Dr Rameshchandra Manilal Shah

Quality Report

Thorns Road Surgery
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Date of inspection visit: 14 October 2015
Date of publication: 17/12/2015

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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Rameshchandra Manilal Shahs practice (Thorns Road Surgery) on 14 October 2015. Overall the practice is rated as good.

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

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- 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.
- Some risks to patients who used services were assessed. However we found that risk assessments were not in place to assess a number of risks across the practice.
- The practice had an up to date fire risk assessment and completed weekly fire alarm tests. However, staff we spoke with confirmed that regular fire drills had not taken place.
- The practices recruitment checks were not robust, the practice did not complete a disclosure and barring check (DBS) for their nurse.
- The practice did not correctly monitor the temperature of the vaccination fridges and therefore adherence to cold chain procedures was not robust.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.

Summary of findings

- 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.

However there were areas of practice where the provider needs to make improvements.

The areas where the provider must make improvements are:

- Assess and manage risks associated with legionella and to assess the risk of not having disclosure and barring checks (DBS) for the practice nurse and for staff that chaperone.
- Ensure fridge temperatures are recorded correctly, in line with national guidance, to ensure robust maintenance of the cold chain.

The areas where the provider should make improvement are :

- Ensure regular fire drills take place within the practice.
- Analyse feedback from external and internal surveys to ensure patient needs are listened to and used to drive improvements to the quality and safety of services.
- Assess and manage risks in the absence of emergency medical equipment that reflects national standards

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?

Requires improvement

The practice is rated as requires improvement for providing safe services as there are areas where it should make improvements. The practice was able to provide evidence of a track record for recording and monitoring safety issues with the exception of risk assessments for legionella and in the absence of emergency medical equipment that reflects national standards. The practice had not risk assessed the need for a DBS check for their long term practice nurse and for a member of staff that chaperoned. Regular fire drills had not taken place. The practice did not correctly monitor the temperature of the vaccination fridges and therefore adherence to cold chain procedures was not robust.

The practice took an open and transparent approach to reporting incidents and the staff we spoke with were aware of their responsibilities to raise concerns. We saw agendas and minutes of practice meetings where key topics including significant events, complaints and patient safety alerts were reviewed and discussed. We saw in the meeting minutes that learning was shared to ensure action was taken to improve safety in the practice.

Are services effective?

Good

The practice is rated as good for providing effective services. Data showed patient outcomes were average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. We saw evidence that multi-disciplinary team meetings took place on a monthly basis with regular representation from a wide range of health and social care services.

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed mixed responses from patients for several aspects of care. Patients we spoke with on the day of our inspection told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. In comment cards we received, patients described the staff as

Summary of findings

respectful and friendly and said their dignity and privacy was respected. Patients we spoke with on the day also informed us that they were happy with the service overall and described the practice as offering a good and efficient service. Information for patients about the services available was easy to understand and accessible.

We observed throughout the inspection that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone.

The practice were also mindful of carer responsibilities and offered flexible and longer appointments to suit carer needs. Written information was available for carers to ensure they understood the various avenues of support available to them.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they found it easy to make an appointment with a named GP and that there was good continuity of care, with urgent appointments available the same day. The practice was equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care.

Are services well-led?

Good

The practice is rated as good for being well-led. There was a clear leadership structure and staff felt supported by management. The management team encouraged a culture of openness and honesty. The practice had a number of policies and procedures to govern activity and held practice meetings. The practice encouraged and valued feedback from patients. There was an active patient participation group (PPG) which met on a quarterly basis.

Staff we spoke with said they felt valued and supported and that they felt very much part of the practice. Staff were encouraged to identify opportunities to improve the service delivered by the practice. Staff had received inductions, regular performance reviews and attended staff meetings and events.

