

# Dr V Chawla's practice

## Quality Report

1 A Welbeck Drive  
Wingerworth  
Chesterfield  
S42 6SN

Tel: 01246 276590

Website: [www.welbeckdrivesurgery.co.uk](http://www.welbeckdrivesurgery.co.uk)

Date of inspection visit: 30 March 2016

Date of publication: 26/07/2016

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

## Ratings

### Overall rating for this service

Good



Are services safe?

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

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	8
What people who use the service say	12
Areas for improvement	12

### Detailed findings from this inspection

Our inspection team	13
Background to Dr V Chawla's practice	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15
Action we have told the provider to take	25

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr V Chawla's Practice on 30 March 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice used clinical audits to review patient care and took action to improve services as a result.
- Feedback from patients about their care was consistently positive.
- Information about services and how to complain was available. The practice sought patients' views about improvements that could be made to the service directly and through an active patient participation group.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, patients were complimentary of the open appointment system in place every morning.
- 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 practice planned and co-ordinated patient care with the wider multi-disciplinary team to plan and deliver effective and responsive care to keep vulnerable patients safe, particularly the end of life care patients.

# Summary of findings

- The practice had a well led and active Patient Participation Group (PPG) and worked with them to review and improve services for patients.

The areas the provider must make improvements are:

- Put in place effective recruitment procedures to ensure staff have the required background checks prior to employment in accordance with practice policy.

The areas where the provider should make improvements are:

- Review systems in place to carry out staff appraisals in accordance with practice policy to ensure opportunities for development and training are highlighted.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

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

**Requires improvement**



- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. The practice had robust processes in place to investigate significant events and to share learning from these.
- The practice ensured staffing levels were sufficient at all times to respond effectively to patients' needs.
- Where people were affected by safety incidents, the practice demonstrated an open and transparent approach to investigating these. Face to face meetings were offered and apologies made where appropriate.
- The practice had systems, processes and practices in place to keep patients safeguarded from abuse. There were designated leads in areas such as safeguarding children and infection control with training provided to support their roles.
- The practice had systems and processes in place to deal with emergencies. Arrangements for managing medicines, including emergency medicines and vaccinations were robust and well managed.
- Disclosure and barring service (DBS) checks had not been carried out on two, recently employed, clinical members of staff. (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 had undertaken a risk assessment in the interim but the checks were not in place three months after the start date of these staff. This was not in line with the practice policy.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



- Systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- We saw evidence to confirm that the practice used these guidelines to positively influence and improve practice and

# Summary of findings

outcomes for patients. For example, there were five clinical audits completed in the previous 12 months. A completed audit on prescribing indicated improved and appropriate prescribing for patients

- Data showed most patient outcomes were in line or above those of the locality. For example, the practice's uptake for the cervical screening programme was 90% which was significantly higher than the national average of 81%.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. We saw that a number of clinical staff had additional qualifications and actively sought further training to develop their skills to contribute to practice development.
- Not all staff had been appraised in the preceding twelve months and some members of staff had not been appraised since 2012. A plan was seen to improve this and appraisals were being carried out to practice guidelines.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

## Are services caring?

The practice is rated as good for providing caring services.

- We were given many examples of situations where the GPs had gone the extra mile for patients, often in their own time, to ensure there was adequate care in place for patients at short notice. For example; they had proactively organised equipment at a patients house when they met them in the local shop and realised they required further assistance to maintain mobility. We also saw several examples of situations when GPs remained in the practice outside normal hours to make sure a patient was seen on a Friday evening rather than travel to the local hospital, often with a follow up over the weekend to ensure enough had been done.
- Patients told us that additional time had been allocated during appointments when difficult decisions had to be made or complex care plans developed. This was often in addition to telephone conversations to make sure there was appropriate understanding and suitable care in place for patients.
- Data from the national GP patient survey showed patients rated the practice well for several aspects of care. For example, 92% of patients said the last GP they saw or spoke to was good at involving them in decisions about their care, above the CCG average of 81% and national average of 82%.

