

Dr Rashpal Dosanj

Quality Report

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

Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Summary of findings

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 Rashpal Dosanj	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 Rashpal Dosanj on 4 August 2016. Overall the practice is rated as Good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. However the documentation lacked detail about the subsequent learning and the action taken to improve.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Prescription stationery was not being recorded and tracked in accordance with national guidance.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

However there were areas of practice where the provider should make improvements:

Summary of findings

- The practice should maintain a consistent approach to recording both significant events (including associated learning and actions) and patient safety alerts (including actions taken).
- The practice should maintain an audit trail to safely manage blank prescription stationery.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good



- There was an effective system in place for reporting, recording and acting upon findings from significant events.
- Lessons were discussed and shared to make sure action was taken to help improve safety in the practice, but there was some lack of consistency in the recording of learning and improvement.
- When things went wrong patients received reasonable support, clear 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, embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse and overall these were effectively documented, but the practice did not have a systematic record of blank prescription forms and pads.
- Risks to patients were assessed and well managed.

Are services effective?

Good



The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were in line with regional and national averages. The most recent published results showed that the practice achieved 96% of the total number of points available compared with the Clinical Commissioning Group (CCG) and national averages of 94% and 95% respectively.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals, personal development plans and targeted training for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good



The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey (published in July 2016) showed patients rated the practice in line with others for aspects of care. For example 86% said the last GP they saw or

Summary of findings

spoke to was good at explaining tests and treatments compared with local and national averages of 85% and 86% respectively. 92% said the last nurse they saw or spoke to was good at explaining tests and treatments compared with local and national averages of 89% and 90% respectively.

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

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

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.
- 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.

Good



Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The GPs and practice manager encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on.
- There was a 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.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had carried out 42 health checks for people aged over 75 in the last 12 months (13% of the practice list).
- The practice directed older people to appropriate support services.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was below Clinical Commissioning Group (CCG) and national averages. For example, the percentage of patients with diabetes, whose last measured total cholesterol was under the recommended level, was 69% compared with CCG and national averages of 82% and 81% respectively. The practice was aware and had put plans in place to address this by providing additional advice and guidance to patients. The practice's exception reporting rate for this indicator was 3% compared with the CCG average of 10% and the national average of 12%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

Good



Summary of findings

- 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 accident and emergency (A&E) attendances. Immunisation rates were in line with Clinical Commissioning Group (CCG) and national averages for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals. We saw evidence to confirm this.
- Performance for cervical indicators was in line with CCG and national averages. For example the percentage of women aged 25-64 receiving a cervical screening test in the last five years was 74% compared with CCG and national averages of 73% and 74% respectively.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice provided combined parent and baby clinics carrying out post-natal and early child development checks.

We saw positive examples of engagement and joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- Appointments were offered to accommodate those unable to attend during normal working hours.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had 15 patients registered as having a learning disability and had completed health checks for 11 of these patients in the last 12 months.

Good



Summary of findings

- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 44 patients as carers (1.3% of the practice list).

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).

- Performance for mental health related indicators was in line with the Clinical Commissioning Group (CCG) and national averages. For example the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the last 12 months was 89% compared with CCG and national averages of 90%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- 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 patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The National GP Patient Survey results were published in July 2016. 243 survey forms were distributed and 109 were returned. This represented a 45% response rate and 3% of the practice's patient list.

The results showed the practice was performing in line with local and national averages in some areas. For example:

- 71% of patients said they found it easy to get through to the practice by telephone compared with the Clinical Commissioning Group (CCG) and national averages of 73%.
- 80% of patients said the last GP they saw or spoke to was good at involving them in decisions about their care compared with the CCG average of 81% and the national average of 82%.
- 83% of patients said the last GP they saw or spoke to was good at treating them with care and concern compared with the CCG and national averages of 85%.
- 92% of patients said the last nurse they saw or spoke to was good at explaining tests and treatments compared with the CCG average of 89% and the national average of 90%.

The results also showed the practice was performing lower than local and national averages in some areas. For example:

- 58% of patients described their experience of making an appointment as good compared with the CCG average of 72% and the national average of 73%.
- 44% of patients felt they did not normally have to wait too long to be seen compared with the CCG average of 55% and the national average of 58%.
- 65% of patients said they were satisfied with the practice's opening hours compared with the CCG average of 75% and the national average of 76%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We reviewed 43 comment cards and almost all of these were fully positive about the standard of care received. Patients said they felt the practice offered a high quality service and staff were helpful, caring and treated them with dignity and respect. There were a small number of negative comments (three) relating to the difficulty in getting appointments and waiting times at the practice.