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

Good

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 offered proactive, personalised care to meet the needs of the older people in its population. The practice had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions. The nurse had a lead role in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All patients with long term conditions had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

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 relatively high 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, and we saw evidence to confirm this. Appointments were available outside of school hours. We saw good examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Good

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 and provided extended hours to ensure these were accessible,

Summary of findings

flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and comprehensive screening programmes that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Good

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. It had carried out annual health checks, offered longer appointments and offered appointments at quieter times for people with a learning disability.

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

People experiencing poor mental health (including people with dementia)

Good

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. It carried out advance care planning for patients with dementia.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. The practice also supported patients by referring them to a gateway worker from the local mental health trust who provided counselling services on a weekly basis in the practice. The gateway worker also attended and contributed to the monthly multi-disciplinary team meetings at the practice. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 showed that the practice performance was above or comparable to local and national averages. There were 110 responses and a response rate of 37%.

- 89% found it easy to get through to this surgery by phone compared with the CCG average of 68% and national average of 73%.

86% found the receptionists at this surgery helpful compared with the CCG and national averages of 87%.

- 86% with a preferred GP usually get to see or speak to that GP compared with the CCG average of 56% and national average of 60%.
- 81% were able to get an appointment to see or speak to someone the last time they tried compared with the CCG average of 83% and the national average of 84%.
- 95% said the last appointment they got was convenient compared with the CCG and national averages of 92%.
- 79% described their experience of making an appointment as good compared with the CCG average of 71% and the national average of 73%.
- 77% usually waited 15 minutes or less after their appointment time to be seen compared with the CCG average of 63% and a national average of 65%.
- 70% felt they did not normally have to wait too long to be seen compared with the CCG and national averages of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 29 comment cards which were all positive about the standard of care received. Comments described staff as respectful, friendly and helpful. Comment cards also highlighted that staff responded compassionately when they needed help and provided support when required.

Areas for improvement

Action the service MUST take to improve

Assess and manage risks associated with legionella and to assess the risk of not having disclosure and barring checks (DBS) for the practice nurse and for staff that chaperone.

Ensure fridge temperatures are recorded correctly, in line with national guidance, to ensure robust maintenance of the cold chain.

Action the service SHOULD take to improve

Ensure regular fire drills take place within the practice.

Analyse feedback from external and internal surveys to ensure patient needs are listened to and used to drive improvements to the quality and safety of services.

Assess and manage risks in the absence of emergency medical equipment that reflects national standards

Dr Rameshchandra Manilal Shah

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Rameshchandra Manilal Shah

Thorns Road Surgery is a long established practice located in the Brierley Hill area of Dudley. There are approximately 3560 patients of various ages registered and cared for at the practice. Services to patients are provided under a General Medical Services (GMS) contract with NHS England. The practice has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients.

The clinical team includes a GP and a practice nurse. The practice also employs a regular locum GP. The GP and the practice manager form the practice management team and they are supported by an assistant practice manager, a team of six receptionists and an apprentice who together cover reception and administration duties.

The practice is open between 8am and 8:30pm on Mondays and between 8am and 6:30pm on Tuesdays, Thursdays and Fridays. Morning appointment times are available between 8:30am to 10:30am and afternoon appointment times are available between 4pm to 6pm and up to 8pm on Mondays.

On Wednesdays the practice is open between 8am and 1pm, with appointments available until 10:30am. Nurse appointments are available between the times of 8:30am, up to 1:30pm during weekdays. Nurse appointments are also additionally available between 3:30pm to 6:30pm on Mondays, Tuesdays and Thursdays. When the practice is closed during the day, patients are directed to an alternative primary care provider. There are also arrangements to ensure patients received urgent medical assistance when the practice is closed during the out-of-hours period.

Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services under the Care Act 2014.

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.

How we carried out this inspection

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

Detailed findings

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

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

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

The inspector :-

- Reviewed information available to us from other organisations such as NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 14 October 2015.
- Spoke with staff and patients.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

The practice had a system in place for reporting incidents and near misses. Staff talked us through the process and showed us the reporting templates which were used to record significant events. The practice took an open and transparent approach to reporting incidents and the staff we spoke with were aware of their responsibilities to raise concerns.

