

Dr Rifaat Amin

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Requires improvement 

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 Rifaat Amin (also known as St. Luke's Surgery) on 5 December 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 been trained to provide them with 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. Improvements were made to the quality of care as a result of complaints and concerns.

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- Data from the national GP patient survey in 2015/2016 showed that patient satisfaction was significantly above the national average.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Develop an ongoing audit programme that demonstrates continuous improvements to patient care in a range of clinical areas. Ensure there are at least two cycles of a clinical audit.

Summary of findings

- Take steps to improve practice performance against the quality and outcomes framework in areas that have been identified as falling below the national and local averages. For example, for patients with diabetes, hypertension and dementia.

The area where the provider should make improvement is:

Ensure loop cords on window blinds in the practice are fitted with a safety device in order to reduce the risks posed to young children.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

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

Requires improvement



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were below average compared to the local and national averages. For example, patients with diabetes who had a blood pressure reading in the preceding 12 months of 140/80mmHg or less was 59% compared to the CCG average of 72% and the national average of 78%.
- The numbers of children receiving vaccines for childhood infections was comparable with the national target of 90%.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- There had been three clinical audits completed in the last two years, however, none of these had a second cycle to demonstrate that improvements had been made. The practice told us they had plans to improve their audit schedule and ensure second cycles were completed.
- 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 other health care professionals to understand and meet the range and complexity of patients' needs.

Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey in 2015/2016 showed the practice was significantly above average for its satisfaction scores. For example, 94% of patients who responded said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to the clinical commissioning group (CCG) average of 83% and the national average of 80%.
- 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.

Good



- 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.
- Data from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was significantly better than local and national averages. For example 98% of patients who responded said they could get through easily to the practice by phone compared to the clinical commissioning group (CCG) average of 78% and the national average of 73%.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- As part of the 'pro-active' care initiative, the practice worked with other health and social care providers in the locality to identify patients at risk of avoidable, unplanned admission to hospital to ensure they had a care plan in place to prevent this.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was lower than the clinical commissioning group (CCG) and national averages. For example, patients with diabetes who had a blood pressure reading in the preceding 12 months of 140/80mmHg or less was 59% compared to the CCG average of 72% and the national average of 78%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

- 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.

Good



Summary of findings

- 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.
- The practice's uptake for the cervical screening programme during 2015/2016 was 80%, which was similar to the clinical commissioning group (CCG) average of 80% and the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Baby changing facilities and a private room for breast feeding mothers were available.
- We saw positive examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Phone consultations were available along with online appointment booking and prescription requests.
- 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 other health care professionals, such as local pharmacies and care home teams, in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Good



Summary of findings

- 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)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- The practice results for the management of patients with poor mental health was comparable to the local and national averages. For example, 88% of their patients with severe and enduring mental health problems had a comprehensive care plan documented in their records within the last 12 months compared with the clinical commissioning group (CCG) average of 77% and the national average of 89%.
- The practice results for the management of patients diagnosed with dementia were lower than the CCG and national averages in 2015/2016. For example 64% of these patients had received a face-to-face review within the preceding 12 months compared to the CCG average of 77% and the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- Patients at risk of dementia were referred to the memory assessment service.
- The practice 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 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.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing better than local and national averages. Of the 218 survey forms which were distributed, 113 were returned. This represented 5% of the practice's patient list.

- 98% of patients who responded found it easy to get through to this practice by phone compared to the national average of 73%.
- 83% of patients who responded were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 96% of patients who responded described the overall experience of this GP practice as good compared to the national average of 85%.

- 94% of patients who responded said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 28 comment cards which were all positive about the standard of care received. Patients commented on the high standard of care they had received from the GP, the politeness of the reception staff and the ease of getting an appointment.

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

Dr Rifaat Amin

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector and included a GP specialist adviser.

Background to Dr Rifaat Amin

Dr Rifaat Amin (also known as St. Luke's Surgery) is situated in the coastal town of Saltdean, East Sussex operates from:

Grand Ocean

Longridge Ave

Saltdean

BN2 8BU

The practice provides services for approximately 2,340 patients living within the Saltdean and Rottingdean areas. The practice holds a general medical services (GMS) contract and provides GP services commissioned by NHS England. (A GMS contract is one between the practice and NHS England where elements of the contract such as opening times are standard). The practice has larger numbers of patients aged 65 and older compared to the national average. Deprivation amongst children and older people is low compared to the national average. The practice has more patients with long standing health conditions and health related problems affecting their daily lives than the national average, which could mean an increased demand for GP services.

In addition to the lead GP (male), the practice employs, a female practice nurse, a practice manager, an administrator, two receptionists and a secretary.