We spoke with 11 patients during the inspection. All 11 patients said they were satisfied with the care they received and thought staff were professional, knowledgeable and caring. Three of the patients said that they sometimes found it difficult to make appointments and four said that they sometimes had to wait too long to be seen.

Areas for improvement

Action the service **SHOULD** take to improve

There were areas of practice where the provider should make improvements:

- The practice should maintain a consistent approach to recording both significant events (including associated learning and actions) and patient safety alerts (including actions taken).
- The practice should maintain an audit trail to safely manage blank prescription stationery.

Dr Rashpal Dosanj

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, a practice manager specialist adviser and an expert by experience.

Background to Dr Rashpal Dosanj

Dr Rashpal Dosanj is situated within a purpose built medical centre premises situated in the Cheylesmore area of Coventry serving patients within the south Coventry area. The practice is part of Coventry and Rugby Clinical Commissioning Group (CCG). The practice is served by the local bus network and there is accessible parking on site. The practice and facilities are fully accessible to wheelchair users.

The practice provides primary medical services to approximately 3475 patients in the local community. The practice population is mostly white British with a small minority ethnic population.

The clinical staff team consists of the GP registered manager, one regular long-term GP, one locum GP, one advanced nurse practitioner, one practice nurse and two healthcare assistants. There is also an apprentice healthcare assistant.

The clinical team is supported by a practice manager, a secretary and a team of five administrative and reception staff, including two apprentices who commenced in April

2016. The practice is currently preparing to become a training practice to work with trainee GPs. (Trainee GPs are qualified doctors undergoing a period of further training to become GPs.)

The practice building and telephone lines are open from 8am to 1pm and 3pm to 6pm on Mondays, Tuesdays, Wednesdays and Fridays, and from 8am to 1pm only on Thursdays. The practice is not open on Saturdays and Sundays. Appointments are at these times with additional extended hours appointments available two days a week (Mondays and Tuesdays) starting at 7am until 8am.

Whilst the practice is closed at lunchtimes, on Thursday afternoons and between 6pm and 6.30pm on other weekdays, any calls are put through to the West Midlands Ambulance Service Out of Hours (OOH) service who will contact the on call GP at the practice if necessary. Further out of hours services are provided by the NHS 111 non-emergency facility.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

Before inspecting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. These organisations included NHS England and the Coventry and Rugby Clinical Commissioning Group (CCG). We carried out an announced inspection on 4 August 2016. During our inspection we:

- Spoke with a range of clinical, managerial and non-clinical staff and spoke with patients who used the service;
- Observed how patients were being cared for and talked with carers and/or family members;
- Reviewed an anonymised sample of the personal care or treatment records of patients; and
- Reviewed a total of 43 comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

Staff told us they would inform the practice manager or GPs of any incidents, and that they were encouraged to do so. Staff told us they felt supported if they reported incidents and that measures were put in place to understand and learn lessons from incidents. We saw that the practice had recorded incidents but there was a lack of consistency in the incident reporting and recording process. Incidents were recorded in different ways by different staff, but this did not seem to have a negative impact on any subsequent analysis. Staff told us they had plans in place to improve the consistency of incident reporting and recording by introducing a single form.

Where incidents were recorded this was this was done with regard to the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, were given clear information, were supported, were provided with a written apology and were told about any actions to improve processes to prevent the same thing happening again.

Practice staff could provide evidence of where they had documented, analysed, and learnt from significant events but these were not always documented in a consistent way. As with incident reporting, learning points were recorded in different ways by different staff. Therefore there was a lack of consistency in the recording of learning and improvement.

Staff told us and we saw evidence that significant events and findings were discussed with the staff team.

We reviewed safety records, incident reports, MHRAs (Medicines and Healthcare Products Regulatory alerts), patient safety alerts and minutes of meetings where these were discussed. Staff told us that MHRAs and other alerts and updates were circulated to them by email and discussed. We saw examples of these emails and documented follow up actions. The practice did not have a

system in place for logging and overseeing alerts or actions resulting from them. The practice told us that they would immediately implement a spreadsheet for overseeing and monitoring alerts in one place.

We saw evidence that lessons learnt were shared and action was taken to improve safety in the practice. For example, staff told us that they now always routinely checked patients' dates of birth, and this process was implemented following a potential mistake in dealing with two patients with the same name.