We reviewed records of four significant events that had occurred during the last 12 months. We saw that specific actions were applied along with learning outcomes to improve safety in the practice. For example, a significant event was recorded in relation to a medication issue. The practice took remedial action straight away and also completed a full investigation which was documented on a significant event reporting template. We saw agendas and minutes of practice meetings where key topics including significant events, complaints and patient safety alerts were reviewed and discussed. We saw in the meeting minutes that learning was shared to ensure action was taken to improve safety in the practice. The practice had a rolling programme of regular staff meetings which included a daily management meeting, a weekly meeting between the GPs, practice nurse and the practice manager and monthly practice meetings which all staff attended. Staff also told us how learning was shared during these meetings and that minutes were also circulated by email for any staff members who could not attend.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements. Safeguarding policies and key contact numbers were accessible to all staff. Staff were familiar with these policies, they understood their responsibilities and had received training relevant to their role. There was a lead member of staff for safeguarding. The GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies.
- Recruitment checks were carried out and the four files we reviewed showed that some of the appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications and registration with the appropriate professional body. We found that the nurse and a long term member of the reception team (who acted as a chaperone) had not received a disclosure and barring check (DBS). These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. The practice informed us that the nurse had worked at the practice for approximately 10 years and that chaperones would not be left alone with patients. However, the practice did not have a formal risk assessment in place to assess the risk of not having a DBS checks for these two members of staff.
- There were some procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy in place. The practice had an up to date fire risk assessment and completed weekly fire alarm tests. However, staff we spoke with confirmed that regular fire drills had not taken place. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. We saw evidence of further risk assessments to monitor the safety of the premises such as infection control and health and safety. However, the practice did not have a risk assessment to assess the risk of Legionella.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention team to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. The infection control policy contained information on the immunisation of practice staff which reflected national guidelines. We saw evidence of Hepatitis B immunisation for practice staff. We saw copies of comprehensive infection control audits and we saw evidence that action was taken to address any improvements identified as a result. Improvements included the removal of fabric chairs

from the minor surgery room and implementing a checking system to ensure disposable curtains were dated with next review date and that these were regularly checked.

- The vaccination fridges were well ventilated and secure. The practice did not correctly monitor the temperature of the vaccination fridges and therefore adherence to cold chain procedures was not robust. Vaccinations were stored within the recommended tempaeratures. However, we found that minimum and maximum temperatures were not recorded and thermometers were not reset after each recording in line with guidance. We raised this during our inspection and were advised that new log books had been ordered as current books did not allow for the three temperatures to be logged for each fridge. We were assured that the correct process would be followed in full moving forward.
- The practice nurse administered vaccines using patient group directions (PGDs) that had been produced in line with legal requirements and national guidance. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. We saw up-to-date copies of PGDs and evidence that the practice nurses had received appropriate training to administer vaccines.
- The practice worked with a pharmacist from the Clinical Commissioning Group (CCG) who attended the practice every week. The pharmacist assisted the practice with medication audits and monitored their use of antibiotics to ensure they were not over prescribing.
- The arrangements for managing medicines, including emergency medicines and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Prescription pads were securely stored and there were systems in place to monitor their use.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. The practice used a regular locum GP to cover if ever the lead GP was on leave and the practice shared records with us which demonstrated that the appropriate recruitment checks were completed for their locum GP.

Arrangements to deal with emergencies and major incidents

Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. The practice had a checking system in place and there were systems in place to monitor their use. All staff received annual basic life support training. The practice had oxygen available on the premises with adult and children's masks. There was also a first aid kit and accident book available. However, the practice did not have an automated external defibrillator and had not assessed the risk of not having this in place. An automated external defibrillator is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm.