Good



# Summary of findings

- Patients told us they were treated with care and concern by staff and their privacy and dignity was respected. Feedback from comment cards aligned with these views.
- The practice provided information for patients which was accessible and easy to understand.
- Feedback from patients and carers was consistently positive about the way staff treated vulnerable patients. For example, patients told us staff were genuinely interested and very caring.
- We observed staff treated patients with kindness and respect, and maintained confidentiality. Reception staff were observed to be friendly and made every effort to accommodate patients' needs.
- The practice proactively identified carers and 140 carers were on their register which equated to 3% of the patient list.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice had opted to keep the morning session as an 'open house' following patient and PPG feedback. Patients told us this fitted in well with their requirements and a GP could still be requested for continuity of care.
- Patients rated access to appointments very highly when compared to the local and national averages in the GP patient survey, for example:
  - 92% of patients said they could get through easily to the surgery by phone compared to the CCG average of 74% and the national average of 73%.
- All of the patients we spoke with said they found it easy to make an appointment and that there was continuity of care, with urgent appointments available the same day.
- Information about how to complain was available and the practice responded quickly when issues were raised. Learning from complaints was shared with staff to improve the quality of service.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet people's needs. This was overseen by the care co-ordinator who monitored patients at high risk of admission or following discharge from hospital.
- The practice offered flexible services to meet the needs of its patients. For example, the practice offered extended hours appointments until 8pm on a Monday evenings.

Good



## Are services well-led?

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

Good



# Summary of findings

- The practice had a clear vision with quality and safety as a priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- There was a clear leadership structure, succession planning was in place to manage staffing levels in the future, and staff felt supported by partners and management.
- The practice had a wide range of relevant policies and procedures to govern activity and these were regularly reviewed and updated.
- The partners and practice manager encouraged a culture of openness and honesty, and staff felt supported to raise issues and concerns.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was well established, well led and met regularly. The PPG worked closely with the practice to review issues and were supported by the practice.

# 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.

Good



- We were given many examples of situations where the GPs had gone the extra mile for patients, often in their own time, to ensure there was adequate care in place for patients at short notice. For example; they had proactively organised equipment at a patients house when they met them in the local shop and realised they required further assistance to maintain mobility. We were given many examples of situations where the GPs had gone the extra mile for patients, often in their own time, to ensure there was adequate care in place for patients at short notice. For example; GPs remained in the practice outside normal hours to make sure a patient was seen on a Friday evening rather than travel to the local hospital, often with a follow up over the weekend to ensure enough had been done to prevent admission.
- The practice offered proactive, personalised care to meet the needs of older people in its population.
- Staff were responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- They worked effectively with multi-disciplinary teams to identify patients at risk of admission to hospital and to ensure their needs were met.
- Fortnightly meetings were held between the practice, district nursing team, physiotherapists, social services and community matron to ensure a full multi-disciplinary approach to patient care.
- Additional care and support was managed, in conjunction with the GPs and nursing staff, by the care coordinator. This enabled regular support and care to be monitored and care plans quickly revised when patients' conditions deteriorated.
- One GP session a week was dedicated to visiting a local care home providing routine appointments and health review.

### People with long term conditions

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

Good



- The practice was in line with results for the care of patients with long-term conditions. For example:

# Summary of findings

- The percentage of patients with a lung disease who had a review undertaken in the preceding 12 months was 95% compared to a national average of 90%.
- The practice had invested in 24 hour blood pressure monitors and equipment to diagnose lung disease in the practice reducing the need to refer patients to hospital.
- Longer appointments and home visits were available when needed.
- The practice had worked with the clinical commissioning group (CCG) to develop pathways to provide prompt home visits by the out of hours provider to patients at risk of deteriorating due to their long term condition.

## Families, children and young people

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

- The practice had achieved 100% childhood immunisations in 2013 and continued to work with families and health visiting teams to maintain a high level of immunisation.
- Immunisation rates, for 2015, were above the CCG average for all standard childhood immunisations. For example, childhood immunisation rates for the vaccinations given to two year olds ranged between 98% and 100%, compared to a CCG range of between 96% and 98%
- 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 and the premises were suitable for children and babies. Urgent appointments were always available on the day, and nursing appointments were available one evening a week until 6.30pm.

Good



## 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. This included access to telephone appointments, and the availability of extended hours appointments.