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.

- Arrangements were in place to safeguard children and vulnerable adults from abuse and these arrangements reflected relevant legislation and local requirements. Relevant policies were accessible to all staff in hard copy form and staff told us that they knew where to access these. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The GP registered manager was the lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and we saw reports provided for other agencies. Staff demonstrated awareness and understanding of their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level three.
- We saw notices throughout the practice including in the waiting room, advising patients that chaperones were available if required. Clinical staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene and we observed the premises to be visibly clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams and nursing colleagues based locally to keep up to date with best practice. There was a detailed infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken with comprehensive records completed. We saw evidence

Are services safe?

that action was taken to address any improvements identified as a result. For example the practice reviewed its approach to storing and monitoring personal protective equipment (PPE) and made improvements.

- 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). Practice staff described a close working relationship with the local medicines management teams. 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 medicines adviser to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription stationery were securely stored but the practice did not have a systematic record of their numbers. Staff told us they would start to document the blank prescription form numbers to ensure oversight of these.
- The advanced nurse practitioner had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions, receiving mentorship and support from the GP registered manager for this extended function. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation and we saw evidence that these were documented appropriately.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. This included proof of identity, references, qualifications, registration with the appropriate professional body and the appropriate DBS checks.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had a health and safety policy in place which was available to staff. There was a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk

assessments (with actions and dates identified) and carried out regular fire drills which were documented. All electrical equipment was regularly checked to ensure the equipment was safe to use, and clinical equipment was regularly checked to ensure it was working properly. These checks were documented and records showed that all equipment had been tested during the last 12 months. The practice had other risk assessments in place to monitor safety of the premises including control of substances hazardous to health and infection control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number 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. The practice had a process in place to monitor patient need and demand.

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 rooms.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely and logged appropriately.
- 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. Copies of the plan were kept off-site.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. (NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment.)

The practice had systems in place to keep all clinical staff up to date. We observed that staff could access current NICE guidelines by using the practice intranet. We saw evidence that guidance and standards were discussed at clinical meetings, including consideration of best practice. Staff used this information to deliver care and treatment that met patients' needs.

Nursing staff told us that they were given protected learning time to keep up to date with current guidelines, and that they met with the GPs during or at the end of every clinical session to discuss practice.

The practice monitored that 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 for the practice showed the achievement of 96% of the total number of points available. This is above the Clinical Commissioning Group (CCG) and national averages of 94% and 95% respectively.

The practice's exception reporting figures were in line with the CCG and national averages, apart from one indicator which was statistically insignificant due to the very small numbers of patients. (Exception reporting relates to patients on a specific clinical register who can be excluded from individual QOF indicators. For example, if a patient is unsuitable for treatment, is newly registered with the practice or is newly diagnosed with a condition.)

The practice's individual QOF results were generally comparable with local and national averages. Data from 2014-15 showed:

- Performance for diabetes related indicators was below CCG and national averages. For example, the percentage of patients with diabetes, whose last measured total cholesterol was under the recommended level, was 69% compared with CCG and national averages of 82% and 81% respectively. The practice was aware and had put plans in place to address this by providing additional advice and guidance to patients. The practice's exception reporting rate for this indicator was 3% compared with the CCG average of 10% and the national average of 12%.
- Performance for mental health related indicators was similar to the CCG and national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the last 12 months was 89% compared with the CCG and national averages of 90%. The practice's exception reporting rate for this indicator was 3% compared with the CCG average of 7% and the national average of 10%.
- Performance for hypertension related indicators was similar to the CCG and national averages. For example, the percentage of patients with hypertension (high blood pressure), whose last measured blood pressure was under the recommended level, was 83% compared with CCG and national averages of 84%. The practice's exception reporting rate for this indicator was 1% compared with the CCG average of 4% and the national average of 4%.
- Performance for asthma related indicators was similar to the CCG and national averages. For example the percentage of patients with asthma, on the register, who had an asthma review in the preceding 12 months was 82% compared with CCG and national averages of 77% and 75% respectively. The practice's exception reporting rate for this indicator was 1% compared with the CCG average of 3% and the national average of 8%.

QOF performance was closely monitored at all times. Where QOF targets were not met individual cases were reviewed by the GPs which included discussions with other clinical staff. The practice had a documented approach to exception reporting which was followed consistently.

Are services effective?

(for example, treatment is effective)

We saw some evidence of quality improvement including clinical audit.