The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and staff were aware of how to access the plan. There was a system on the computers in all the treatment rooms which alerted staff to any emergency and the practice also had additional panic buttons in place as a back-up in the event of an IT failure.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. Staff accessed and monitored guidelines from NICE and used this information to develop how care and treatment was delivered to meet patient needs.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 91% of the total number of points available, with 1% exception reporting. Exception reporting is used to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect. Data from 2013/2014 showed;

- Performance for overall diabetes related indicators was 81% compared to the CCG average of 85% and national average of 90%.
- The percentage of patients with hypertension having regular blood pressure tests was 88% compared to the CCG and national averages of 83%.
- Performance for mental health related indicators was 74% compared to the CCG average of 80% and national average of 90%.
- The dementia diagnosis rate was 92% compared to the CCG average of 91% and national average of 90%.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. The practice showed us three clinical audits which were carried out in the last two years, two of these were completed audits where the improvements made were implemented and monitored. For example, we saw that an initial and a repeated audit was completed regarding the prescribing of medicines used to treatasthma. Following the audits, the GPs carried out medication reviews for patients under the age of 16 who were prescribed these medicines and altered their prescribing practice to ensure it aligned with national guidelines.

Additional audits were shared with the inspection team where the practice had planned to complete a repeated cycle. These included an audit on patients with Gout to ensure recommended testing and treatments were in place and a prescribing audit on blood thinning medicines including New Oral Anticoagulants (NOACs) to ensure that prescribing reflected national guidelines.

Effective staffing

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

- The practice had an induction programme for newly appointed members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during training sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors.
- Staff received training that included: safeguarding, fire safety awareness and basic life support. Staff had access to and made use of e-learning training modules and in-house training.
- In addition to in-house training, the practice regularly took part in training provided by external organisations such as annual clinical update training provided by the CCG, the practice nurse was also supported in attending away days and nurse conferences. Non-clinical staff attended workshops, a recent Prevent Workshop was discussed with us which was facilitated through the CCG. The aim of the training was to educate staff, to raise awareness in recognising the signs of vulnerability to radicalisation and how to follow the correct reporting procedures.

Coordinating patient care and information sharing

Staff had all the information they needed to deliver effective care and treatment to patients who used services. All the information needed to plan and deliver care and treatment was available to relevant staff in a timely and

Good

Are services effective?

(for example, treatment is effective)

accessible way through the practice's patient record system and their intranet system. This included risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available.

We saw evidence that multi-disciplinary team meetings took place on a monthly basis with regular representation from a wide range of health and social care services. We saw minutes of meetings to support that joint working took place. Vulnerable patients and patients with complex needs were regularly discussed and their care plans were routinely reviewed and updated. We saw that discussions took place to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital.

Consent to care and treatment

Patients' consent to care and treatment was always sought 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, assessments of capacity to consent were also carried out in line with relevant guidance. The practice also carried out regular reviews of all Do not attempt resuscitation orders (DNAR) in place to ensure that they continued to reflect patient choices, these were also discussed as part of the multi-disciplinary team meetings.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. 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 who may be in need of extra support were identified and supported by the practice, patients were also signposted to relevant services to provide additional support. 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 on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

The practice's uptake for the cervical screening programme was 79%, which was comparable to the national average of 81%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. The practice nurse operated an effective failsafe system for ensuring that test results had been received for every sample sent by the practice and we were shown log books were the practice nurse routinely checked this. 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 to CCG/national averages. For example, childhood immunisation rates for under two year olds ranged from 75% to 100% compared to the CCG averages which ranged from 40% to 100%. Immunisation rates for five year olds ranged from 94% to 100% compared to the CCG average of 93% to 98%.