Good



# Summary of findings

- The practice offered online services such as electronic prescriptions, and GP appointments were offered through the online booking system.
- Health promotion and screening was provided that reflected the needs for this age group. The practice was consistently at the top of the CCG for health checks. For example, the practice had screened 70% of patients aged between 60-69 for bowel cancer, which was above the CCG average of 60%. The practice's uptake for the cervical screening programme was 90% which was significantly higher than the national average of 81%.

## People whose circumstances may make them vulnerable

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

Good



- Patients told us that additional time had been allocated during appointments when difficult decisions had to be made or complex care plans developed. This was often in addition to telephone conversations to make sure there was appropriate understanding and suitable care in place for patients.
- Practice staff were trained to recognise domestic violence and understood how to go about initiating the conversation leading to support for those patients who may be victims.
- The practice offered longer appointments for people with a learning disability in addition to offering other reasonable adjustments. Health checks were offered to patients with a learning disability and 81% of patients had been reviewed in the past year.
- The practice and safeguarding lead regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice had access to a four wheel drive car to provide home visits during severe weather conditions, ensuring continuity of care.
- Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice proactively identified carers and 140 carers were on their register which equated to 3% of the patient list.

## People experiencing poor mental health (including people with dementia)

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

Good



# Summary of findings

- Performance for dementia related indicators was 100% which was 8% above the CCG average and 6% above the national average. This was attained with an exception rate of 0%, 8% below the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- A text message service was used to remind patients that their medicines were due; this had positive effects for patients who previously did not take all their medicines due to the nature of their illness or disability.
- Reception called patients with a diagnosis of dementia to remind them of their appointment in the morning, if they had previously missed an appointment.
- The care co-ordinator was also a dementia friends champion and had done a presentation about dementia to staff and PPG members to increase awareness and increase the number of 'dementia friends' associated with the practice.
- Staff had a good understanding of how to support people with mental health needs and dementia.

# Summary of findings

## What people who use the service say

We looked at the national GP patient survey results published on January 2016. The results showed the practice was performing above local and national averages in many areas. 247 survey forms were distributed and 120 were returned. This represented a return rate of 49%.

- 92% found it easy to get through to this surgery by phone compared to a CCG average of 74% and a national average of 73%.
- 94% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 85% and a national average of 85%.
- 99% described the overall experience of their GP surgery as fairly good or very good compared to a CCG average of 84% and a national average of 85%.
- 89% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to a CCG average of 76% and a national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 79 comment cards which were mostly positive about the standard of care received. Comments highlighted friendly staff who often went out of their way in spending time with patients and patients commented they always felt listened to and received highly satisfactory levels of care. Patients described the practice as caring and supportive, and said they always found it a clean and safe environment.

We spoke with six patients during the inspection in addition to four members of the patient participation group. All of the patients said they were delighted with the care they received and thought staff were approachable, committed and caring.

## Areas for improvement

### Action the service **MUST** take to improve

The areas the provider must make improvements are:

- Put in place effective recruitment procedures to ensure staff have the required background checks prior to employment in accordance with practice policy.

### Action the service **SHOULD** take to improve

The areas where the provider should make improvements are:

- Review systems in place to carry out staff appraisals in accordance with practice policy to ensure opportunities for development and training are highlighted.

# Dr V Chawla's practice

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team consisted of a CQC Inspector and a GP specialist adviser.

## Background to Dr V Chawla's practice

Dr V Chawla's Practice, also known as Wingerworth Surgery, provides primary medical services to approximately 4500 patients through a personal medical services (PMS) contract. Services are provided to patients from a main site in Wingerworth as well as a branch surgery in North Wingfield Surgery. The main site operates from a converted bungalow which has undergone four extensions.

The level of deprivation within the practice population is below the national average. Income deprivation affecting children and older people is also below the national average.

The clinical team comprises two GP partners (one male and one female), three salaried GPs (two male and one female), a practice nurse and a healthcare assistant. The clinical team is supported by a practice manager and a team of administrative and reception staff.

