonary disease (COPD- name for a collection of lung diseases), drug and alcohol addiction and a range of mental health issues.

The male life expectancy for the area is 73 years compared with the CCG averages of 73 years and the national average of 79 years. The female life expectancy for the area is 79 years compared with the CCG averages of 78 years and the national average of 83 years. The practice is in the most deprived decile.

There has been multiple changes over the nine months prior to our inspection. One GP partner has retired but still provides weekly sessions as a locum. One GP partner has resigned from the practice. The practice has introduced a regular female locum GP locum who attends the practice weekly and the practice is currently recruiting for a new GP partner.

The practice has two GP partners (male). There is one practice nurse and one healthcare assistant (HCA). Members of clinical staff are supported by one practice manager and reception staff.

The practice is open 8.am to 6pm Monday, Wednesday and Thursday with Tuesday and Friday being open 7am to 6pm. In addition to pre-bookable appointments that can be booked up to four weeks in advance, urgent appointments are available for patients that need them.

Patients requiring a GP outside of normal working hours are advised to call “ Go-to- Doc” using the usual surgery number and the call is re-directed to the out-of-hours service. The surgery also is part of a neighbourhood scheme for Sunday appointments between the hours of 10am and 6pm.

The practice has a General Medical Service (GMS) contract with NHS England. At the time of our inspection 6,538 patients were registered. The practice is a teaching practice which takes students from the medical school of Manchester University.

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, on 19 January 2016, as part of our regulatory functions. The inspection found that the practice was not meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

This second comprehensive inspection, carried out on 5 October August 2016, was undertaken to assess the progress the practice had made to meet the regulations and to provide an updated 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 5 October 2016.

During our visit we:

- Spoke with a range of staff, two GPs, practice nurses and reception staff.
- Also spoke with eight patients who used the service.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed a number of policies and processes.

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

When we inspected the practice on 19 January 2016 there were a significant number of issues affecting the delivery of safe services to patients. At that time we rated the practice as inadequate. We found that there were no quality assurance processes with regard to minor surgery clinics, for example there was no record of audits or histology having taken place. There were no systems or processes in place to ensure patient safety regarding all high risk medicines, infection control and the checking of test results. There were no clear processes for acting on patient safety alerts, with weaknesses identified with significant events/ incidents which had no follow up actions or learning outcomes documented. Administration staff had not received training to perform chaperone duties being carried out. The practice had worked with Royal College of General Practitioners (RCGP) who provided advisors to support and deliver an improvement plan to address the issues that gave rise to a breach of regulations.

During this inspection we found that improvements had been made in all these areas.

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents but no formal reporting template was used. Staff told us they would discuss direct with the practice manager and together the event would be written up, which then was shared with the team.
- The incident recorded 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).
- Initial incidents were discussed at practice meetings and documented. We saw evidence of this in the minutes from team meetings.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable 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 we saw documented evidence of shared learning outcomes to be able to monitor any improvements made.

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.

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 three. We were shown multiple examples of the process working for the practice.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The GP partner was the infection control clinical lead and the practice nurse acted as the deputy 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. There had been several

Are services safe?

infection control audits undertaken and we saw evidence that action was taken to address any improvements identified as a result. The practice kept a record of clinician's hepatitis B status.

- 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 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 four personnel files and found that recruitment checks had been undertaken prior to employment. For example, references, qualifications, registration with the appropriate professional body.
- 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 about notifiable safety incidents.

Monitoring risks to patients

There were procedures in place for monitoring and managing risks to patient and staff safety, this was provided by NHS Property Services LTD. There were procedures in place for monitoring and managing risks to patient and staff safety. These services included:

- Regular risk assessments and fire drills were carried out. 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 (COSHH) 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 shared a community defibrillator and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Our inspection of 19 January 2016 found that training had not been provided to administrative staff. The practice manager had not received an appraisal. During this inspection we found improvements had been made in these areas.

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.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 95% of the total number of points available with 15% exception reporting (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less
- The percentage of patients with hypertension having regular blood pressure tests was 80% which was below the national average of 84%.

There was evidence of quality improvement including clinical audit and there had been clinical audits completed by the practice where the improvements made were implemented and monitored.

- There had been two full clinical audits completed in the last nine months. These had focused on ensuring all patients prescribed a high risk medicine were receiving the correct monitoring and tests. Also each patient had received a full face to face review.
- There were several mid cycle audits taking place, for example reviewing appropriate monitoring checks are in place for patients.

Effective staffing

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

- Staff received training that included safeguarding, chaperone, 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.
- Staff told us how they had developed skills since the last inspection by attending different training courses or events. One example had shown how a safeguarding awareness training had helped to protect patients and provided a learning development for the whole practice.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of 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.