Flu vaccination rates for the over 65s was 76%, compared to the national average of 73%. Flu vaccinations for at risk groups was 67%, compared to the national average of 52%. 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 and for people aged over 75. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations and treatments. We found that due to the layout of the reception area, conversations taking place at the reception desks could sometimes be overhead in the waiting room. Reception staff advised that a private area was always offered to patients who wanted to discuss sensitive issues or appeared distressed. Minutes of a recent staff meeting highlighted how some patients were uncomfortable with giving personal details to receptionists in the reception area. To help with this, the practice developed confidential paper slips so that these details could be written down instead and avoided them being openly discussed at the reception area, these slips were then discarded safely and securely after use. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

Results from the national GP patient survey showed showed a mixed performance for the practice with regards to its patients satisfaction scores on consultations with doctors and nurses. For example:

- 98% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 71% said the GP gave them enough time compared to the CCG and national averages of 87%.
- 88% said they had confidence and trust in the last GP they saw compared to the CCG and national averages of 95%
- 98% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 90%.
- 71% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average and national averages of 85%.
- 86% patients said they found the receptionists at the practice helpful compared to the CCG and national averages of 87%.

On the day of our inspection we reviewed 29 CQC comment cards and spoke with eight patients who all gave positive feedback about the practice. Comment cards described the staff as respectful and friendly and said their dignity and privacy was respected. Patients we spoke with on the day also informed us that they were happy with the service overall and they described the practice as offering a good and efficient service.

Care planning and involvement in decisions about care and treatment

Results from the national GP patient survey we reviewed showed mixed responses to patient questions about their involvement in planning and making decisions about their care and treatment. For example:

- 79% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 90%.
- 66% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 81%
- 97% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 90%.
- 94% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 85%

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. Most patients told us they felt listened to and all patients told us they felt 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 also aligned with these views and we noticed that several cards made positive references to to consultations with the nurse. We also spoke with three members of the patient participation group (PPG) during our inspection. A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care. The PPG members told us how in particular, there is good continuity of care at the practice and how the staff had formed good long term relationships with their patients.

Good

Are services caring?

We discussed results from the national patient survey with the practice on the day of our inspection. The practice had not reviewed the results previously however we were assured that plans would be put in to place to do this in order to implement improvements at the practice.

Patient and carer support to cope emotionally with care and treatment

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers and 1% of the practice list had been identified as carers and were being supported, for example, by offering health checks, flu vaccinations and referral to a variety of support organisations. The practice was also mindful of carer responsibilities and offered flexible and longer appointments to suit carer needs. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them to offer support and advice on how to find a further support service. Notices in the patient waiting room told patients how to access a number of support groups.

The practice also supported patients by referring them to a gateway worker from the local mental health trust who provided counselling services on a weekly basis in the practice. The gateway worker also attended and contributed to the monthly multi-disciplinary team meetings at the practice.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to improve outcomes for patients in the area. For example**,** the practice was part of a scheme to help to provide social support to their patients who were living in vulnerable or isolated circumstances. The GP explained how they had started to identify patients who may be living in isolation and may feel lonely . These patients were referred to a service called Integrated Plus. The management team explained how referrals were also discussed during their multi-disciplinary meetings, where a representative from the Integrated Plus team also attended.

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- The practice offered extended hours for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability, for carers and for patients experiencing poor mental health.
- Home visits were available for older patients and patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services available.

Access to the service

The practice was open between 8am and 8:30pm on Mondays and between 8am and 6:30pm on Tuesdays, Thursdays and Fridays. Morning appointment times were available between 8:30am to 10:30am and afternoon appointment times were available between 4pm to 6pm and up to 8pm on Mondays. On Wednesdays the practice was open between 8am and 1pm with appointments available until 10:30am. Nurse appointments were available between the times of 8:30am, up to 1:30pm during weekdays. Nurse appointments were also available between 3:30pm and 6:30pm on Mondays, Tuesdays and Thursdays. Pre-bookable appointments could be booked up to six weeks in advance, urgent appointments and telephone consultations were also available for people that needed them.

When the practice was closed during the day, patients were directed to an alternative primary care provider. There were also arrangements to ensure patients received urgent medical assistance when the practice was closed during the out-of-hours period. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances. Information on the out-of-hours service was provided to patients.