The practice is open from 8am to 7pm Monday to Friday. The consultation times for morning GP appointments, which is a sit and wait service which guarantees every patient who attends the practice is seen. This operates between 8.30am to 10.30am. Afternoon appointments are staggered throughout the week to ensure adequate access throughout the day from 4pm to 6pm. The practice offers extended hours on a Monday evening until 8pm.

The practice has opted out of providing out-of-hours services to its own patients. This service is provided by Derbyshire Health United through the 111 system.

## Why we carried out this inspection

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

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 30 March 2016. During our visit we:

- Spoke with a range of staff (including GPs, nursing staff, the practice manager and administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

# Detailed findings

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 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

The practice had robust systems in place to report and record incidents and significant events.

- Staff told us they would inform the practice manager or the senior partner of an incident or event in the first instance. Following this, the appropriate staff member completed the reporting form which was available on the practice's computer system.
- The practice recorded all significant events and reviewed these at regular staff meetings.

We reviewed a range of information relating to safety including 12 significant events recorded in the previous 12 months and we saw the minutes of meetings where this information was discussed. The practice ensured lessons were shared and that action was taken to improve safety within the practice. For example, following a cancer diagnosis a review was undertaken to highlight the symptoms and results which were reviewed during a routine appointment. As a consequence of reporting it as a significant event areas were highlighted in a meeting to ensure future patients were reviewed in a similar manner and clinicians always felt they could spend sufficient time with patients when required.

Where patients were affected by incidents, the practice demonstrated an open and transparent approach to the sharing of information. The practice invited patients affected by significant events to view the outcomes and apologies were offered where appropriate.

### Overview of safety systems and processes

The practice demonstrated systems which kept people safe and safeguarded from abuse. These included:

- Arrangements to safeguard children and vulnerable adults from abuse were in line with local requirements and national legislation. There was a lead GP responsible for child and adult safeguarding. Policies in place supported staff to fulfil their roles and outlined who to contact for further guidance if they had concerns about patient welfare. Staff had received training relevant to their role and GPs were trained to Level 3 for safeguarding children.

- Nursing and reception staff acted as chaperones if required. Notices were displayed in the waiting area to make patients aware that this service was available. All staff who acted as chaperones were appropriately trained.
- The practice premises were observed to be clean and tidy and appropriate standards of cleanliness and hygiene were followed. A GP was the infection control lead who liaised with local infection prevention teams to maintain best practice. The practice had been comprehensively audited within the previous 12 months, which identified a number of required actions and we saw evidence that the practice had addressed these.
- The practice had a system in place to distribute safety alerts and all staff were aware of this.
- There were effective arrangements in place to manage medicines within the practice to keep people safe. Medicines audits were undertaken to ensure prescribing was in line with best practice guidelines and the practice worked closely with the community pharmacy team as well as a local pharmacist who spent half a day every week with the practice reviewing medicines.
- Prescription pads were securely stored and there was a system in place to monitor their use.
- We reviewed five employment files for clinical and non-clinical staff. We found that two recently employed clinical staff had not undergone a check with the disclosure and barring service (DBS), (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 had worked closely with the staff in their previous roles and seen previous DBS certificates and written a risk assessment for the interim period. However both clinicians had been working for three months within the practice without evidence the checks had been received. This was not in line with the practice policy.

### 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 and the practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to

## Are services safe?

ensure it 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.

- Arrangements were in place for planning and monitoring the number of staff and skill mix 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 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 store room.

· The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and an accident book were available and the practice had a designated first aider.

· Emergency medicines were easily accessible to staff in a designated secure area of the practice, and all staff knew of the location. All the medicines we checked were in date and fit for use. And reviewed monthly by the practice nurse.

· 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 and suppliers.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Practice staff demonstrated they used evidence based guidelines and standards to plan and deliver care for patients. These included local clinical commissioning group (CCG) guidance and National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date. We saw evidence that the practice was using clinical audit to monitor the implementation of guidelines.

