

Dr Satya Narayan Sharma

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Satya Narayan Sharma, also known as 'The Elmfield Surgery' on 08 March 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.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect 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.

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider must make improvements are:

- Ensure the proper and safe management of medicines, vaccinations should be stored securely.
- Ensure sufficient equipment (oxygen) is available in case of emergencies.

The areas where the provider should make improvement are:

Summary of findings

- Review systems to accurately record and share learning from significant events and complaints widely and in a timely manner to prevent re-occurrence.
- Ensure the practice introduces a patient participation group to enable patients to give feedback, comments and suggestions and are engaged with the future developments of the practice and review systems to act on patient feedback to improve services.
- Review the role of the infection control lead and develop processes to ensure regular practice led audits are undertaken.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services.

Requires improvement



- There was a system in place for reporting and recording significant events, lessons were shared to make sure action was taken to improve safety in the practice although this could not be evidenced from minutes of meetings available.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- The practice manager was the infection control clinical lead, however they confirmed that they had not received any formal training to undertake this role. There was an infection control protocol in place but staff had not received up to date training. Practice led infection control audits had not been carried out.
- The fridge containing vaccinations was not locked and access to the room containing the fridge was not controlled.
- Oxygen was not available within the practice.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- 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 and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the National GP Patient Survey showed patients rated the practice lower than others for several aspects of care, however the practice had not undertaken any analysis of these results or had an action plan in place to ensure improvement.
- 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 Clinical Commissioning Group to secure improvements to services where these were identified.
- 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 not undertaken and not 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 this.
- 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 GP encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.
- The practice had not proactively sought feedback from staff or patients and did not have a patient participation group.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

- Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice kept up to date registers of patients' health conditions.
- The practice had identified patients who were at risk of unplanned hospital admissions and supported these patients to stay well at home, avoiding unplanned hospital admission.

Good



People with long term conditions

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

- Chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- Performance for diabetes related indicators was comparable to the national average. For example, the percentage of patients with diabetes, on the register, who had had an influenza immunisation in the preceding 1 August 2014 to 31 March 2015 was 92% compared to the national average of 94%.

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. Immunisation rates were comparable for all standard childhood immunisations. For example, measles, mumps and rubella dose two for children up to the age of five was 100% compared to Clinical Commissioning Group average of 92%.
- In the last 12 months, 78% of patients diagnosed with asthma, had undergone a review of their care compared to the national average of 75%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.

Good



Summary of findings

- In the preceding 5 years 76% of patients had received cervical screening compared to the national average of 82%.

Working age people (including those recently retired and students)

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

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

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

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).

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.

Good



Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing in line with local and national averages. 296 survey forms were distributed and 105 were returned. This was a return rate of 36% and represented 6% of the practice's patient list.

- 95% found it easy to get through to this surgery by phone compared to a CCG average of 78% and a national average of 73%.
- 91% were able to get an appointment to see or speak to someone the last time they tried (CCG average 85%, national average 85%).
- 80% described the overall experience of their GP surgery as fairly good or very good (CCG average 87%, national average 85%).

- 58% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 79%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 49 comment cards which were all positive about the standard of care received.

We spoke with 5 patients during the inspection. All 5 patients said they were happy with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service **MUST** take to improve

- Ensure the proper and safe management of medicines, vaccinations should be stored securely.
- Ensure sufficient equipment (oxygen) is available in case of emergencies.

Action the service **SHOULD** take to improve

- Review systems to accurately record and share learning from significant events and complaints widely and in a timely manner to prevent re-occurrence.

- Ensure the practice introduces a patient participation group to enable patients to give feedback, comments and suggestions and are engaged with the future developments of the practice and review systems to act on patient feedback to improve services.
- Review the role of the infection control lead and develop processes to ensure regular practice led audits are undertaken.

Dr Satya Narayan Sharma

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Satya Narayan Sharma

The practice of Dr SN Sharma also known as Elmview surgery is based in a purpose built facility in a residential area of Atherton close to local amenities. The practice is located in a more deprived area when compared to other practices nationally. The male life expectancy for the area is 76 years compared with the CCG average of 77 years and the national average of 79 years. The female life expectancy for the area is 81 years compared with the CCG average of 81 years and the national average of 83 years. There were 1830 patients on the practice list at the time of inspection.

There is one male GP, a practice manager and administration/reception staff.

The practice advertises that it is open Monday to Friday from 8am to 6.30pm and each Monday it offers extended opening hours from 6.30pm-7.30pm. GP appointments are available from 9am until 6pm patients requiring a GP outside of normal working hours are advised to contact the surgery and they will be directed to the local out of hours service which is provided by Bridgewater NHS Foundation Trust –through NHS 111. Additionally patients can access GP services on Saturdays and Sundays through the Wigan GP access alliance at locations across the borough.

Why we carried out this inspection

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

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 8 March 2016. During our visit we:

- Spoke with the GP, the practice manager, administration 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 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?

Detailed findings

- 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 a system in place for reporting and recording significant events, the practice recorded significant events using a paper based system and had records of events available for previous years for review. We found that the events were reviewed in detail and closely in line with Royal College of General Practitioner protocols. As the service was operated by one GP we found that there was thorough analysis of significant events. Although we were told that the findings were discussed during regular meetings these meetings were not always documented which made it difficult to establish how learning from events was shared with practice staff. There were no recent staff meeting minutes available on the day of inspection, the most recent being 26 November 2015, 21 May 2015 and 23 April 2015, none of these minutes referred to significant events nor was there a standing agenda item.