- The practice had carried out two clinical audits in the last year, and each of these were completed audits where the improvements made were implemented and monitored. This included an audit into fragility fractures and their treatment for 14 patients, resulting in a face-to-face review and changes to treatment for six of these patients.
- The practice could demonstrate improvements to patient care including more appropriate medicine and better information sharing with other healthcare professionals.

Information about patients' outcomes was used to make improvements. For example a review into patients with cardiovascular disease led to medication reviews and subsequent changes to the medicines prescribed including the combinations of medicines used.

Effective staffing

We saw that staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. We saw evidence that staff had completed training in line with the induction programme. The induction programme was tailored and specific to the role.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, clinical staff could evidence a range of specialist training such as managing long-term conditions and reflective practice.
- 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 through clinical discussion.
- Staff learning and development needs were identified through a system of appraisals, meetings and reviews of

where the practice needed to develop. Staff had access to appropriate training and protected learning time to meet their learning needs which covered the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and informal discussion during or following each day. All staff had received an appraisal within the last 12 months.

- All staff had received training that included safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and dedicated in-house training as well as external training events, seminars and conferences. Nursing staff told us that they had close contacts and effective working relationships with other nurses locally which they used for learning and for sharing best practice.

Coordinating patient care and information sharing

The information needed to effectively plan, deliver and monitor care and treatment was available to relevant staff through the practice's patient record system and their intranet system. Staff demonstrated to us that they could access this information easily and in a timely manner.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- We saw evidence that the practice shared relevant information with other services appropriately and 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, plan and monitor ongoing care and treatment. This included when patients moved between services (including when they were referred) and after they were discharged from hospital.

We saw evidence that meetings took place with other health care professionals with the aim of reviewing and improving patient care and treatment. This included meetings with the medicines prescribing team, mental health professionals and the on-site counsellor, and with

Are services effective?

(for example, treatment is effective)

community, district and Macmillan nurses. We saw evidence of care plans being routinely and regularly reviewed and updated for patients including those with complex needs.

Consent to care and treatment

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

- Staff demonstrated they understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
We saw evidence relevant of staff training and documented procedures related to patient consent.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- The GPs and nursing staff assessed the patient's capacity and recorded the outcome of the assessment where a patient's mental capacity to consent to care or treatment was unclear.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

- The practice had processes in place to identify patients who may be in need of extra support. This included patients receiving end of life care, carers, those at risk of developing a long-term condition, and those in vulnerable circumstances.
- Patients were signposted to relevant services locally for example substance misuse services, counselling services and housing support.
- A range of advice including smoking cessation, diet, fitness and carer support was available from practice staff and from local support groups.

The practice's uptake for the cervical screening programme was 77%, which was in line with the CCG and national

average of 82%. The practice had a policy to offer telephone reminders for patients who did not attend for their cervical screening test, and to always telephone patients following results to check the patient had received them and to discuss any anxieties or concerns. The practice had systems in place to ensure results were received for all samples sent for cervical screening. There was a comprehensive recording and monitoring system in place for cervical screening which supported this. We saw evidence that staff had received appropriate training to carry out cervical screening.

The practice had rates of breast and bowel cancer screening that were higher than the CCG and national averages. For example, 78% of females aged 50 to 70 were screened for breast cancer in the last 36 months compared with CCG and national averages of 71% and 72% respectively. 64% of people aged 60 to 69 were screened for bowel cancer in the last 30 months compared with CCG and national averages of 59% and 58% respectively. Clinical staff told us that they focussed on raising awareness of screening by discussing this with patients during consultations, including with new patients.

Childhood immunisation rates for the vaccinations given were in line with CCG averages. For example, childhood immunisation rates for the vaccinations given to five year olds ranged from 80% to 100%. The CCG averages ranged from 93% to 98%.

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 and over 75.

The practice had carried out 42 over 75 health checks in the last 12 months, which represented 15% of the 275 patients in this age group. The practice carried out 22 health checks for those aged 40 to 74 in the last 12 months, which represented 3% of the 730 patients in this age group.

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 helpful to patients and treated them with dignity and respect.

- Curtains were provided in all consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We saw that consulting and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard outside of the rooms.
- Reception staff told us that they knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. Staff told us there were rooms available for this.

Almost all of the 43 patient Care Quality Commission comment cards we received were fully positive about the service experienced. Patients said they felt the practice offered an excellent, caring and understanding service and staff were helpful and treated them with dignity and respect. There were a small number of negative comments (three) relating to the difficulty in getting appointments and waiting times at the practice.