### 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 recently published results showed that the practice had achieved 557 out of a possible 559 points available which represents 99% achievement which was 5% points above the local and national average achieved with an exception reporting rate of 4.6% which was approximately half the CCG and national average. (The exception reporting rate is the number of patients which are excluded by the practice when calculating achievement within QOF). Performance in all areas was in line with, or above the local and national average. Data from 2014/15 showed;

- Performance for diabetes related indicators was 95% which was 2% below the CCG average and 3% below the national average.
- The percentage of patients with hypertension having regular blood pressure tests was 94% which was 2% above the CCG average and 2% below the national average.
- The percentage of patients with a mental health condition who had received a care plan review in the previous 12 months was 89% which was 3% below the CCG average and 1% above the national average.
- Performance for dementia related indicators was 100% which was 8% above the CCG average and 6% above the national average. This was attained with an exception rate of 0%, 8% below the national average.

Clinical audits were undertaken within the practice.

- There had been eight clinical audits undertaken in the last year. Four of these were completed audits, where the improvements made were implemented and monitored. For example; an audit was undertaken to establish the management of gout to national standards (gout is a disease which causes painful swelling in joints). The first cycle identified those who were not on the recommended treatment and those who had not had an annual blood test. Systems were put in place to ensure those patients attended a health review, where explanations for the changes were given and standard treatment initiated where appropriate.

A second cycle audit showed improvement in these areas demonstrating gout was being managed, monitored and treated in line with best practice guidelines. Outcomes from clinical audits were discussed at meetings; this involved all clinical staff as well as the local pharmacist, who worked closely with the practice in conducting reviews of suitable patients.

- The practice participated in local audits, national benchmarking and accreditation. We saw evidence of regular engagement with the CCG and involvement in peer reviews of areas such as QOF performance.

### Effective staffing

We saw staff had a range of experience, skills and knowledge which enabled them to deliver effective care and treatment.

- The practice had an induction programme for newly appointed clinical and non-clinical members of staff which covered topics such as safeguarding, first aid, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff; for example for staff reviewing patients with long term conditions. Staff administering vaccines, taking samples for cervical screening and taking blood samples had received specific training which included an assessment of competence.
- The system in place to manage staff appraisals needed strengthening. Although a majority of staff had received an appraisal in the last 12 months; three had not received one since 2012 and prior to that the scheduling of appraisals was sporadic.

# Are services effective?

## (for example, treatment is effective)

- Staff had access to a range of training which was appropriate to meet the needs of their role. In addition to formal training sessions support was provided through regular meetings, mentoring and clinical supervision.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to CCG led training and in-house training including e-learning.

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

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place every month and care plans were routinely reviewed by relevant leads and updated.

The role of care coordinator took a key role in the management of patients once discharged from secondary care and worked closely with practice and community staff to support patients rehabilitation at home.

### 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, where appropriate, recorded the outcome of the assessment.
- Clinical staff had undergone additional training in mental capacity assessment and the use of deprivation of liberty (DOL).

### Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted or referred to the relevant service.
- The practice offered a range of services including smoking cessation and family planning clinics.

The practice had systems in place to ensure patients attended screening programmes and ensured results were followed up appropriately.

The practice was consistently at the top of the CCG for health checks. The practice's uptake for the cervical screening programme was 90% which was significantly higher than the national average of 81%. There was a policy to send written reminders followed by a telephone reminder for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. These were also higher than the national average, with 68% of patients between the ages of 60-69 being screened for bowel cancer in the past six months, against the national average of 55%.

Childhood immunisation rates were above CCG averages. For example, childhood immunisation rates for vaccinations given to two year olds ranged from 98% to 100% (CCG range from 96% to 98%) and five year olds were predominantly 100% with the exception of Meningitis C and MMR which were both 98%, (CCG average 96% to 99%).

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.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

During the inspection we saw staff treated patients with dignity and respect. Staff were helpful to patients both on the telephone and within the practice. We saw staff greeted patients as they entered the practice, often on a first name basis as they recognised a majority of patients.

Measures were in place to ensure patients felt at ease within the practice. These included:

- Curtains were provided in treatment and consultation rooms to maintain patients' privacy and dignity during examinations and treatments.
- Consultation room doors were kept closed during consultations and locked during sensitive examinations. Conversations taking place in consultation rooms could not be overheard.
- Reception staff offered to speak with patients privately away from the reception area if they wished to discuss sensitive issues or appeared distressed.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. A majority of the 79 completed comment cards we received were overwhelmingly positive about the standard of care. Patients said they were always treated with dignity and respect and described the practice staff as friendly, attentive, supporting and caring.