The practice is open between 8am and 6.30pm on weekdays and appointments are available from 8.30am to 1pm from Monday to Friday and from 3pm to 6pm on Monday, Tuesday, Thursday and Friday. The practice has an arrangement in place on Wednesday afternoons urgent appointments are available at another local practice. Extended hours appointments are available on Thursdays from 6pm to 7pm. There is a walk-in clinic available on Mondays from 8.30am to 1pm and phone appointments are available with the GP throughout each day according to patient need. Routine appointments are bookable up to six weeks in advance. Patients are able to book appointments by phone, online or in person.

When the practice is closed patients are given information on how to access the duty GP or the out of hour's service (provided by IC24) by calling the practice or by referring to its website.

The practice is registered to provide the regulated activities of diagnostic and screening procedures; treatment of disease, disorder and injury; maternity and midwifery services and surgical procedures.

The practice shares its premises with another GP practice. Separate organisations providing counselling, audiology, memory assessments, anticoagulation clinic and musculoskeletal clinics rent rooms in the same premises.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

Detailed findings

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 5 December 2016. During our visit we:

- Spoke with a range of staff (the practice manager, GP, nurse and administrative team) and spoke with patients who used the service.
- Reviewed questionnaires completed by the administrative team.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a patient complained that they had not received a hospital appointment following a referral made by the GP. On investigation the practice found that the hospital had not received a referral. As a result the practice updated their referral procedure to include a phone call to patients, following a referral, to check they had received their hospital appointment.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GP attended

safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. The GP was trained to child protection or child safeguarding level three, the nurse was trained to level two and all other staff were trained to at least level one.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow the nurse to administer medicines in line with legislation.
- We reviewed two 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 DBS.

Are services safe?

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. 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 carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice 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).
- The practice had blinds installed at windows of the waiting room and all consulting rooms. However, the loop cords on the blinds were not fitted with appropriate child safety devices. The risk was assessed by the practice on the day of inspection and although children were never left unsupervised, arrangements were made to fit relevant safety devices.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- 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 patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 84% of the total number of points available which was lower than the clinical commissioning group (CCG) average of 92% and the national average of 95%.

Data from 2015/2016 showed:

- The practice was an outlier in performance for diabetes related indicators and results were lower than the CCG and national averages. For example, patients with diabetes who had a blood pressure reading in the preceding 12 months of 140/80mmHg or less was 59% compared to the CCG average of 72% and the national average of 78%.
- The practice performance for the management of patients diagnosed with dementia was lower than CCG and national averages. For example 64% of these patients had received a face-to-face review within the preceding 12 months compared to the CCG average of 77% and the national average of 84%.
- The practice performance for patients with hypertension in whom the last blood pressure reading was 150/90 mmHg was 73% compared to the CCG of 77% and the national average of 83%.

- The practice results for the management of patients with poor mental health was comparable to the local and national averages. For example, 88% of their patients with severe and enduring mental health problems had a comprehensive care plan documented in their records within the last 12 months compared with the CCG average of 77% and the national average of 89%.
- The exception reporting for the practice was 10% compared to 14% in the CCG and 9% nationally. (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).

The practice did not feel that QOF was an appropriate reflection of their performance due to the small numbers of patients registered at the practice within each indicator. For example, the practice had only 16 patients diagnosed with dementia. They told us that, although annual reviews were not recorded as having taken place, patients were sometimes reviewed opportunistically by the GP and patients knew they could attend if they had concerns about their long term conditions. The practice also explained that a change in nursing staff had affected the number of appointments available for annual reviews in the short term. The practice had a dedicated member of staff whose role was to increase the numbers of patients attending for their annual reviews.

There was limited evidence of quality improvement.

- There had been three clinical audits completed in the last two years, however, none of these were completed cycles where improvements could be demonstrated.
- The practice participated in national benchmarking, accreditation and peer review.
- The practice had plans to improve their audit schedule. For example, we saw that a second cycle for a recent audit of blood tests for patients prescribed a high risk medicine was planned for 2017 in order to assess improvement.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of 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, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating the GP. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were

referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme during 2015/2016 was 80%, which was similar to the clinical commissioning group (CCG) average of 80% and the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were 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.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The percentage of female patients between the ages of 50 and 70 years old who had breast screening in the preceding three years was 75%, which was similar to the CCG average of 67% and the national average of 72%. The percentage of patients between the ages 60 and 69 years old of who had bowel screening in the preceding 30 months was 61%, which was similar to the CCG average of 58% and the national average of 58%.

Are services effective?