Are services effective?

(for example, treatment is effective)

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 monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

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

- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

The practice's uptake for the cervical screening programme was 83%, which was higher than the CCG average of 77% and 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 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 comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 66% to 95% and five year olds from 68% to 95%.

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

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; however conversations taking place in these rooms could be overheard. The practice were aware of the situation and looking at solutions to address.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed. However they found it difficult to speak in private to patients due to lack of space.

29 of the 36 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Some patients expressed concerns over access to the appointment system.

We spoke with eight members of the patient participation group (PPG). They also told us they were extremely satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 97% of patients said they had confidence and trust in the last GP they saw compared to the clinical commissioning group (CCG) average of 94% and the national average of 95%.
- 87% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 85%.

- 85% of patients said the GP gave them enough time compared similar to the CCG average of 84% and the national average of 87%.
- 89% of patients said the GP was good at listening to them compared to the CCG average of 87% and the national average of 89%.
- 84% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 89%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received were 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 generally mixed local and national averages. For example:

- 87% of patients said the last GP they saw was good at explaining tests and treatments compared to 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%.
- 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. We saw notices in the reception areas informing patients this service was available.
- The GP partners spoke several languages other than English.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 32 patients as carers (less than 1% of the practice list). Written information was available to direct carers to the various avenues of support available to them. The practice had acknowledged more work to identify carers was needed and had plans to review in the near future.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs or by giving them advice on how to find a support service.

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 opening hours for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were disabled facilities, a hearing loop and translation services available.
- The practice was also part of a Neighbourhood Hub service in conjunction with other practices to offer extended hours opening times for patients.
- Patients can access online their medical records and a range of other services such as ordering repeat prescriptions.

Access to the service

The practice was open between 8am to 6pm Monday, Wednesday and Thursday with Tuesday and Friday being open 7am to 6pm. Appointments were from 9am until 6pm, and from 7.00am during the extended opening hours. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them on the day. The practice also is part of a neighbourhood scheme for Sunday appointments between the hours of appointments

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

- 83% of patients were satisfied with the practice's opening hours compared to the national average of 79%.
- 67% of patients said they could get through easily to the practice by phone compared to the national average of 73%. The practices were aware of the difficulty of accessing via the phone and had discussed future plans how to resolve this situation.

People told us on the day of the inspection 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.

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 full address of the Parliamentary and Health Service Ombudsman (PHSO) was not included in the policy.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system.

We looked at complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and action was taken to as a result to improve the quality of care.

Are services well-led?

Good 

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

Our findings

Our inspection of 19 January 2016 found that number of policies to govern activity were not a true reflection of what was happening in practice and staff were unaware of how these policies reflected their daily work. The practice had no patient participation group. Staff were not clear about their responsibilities in relation to the vision or strategy of the practice. At this inspection we found the practice had made significant improvement in their governance processes.

Vision and strategy

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

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

Governance arrangements

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

- The partners had developed a better understanding of the performance of the practice to ensure this was improved and improvements were maintained. For example, one of the GP partners stepped in as the role of practice manager during the inspection due to the current practice manager being ill. They were also supported by a buddy practice manager from a neighbouring practice.
- Practice specific policies were implemented, kept up to date, and were available to all staff. There had been two training sessions to ensure all staff had a clear understanding of these policies.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- A programme of clinical and internal audit was used to monitor quality and to make improvements.
- The practice had introduced consistent arrangements for identifying, recording and managing risks. We saw the introduction of using the computers task system to issue work to staff.

- The practice had been liaising with NHS properties services about making improvements to the premises.

Leadership and culture

On the day of inspection the provider 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 management team were 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). This included support training for all staff on communicating with patients about notifiable safety incidents. 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 they gave affected people reasonable support, truthful information and a verbal and written apology.

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

- Staff told us the practice held regular team meetings and we saw evidence of these meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by management in the practice. All staff were involved in discussions about how to run and develop the practice, and management 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 had taken measures to improve communication with patients. When we inspected the practice in January they did not have a patient participation group (PPG) or act on feedback from patients. Since our inspection a PPG had been formed with 18 active

Are services well-led?

Good 

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

members. We spoke with eight members on the day, who explained the practice proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) who had held two meetings since January 2016. We were told of plans to carry out patient surveys. The PPG had already submitted proposals for improvements to the practice management team, for example, to have a female GP at the practice. The practice listened and a new female GP had been employed to attend weekly.
- The practice had gathered feedback from staff through staff meetings and discussion. Staff told us they would

not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking in ways to improve outcomes for patients in the area.

The practice had commenced work with two local practices to review outcomes for patients and review the opportunities to share clinical resources and processes to benefit patients. For example, by using buddy support systems for all staff.