We spoke with five patients, in addition to four members of the patient participation group (PPG), during the inspection. All of the patients said that they found the premises clean and tidy and were always treated with kindness and understanding by the practice staff. Patients said that all staff treated them in a friendly and welcoming manner.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was in line with local and national averages for its satisfaction scores on consultations with doctors and nurses. For example:

- 91% of patients said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.

- 97% of patients said they had confidence and trust in the last GP they saw compared to a CCG average of 97% and a national average of 95%.
- 87% of patients said the last GP they spoke to was good at treating them with care and concern compared to a CCG average 85% and a national average of 85%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to a CCG average of 93% and a national average of 91%.

Satisfaction scores for interactions with reception staff were above the CCG and national averages:

- 96% of patients said they found the receptionists at the practice helpful compared to a CCG average 88% and a national average of 87%.

To the practice staff the patients' emotional and social needs were seen as important as their physical needs. For example:

- We saw examples of care for patients nearing the end of their life where GPs had visited patients out of hours to provide continuity of care and further support to relatives.
- Patients told us of GP's, at the request of a patient, assisting them into their car so they could be driven to hospital rather than use an ambulance following a sprained ankle.
- Proactively organising equipment at a patients house when they met them in the local shop and realised they required further assistance to maintain mobility
- And several examples of situations when GPs remained in the practice outside normal hours to make sure a patient was seen on a Friday evening rather than travel to the local hospital, often with a follow up over the weekend to ensure enough had been done.

Two patients told us that their continued existence was wholly down to the care they received from the practice and often had friends or relatives in good health for the same reason. During the inspection we saw several thank you cards from patients who had appreciated such care.

### Care planning and involvement in decisions about care and treatment

Patients told us they felt listened to and felt involved in decision making about the care and treatment they received. Patients told us that additional time had been allocated during appointments when difficult decisions

## Are services caring?

had to be made or complex care plans developed. This was often in addition to telephone conversations to make sure there was appropriate understanding and suitable care in place for patients.

In several situations this had also been supplemented with an out of hours home visit, in the evening or weekend to meet the emotional needs of the patient and family.

The view reflected in the GP patient survey reinforced the patients' views we spoke to during the inspection.

- 94% of patients said the GP gave them enough time compared to a CCG average of 85% and a national average of 87%.

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

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 86% of patients said the last nurse they saw was good at involving them in decisions about their care compared to a CCG average 90% and a national average of 85%.

The practice scored highly in regard to involving patients in decisions regarding their care.

- 92% of patients said the last GP they saw was good at involving them in decisions about their care compared to a CCG average 81% and a national average of 82%.

### **Patient and carer support to cope emotionally with care and treatment**

Notices in the patient waiting room told patients how to access a number of support groups and organisations. For example, there was information related to carers, dementia and mental health.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 140 carers which equated to 3% of the patient list.

The practice had many long standing staff who lived in the local area and were often able to note patients with increasing health needs from talking to them outside of the practice. With consent the care coordinator would supplement care packages or arrange visits to care for patients before their conditions worsened and secondary care was required.

The care coordinator was also the carers champion and took calls from carers requiring support for patients and was able to arrange home visits or appointments where appropriate to assist in the care of patients at home.

The practice displayed information for carers in the waiting area and staff had developed a pack of information containing telephone numbers and advice to ease access to support for carers in the community. The practice provided the flu vaccination to carers and made longer appointments available if the patient required.

Staff told us if families had experienced bereavement, their usual GP contacted them if this was considered appropriate. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs giving them advice on how to find a support service. Staff often knew the families and felt well placed to support them through difficult times.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

The practice had tailored the service it provided to the individual needs and preferences of the patients, patients told us the care they experienced was flexible, provided choice and had continuity of care at the heart of the patients experience.