We spoke with the chair of the Patient Participation Group. The PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care. They also told us they were satisfied with the care provided by the practice, that the GP was thorough and took a real interest in their wellbeing and needs, and that their dignity and privacy was respected.

Results from the National GP Patient Survey published in July 2016 showed patients felt they were treated with care and concern and involved in decisions about their care. Results showed the practice was performing in line with Clinical Commissioning Group (CCG) and national averages for its satisfaction scores on consultations with GPs and nurses, for example:

- 86% of patients said the GP was good at listening to them compared with the CCG average and national averages of 89%.

- 85% of patients said the GP gave them enough time compared with the CCG and national averages of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw compared with the CCG and national averages of 95%.

Care planning and involvement in decisions about care and treatment

Patients told us on the day they felt consulted about and 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 was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the National GP Patient Survey published in July 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with CCG and national averages. For example:

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 86%.
- 92% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 89% and the national average of 90%.

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. There was a range of information leaflets available in an 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 and other areas of the practice which told patients how to access a number of support groups and organisations. There was some information about local support groups available on the practice website. Staff told us they were aware of their patients' needs and would signpost them to appropriate local resources where needed.

Are services caring?

The practice's computer system alerted staff if a patient was also a carer. The practice had identified 44 patients as carers (1.3% of the practice list). Written information was available to direct carers to local support available to them which included information in the reception area. Patients who were carers told us that they were signposted to local support services. Staff told us that they knew who the carers were and offered them information relating to local support whenever they saw them. Staff told us that all carers were contacted and offered flu vaccinations each year.

Staff told us that if families had suffered bereavement, their GP contacted them directly by telephone and a member of the practice team would send a sympathy card. This was followed by a patient consultation at a flexible time and location to meet the family's needs and by signposting to an appropriate support service where needed.

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 held early morning appointments (from 7am until 8am) two days a week for working patients who could not attend during normal opening hours.
- There were double appointments available with GPs and nurses for any patients needing them including those with a learning disability or complex needs.
- 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 those patients with medical problems that required same day consultation.
- The practice provided combined parent and baby clinics carrying out post-natal and early child development checks. Patients were able to receive travel vaccinations available on the NHS.
- There was a hearing loop and translation services available, and staff could demonstrate awareness of the difficulties and issues faced by patients with hearing impairments. Reception staff gave examples of where they had met the needs of patients with hearing difficulties.
- The practice and all facilities were fully accessible for wheelchair users and there were automatic doors, a wheelchair friendly reception desk, disabled toilets and a lift in place.
- There was adequate onsite parking with designated disabled parking spaces.

Access to the service

The practice building and telephone lines were open from 8am to 1pm and 3pm to 6pm on Mondays, Tuesdays, Wednesdays and Fridays, and from 8am to 1pm only on Thursdays. The practice was not open on Saturdays and Sundays. Appointments were at these times with additional extended hours appointments available two days a week (Mondays and Tuesdays) which started at 7am until 8am.

Whilst the practice was closed at lunchtimes, on Thursday afternoons and between 6pm and 6.30pm on other weekdays any calls were put through to the West Midlands Ambulance Service Out of Hours (OOH) service who would contact the on call GP at the practice where necessary. Further out of hours services were provided by the NHS 111 non-emergency facility.

Pre-bookable appointments could be booked up to six weeks in advance, and we saw that urgent appointments were available for people that needed them.

Results from the National GP Patient Survey published in July 2016 showed that patients' satisfaction with how they could access care and treatment were in line with local and national averages in one area:

- 71% of patients said they found it easy to get through to the practice by telephone compared with the CCG and national averages of 73%.

The survey highlighted that patients' satisfaction with accessing care and treatment was slightly lower than local and national averages in some areas:

- 65% of patients were satisfied with the practice's opening hours compared with the CCG average of 75% and the national average of 76%.
- 80% of patients said the last appointment they got was convenient compared with the CCG average of 91% and the national average of 92%.
- 58% of patients described their experience of making an appointment as good compared with the CCG average of 72% and the national average of 73%.

Practice staff told us that they were aware of these results and described measures that they had recently put in place to improve them. This included:

- Introduction of a telephone option service to streamline telephone access.
- Introduction of online appointments and prescribing facilities.
- Recruitment of more clinical and non-clinical staff including a healthcare assistant and two members of the administrative team.
- Introduction of two early morning appointment sessions per week (7am to 8am on Mondays and Tuesdays).
- Introduction of a self-check-in system to reduce queues at the reception area.