Results from the national GP patient survey showed that patient's responded positively regarding access to care and treatment. For example:

- 84% of patients were satisfied with the practice's opening hours compared to the CCG and national averages of 75%.
- 89% patients said they could get through easily to the surgery by phone compared to the CCG average of 63% and national average of 73%.
- 79% patients described their experience of making an appointment as good compared to the CCG average of 71% and national average of 73%.
- 77% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 63% and national average of 65%.

Listening and learning from concerns and complaints

The practice had a 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. We saw that a complaints information leaflet was available to help patients understand the complaints system and there was a designated responsible person who handled all complaints in the practice.

We looked at three complaints received in the last 12 months and found that these were satisfactorily handled. For example, we saw how the practice had responded to a complaint relating to a delayed referral. The information highlighted that appropriate actions were taken as a result of the complaint and that the practice demonstrated openness and transparency when dealing with the complaint. Lessons were learnt from concerns and complaints and action was taken to as a result to improve

Good

Are services responsive to people's needs?

(for example, to feedback?)

the quality of care, learning from complaints was also a standing agenda item on the practice meetings to ensure learning was communicated to staff throughout the practice.

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 practices overall objective was to promote good patient health and to ensure that the skills and competencies of their staff were at the highest level. We spoke with six members of staff who all spoke positively about working at the practice. Staff we spoke with said they felt valued and supported and that they felt very much part of the practice. Staff described the team as close, hardworking and supportive.

Governance arrangements

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

- There was a clear staffing structure and staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff. The practice also had policy leads in place to ensure policies continued to reflect national guidance.
- The practice manager communicated regulary with staff to ensure they were aware when policies and processes had changed and we saw how policies were discussed at staff meetings and documented within the minutes of the meetings.
- There was a programme of clinical and internal audit which was used to monitor quality and to make improvements

Leadership, openness and transparency

The lead GP and the practice manager formed the management team at the practice. The management team encouraged a culture of openness and honesty. The team were visible in the practice and staff told us that they always took the time to listen to all members of staff. One staff member commented on how there was always support available in the practice and that the clinical and non-clinical staff members were all very approachable and easy to talk to. Conversations with staff demonstrated that they were aware of the practice's open door policy and staff said they were confident in raising concerns and suggesting improvements openly with the management team.

Staff discussed their attendance and involvement during the monthly practice meetings. All staff were involved in discussions about how to run and develop the practice. Staff were encouraged to identify opportunities to improve the service delivered by the practice. We saw in the minutes and on the agendas that all staff members were given a section to contribute to, should they wish to raise anything for discussion during the meetings. Staff told us that there was an open culture within the practice and they confirmed that they had the opportunity to raise any issues at staff meetings or during one to one meetings. Staff said they felt respected and supported by all members of the practice team.

The practice often invited guest speakers to speak at their practice meetings, we saw that representation was documented in the minutes of the meetings which included speakers from Citizens Advice and Health Visitor attendance.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service.. There was an active PPG which met on a quarterly basis. We spoke with three members of the PPG who all had positive things to say about the practice. At the request of the PPG, the practice nurse chaired the PPG meetings and we also found that the lead GP attended when asked to and when possible. We saw minutes of PPG meetings that had taken place during the last 12 months, minutes included attendance at the PPG meetings from other organisations such as Age UK and a local stop smoking service. We saw how information and healthcare promotional material was shared and discussed with the PPG. During our inspection the PPG explained how they had used some of this information to help populate the notice boards in the waiting area. We also saw how each staff member at the practice had their name, role and photograph on display in the waiting room. This was a suggestion made by the PPG to ensure patients were familiar with the practice team and who to go to for with specific enquiries.

This section is primarily information for the provider

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 Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Effective cold chain procedures were not followed, fridge temperatures were not recorded correctly. Regulation 12 (2) (g). The practice had not assessed and manage risks associated with legionella and the risk of not having disclosure and barring checks (DBS) for staff that chaperone and for a long term member of the clinical team (practice nurse). Regulation 12 (2)(a)