The practice had not a practice nurse in post for a number of years which meant that safety records, incident reports national patient safety alerts were not shared with non clinical staff. As a result of this the GP carried out all of the practice nurse's responsibilities.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. The GP was the lead for safeguarding and trained to level three, however the deputy was only trained to level one. The GP attended safeguarding

meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.

- 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 check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- We observed the premises to be clean and tidy. The practice manager was the infection control clinical lead, however they confirmed that they had not received any formal training to undertake this role. There was an infection control protocol in place but staff had not received up to date training. Annual infection control audits had not been undertaken.
- There were suitable processes in place for obtaining, prescribing and recording of medicines, but we found the fridge containing vaccinations was not locked and access to the room containing the fridge was not controlled. Practice staff handling vaccinations had not received training within the last two years.
- Medication audits were carried out by the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.
- There was no practice nurse or healthcare assistant meaning that the GP administered all vaccinations.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were appropriate failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and well managed.

Are services safe?

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and fire drills were carried out by the building's property management. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises, a first aid kit and accident book were available, however oxygen was not available within the practice.
- Emergency medicines were easily accessible to staff and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' 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 96% of the total number of points available, with 2.8% 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.

- Performance for diabetes related indicators was above than the national average. For example, the percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80mmHg or less was 94% compared to the national average of 78%.
- The percentage of patients with hypertension having regular blood pressure tests was above the national average. The practice rate was 92% compared to the national average of 84%.
- Performance for mental health related indicators was above the national average. For example: the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a

comprehensive, agreed care plan documented in their record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 100% compared to the national average of 88%.

Clinical audits demonstrated quality improvement. For example: an audit of the use of the Salbutamol inhaler identified those patients who were receiving repeat prescriptions and specifically those who were requesting salbutamol prescriptions inappropriately. These patients were contacted to attend for the review appointments and their asthma treatment optimised. Their requests for prescriptions for the salbutamol were monitored for next 3 months. A further audit identified the actual cost of COPD and Asthma patients between April 2014 and March 2015 against hospital admissions. This audit identified that the practice was one of the lowest for hospital admissions in the area.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff, however the practice had not had any new staff in recent years. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness.
- We found that no nurse was in position, we were told that the practice had experienced difficulty in recruiting to this position, but it was hoping to use a practice nurse recruited by the local community trust on an ad hoc basis in the future. On the day of inspection this agreement had not been finalised.

Coordinating patient care and information sharing

Are services effective?

(for example, treatment is effective)

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. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services 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. We saw evidence that the GP attended multi-disciplinary team meetings when required and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- Smoking cessation advice was available from a local support group.
- The practice's uptake for the cervical screening programme was 76%, which was lower than the national average of 82%. It was noted that a reason for this was the lack of a practice nurse. 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 using information in different languages and for those with a learning disability and however they could not ensure a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.
- Childhood immunisation rates for the vaccinations given were comparable with the Clinical Commissioning Group. For example, childhood immunisation rates for the vaccination Meningococcal C given to under two year olds was 89% (which was 8 out of 9 patients) compared to the CCG average of 98% and five year olds was 100% compared to the CCG average of 97%.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 49 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.

We found that the staff and GP at the practice knew their patients well understanding their needs, as an example reception staff collected and delivered medication to patients who found it difficult to attend their local pharmacy.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice received mixed satisfaction scores from the 105 surveys returned, which it should be noted were not reflected in the comment cards completed. For example:

- 63% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 85% said the GP gave them enough time compared to the CCG average 94%, national average 92%.
- 88% said they had confidence and trust in the last GP they saw compared to the CCG average 95%, national average 95%.
- 51% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average 85%, national average 85%.

- 84% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average 94%, national average 91%, although it should be noted that the practice does not have a practice nurse.
- 100% said they found the receptionists at the practice helpful compared to the CCG average 90%, national average 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 59% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 55% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average 83% , national average 82%.
- 85% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average 94%, national average 92%.

We discussed the patient survey results with the GP who was unable to provide an explanation about the results received, however at the time of the inspection that practice had not undertaken any work to analyse the results or develop an action plan to ensure improvements in future surveys.

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

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1.4% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

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

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.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
-

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday, however the practice closed at 1pm on Wednesday. Appointments were available from 9am to 6pm daily. Extended surgery hours were offered between 6.30pm and 7.30pm on Mondays. In addition to pre-bookable appointments, urgent appointments were also available for people that needed them.

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.

- 88% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 75%.
- 95% patients said they could get through easily to the surgery by phone compared to the CCG average 78%, national average 73%.
- 91% patients said they always or almost always see or speak to the GP they prefer compared to the CCG average and national average 85%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- 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. However lessons learnt from concerns and complaints was adhoc and not always minuted.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was 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:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical audit was in place however there was a lack of wider practice audits which could be used to monitor quality and to make improvements
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership and culture

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

The provider was aware of and complied with the requirements of the Duty of Candour. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the GP in the practice. All staff were involved in discussions about how to run and develop the practice, and the GP 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 told us that it encouraged and valued feedback from patients, the public and staff. However we saw little evidence that the practice had systems in place to capture this feedback, or had action plans in place which it was working toward.

- The practice did not have a patient participation group (PPG), although the GP confirmed that he had identified a number of people to become members of the PPG.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management and told us they felt involved and engaged to improve how the practice was run.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.: Safe care and treatment.</p> <p>How the regulation was not being met:</p> <p>The registered person did not ensure the proper and safe management of medicines, vaccinations should be stored securely.</p> <p>This was in breach of regulation 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control</p> <p>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.: Safe care and treatment.</p> <p>How the regulation was not being met:</p> <p>The registered person did not ensure sufficient equipment (oxygen) is available in case of emergencies.</p> <p>This was in breach of regulation 12(2)(f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>