Are services responsive to people's needs?

(for example, to feedback?)

Practice staff told us these measures had helped to increase the availability of appointments and improve patient satisfaction. Practice staff told us they had seen recent improvements in patient satisfaction following speaking with patients and reviewing feedback. The chair of the Patient Participation Group (PPG) told us that in their opinion access to the practice had improved over the last year, and that other patients had told them that they now found it easier to access appointments.

Most patients 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. Reception staff would take details to pass to a GP, who would consider and evaluate the information and then telephone the patient to gather further information and discuss their needs. Staff told us that this would allow for an informed decision to be made on prioritisation according to clinical need.

We saw that alternative emergency care arrangements were made 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. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

We saw that the practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person (the practice manager) who reviewed and responded to all complaints in the practice.
- There was a document available for patients wishing to make a complaint which included a complaints form and further information about the complaints procedure.
- The practice had a complaints policy in place, and staff demonstrated to us they knew how to handle complaints in line with the practice policy.

We looked at seven complaints received in the last 12 months and found that each of these were handled in a satisfactory and timely way. Complainants were responded to in each case and apologies had been given where appropriate.

Patients told us that they knew how to make complaints if they wished to.

We saw evidence that lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, the practice had provided guidance to staff on communicating with patients who were dissatisfied and logging patient concerns.

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 clear aims to deliver high quality care, to promote good outcomes for patients, and to support the staff to achieve these aims.

- Staff told us it was clear what the practice values were and the full staff team met every week on Thursday afternoons to discuss aims, objectives, outcomes and learning points.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching and comprehensive governance framework which supported the delivery of the practice aims and good quality care for patients.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities and the responsibilities of their colleagues.
- Documented policies and procedures were in place and implemented, and were easily accessible to all staff. Staff demonstrated they were aware of their content and where to access them. Some policies and procedures had not been reviewed since 2013, but the practice was in the process of achieving this. Practice staff told us they planned to implement a review and version control process for policies and procedures to aid governance and oversight of these.
- A comprehensive understanding of the performance of the practice was maintained including discussion at meetings and the sharing of information with staff including learning points, for example information relating to patient feedback.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. We saw evidence of robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We identified that the practice did not have a consistent approach to reporting and recording incidents, nor documenting the learning and improvement relating to these. However this information was being captured and practice staff told us they would improve the consistency of this by introducing a single form.

- Blank prescription stationery was securely stored but the practice did not have a systematic record of their numbers. Staff told us they would start to document the blank prescription forms and pad numbers to ensure oversight of these.
- The practice had systems for ensuring that oversight and monitoring of all staff training was in place. We saw evidence that staff training was logged including when due for renewal.

Leadership and culture

On the day of inspection the GP registered manager and practice manager demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care and good outcomes for patients. Staff told us the GPs and practice manager were approachable and always took the time to listen to and involve all members of staff, including weekly team meetings and informal, unplanned discussions when needed.

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 the provision of training for all staff on communicating with patients about notifiable safety incidents. The GPs and practice manager encouraged a culture of openness and honesty.

The practice had systems in place to ensure that when things went wrong with care and treatment. The practice gave affected people reasonable support, clear information appropriate apologies, and kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff told us that they felt supported by management.

- Staff told us there was an open culture within the practice and they were encouraged and 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 by the GPs and practice manager. Staff were involved in discussions about how to run and develop the practice,

Are services well-led?

Good 

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

and the GPs and practice manager encouraged all members of staff to identify opportunities to improve the service delivered by the practice. We saw evidence of these discussions documented in meeting notes.

- The practice encouraged team building, staff relations and a supportive working environment through social events throughout the year. The practice has set up a social networking group for staff to use for discussion and support.

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

The practice encouraged and used feedback from patients, the public and staff. It 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) and

through surveys and complaints received. The PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care. The group met regularly on a monthly basis, sought feedback from patients and submitted proposals for improvements to the practice management team. As a result of PPG input the practice provided information about the implications of failing to attend booked appointments, and made improvements to the telephone system whereby an option service was introduced.

- The practice had gathered feedback from staff through weekly staff meetings, appraisals and discussion. Staff told us they were encouraged to give feedback and discuss any concerns or issues with colleagues and managers. Staff told us they felt involved and engaged to improve how the practice was run in the best interests of the patients.