(for example, treatment is effective)

Data available to CQC showed childhood immunisation rates met the national 90% target for only one of the four indicators for under two year olds. The remaining three vaccinations given to under two year olds fell short of the national target at 53% to 87%. The practice provided us with their own data (unverified by CQC) showing they had achieved the 90% targets for all four indicators for under two year olds. Childhood immunisation rates were

comparable to CCG and national averages for five year olds. For example 100% of five year olds received measles, mumps and rubella (MMR) dose one compared to the CCG average of 92% and the national average of 94%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; 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.
- On the day of inspection we observed reception staff were welcoming to patients and greeted them by name as they approached the reception desk.

All of the 28 patient Care Quality Commission comment cards we received were very positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, kind, caring and treated them with dignity and respect.

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

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

- 96% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared to the clinical commissioning group (CCG) average of 86% and the national average of 85%.
- 91% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.

- 94% of patients who responded said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.
- 96% of patients who responded said the GP was good at listening to them compared to the CCG average of 86% and the national average of 89%.
- 95% of patients who responded said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 96% of patients who responded said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 92%.

Care planning and involvement in decisions about care and treatment

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

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

- 91% of patients who responded said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 91% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 82%.
- 88% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

Are services caring?

- 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.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted the GP if a patient was also a carer. The practice had identified 27 patients as

carers (1% of the practice list). The practice told they were working to increase the number of carers identified. Written information was available in the reception area to direct carers to the various avenues of support available to them and the reception team promoted the services by asking patients whether they were a carer.

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

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 had clinical needs which resulted in difficulty attending the practice.
- The practice regularly worked with other health care professionals, such as local pharmacies and care home teams, in the case management of vulnerable patients.
- As part of the 'pro-active' care initiative, the practice worked with other health and social care providers in the locality to identify patients at risk of avoidable, unplanned admission to hospital to ensure they had a care plan in place to prevent this.
- Patients at risk of dementia were referred to the memory assessment service.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Phone consultations were available along with online appointment booking and prescription requests.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- Baby changing facilities and a private room for breast feeding mothers were available.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open between 8am and 6.30pm on weekdays and appointments were available from 8.30am to 1pm from Monday to Friday and from 3pm to 6pm on Mondays, Tuesdays, Thursdays and Fridays. There was an arrangement in place on Wednesday afternoons to divert patients to another local practice for urgent appointments. Extended hours appointments were available on Thursdays from 6pm to 7pm. There was a walk-in clinic available on

Mondays from 8.30am to 1pm and phone appointments available with the GP throughout each day according to patient need. Routine appointments were bookable up to six weeks in advance. Patients were able to book appointments by phone, online or in person.

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

- 90% of patients who responded were satisfied with the practice's opening hours compared to the clinical commissioning group (CCG) average of 78% and the national average of 76%.
- 98% of patients who responded said they could get through easily to the practice by phone compared to the CCG average of 78% and the national average of 73%.
- 83% of patients who responded stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment compared to the CCG average of 80% and the national average of 76%.

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

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

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

- We saw that information was available to help patients understand the complaints system in leaflets available from the reception desk, on posters in the waiting room and on the practice website.
- Although the complaints leaflet included details of how to escalate a complaint, the contact details for CQC were not up to date. The practice responded to this and updated the leaflets with the correct contact details on the day of inspection.

We looked at five complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, there was a complaint from the family of a patient expressing concerns about changes in the family member's medicines. The complaint was discussed with the family and the health care teams involved and satisfactorily resolved.

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 statement of purpose and staff knew and understood the values.

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 and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the lead GP demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the GP and practice manager were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.

- The practice 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 team meetings for all staff every two months.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the GP and the practice manager in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- Staff told us they enjoyed working at the practice and felt they made a good team with a focus on patient care.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly and submitted proposals for improvements to the practice management team.
- There was a display table in the waiting room advertising the PPG and members regularly attended the practice to encourage awareness of their group as well as delivering talks for patients on subjects such as living with diabetes.
- The PPG had recently worked with the practice to provide a defibrillator, which was fitted outside of the practice, for use in the local community.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and

Are services well-led?

Good 

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

management. For example staff identified an issue with patients not receiving appointments when they had been referred to secondary care for urgent investigations. Staff suggested a call to the patient to check they had received an appointment to ensure continuity of care. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

The practice told us their patient list was continually expanding due to an increase in local population and the popularity of the practice and the GP was rarely able to take adequate leave. Discussions about ways to manage the increase in patient numbers were underway which included the proposal to recruit an additional salaried GP.

There was a focus on continuous learning within the practice and staff were encouraged to attend suitable training and development.

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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The provider did not have a programme of continuous clinical and internal audit that was used to monitor quality and to make improvements.</p> <p>The provider had not fully assessed the risk or monitored performance relating to the health and safety of patients in long term condition management.</p> <p>This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>