In addition to this the practice worked to ensure its services were accessible to different population groups. For example:

- The practice offered extended hours appointments one day per week.
- There were longer appointments available for patients who required them.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The involvement from community teams and the local pharmacist was key to planning and delivering personalised care for patients. This was managed by the care coordinator and the GPs ensuring services met patients' needs.
- Same day appointments were available for children and those patients with medical problems that required to be seen urgently.
- Translation services were available for patients whose first language was not English. Information was displayed to assist patients to access interpreter services.
- Consultation rooms accessible and disabled facilities were available.
- The waiting area contained a wide range of information on services and support groups.
- A separate room close to reception was usually used for private and sensitive discussions. When this was not available, patients were moved into a quiet area away from the main waiting area.

### Access to the service

The practice was open from 8am to 7pm on Monday to Friday. The consultation times for morning GP appointments were from 8am to 10.30am. Afternoon appointments were offered from 4pm until 6pm. The practice offers extended hours on a Monday until 8pm. In addition to pre-bookable appointments that could be booked up to twelve weeks in advance, urgent appointments were also available for people that needed them.

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

- 92% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 92% of patients said they could get through easily to the surgery by phone compared to the CCG average of 74% and the national average of 73%.
- 97% of patients said the last appointment they got was convenient compared to the CCG average of 92% and the national average of 92%.

People told us on the day of the inspection that they were able to get appointments when they needed them and this aligned with feedback from the comment cards. Patients said the morning 'open house' system suited them and was always run efficiently with the patient's choice of GP available throughout the day including the 'open house' mornings.

In 2013 the practice had asked patients if they preferred the morning 'open house' or if they would prefer to run a bookable appointment system. The response was overwhelmingly to remain with the open house system with 90% of patients opting for that option. Although more intensive on clinicians the practice kept the system following feedback.

Patients complimented the reception staff and felt they went out of their way to accommodate their needs with nothing being too much trouble. Although there was no need to phone in the morning for an appointment the afternoon appointments were available in the practice and at home and GPs regularly fitted patients in when the appointments were full as they preferred to see each patient in a timely manner, this was reflected in the comments from patients we spoke to.

### Listening and learning from concerns and complaints

# Are services responsive to people's needs?

(for example, to feedback?)

We saw that the practice had systems in place to effectively manage complaints and concerns.

- The practice's complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints
- Leaflets for patients wishing to make a complaint about the practice were available from the reception and the practice had information about the complaints process visibly displayed in their waiting area.

We looked at three complaints received in the last 12 months and found these were dealt with promptly and

sensitively. Reception staff had undergone complaints management training and patients were always encouraged to formalise complaints to benefit further analysis.

We saw meetings were offered to discuss to resolve issues in the manner which the complainant wanted. Apologies were given to people making complaints where appropriate. Lessons were learnt from concerns and complaints and appropriate action was taken to improve the quality of care. Complaints were regularly discussed within the practice and learning was appropriately identified.

# 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 which included:

- Delivering an excellent standard of care in a safe and clean environment
- Striving to maintain a high standard through continuous learning and training with regular monitoring through audit and reviews.
- To provide a patient centred service through effective communication and decision making.

Staff were engaged with the aims and values of the practice and were committed to providing high quality patient care.

### Governance arrangements

The practice had effective governance systems in place which consistently supported the delivery of good quality care. These outlined the structures and procedures in place within the practice and ensured that:

- The practice had a clear staffing structure and staff were aware of their roles and responsibilities.
- A wide range of practice specific policies and protocols were in place and accessible to all staff. We saw that policies and protocols were regularly reviewed, had a clinical review to increase the relevance during updates and supported staff in their roles.
- There was a demonstrated and comprehensive understanding of the performance of the practice. This ranged from performance in respect of access to appointments, patient satisfaction and clinical performance.
- Arrangements were in place to identify record and manage risks and ensure mitigating actions were implemented.

### Leadership, openness and transparency

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

- Staff told us that there was a blame-free and open culture within the practice and they had the opportunity to raise any issues at team meetings and were confident in doing so.
- Feedback from staff told us they felt respected, supported and valued by management team within the practice.
- Weekly formal clinical meetings were held at lunchtime to discuss complaints, significant events, the educational programme, audits and changes to policies. The practice also met as a whole four times a year.
- Plans were in place for a potential increase in patients following the development of new housing in the village.
- The partners had led on the development of a purpose built facility to provide additional capacity and increase the range of care available locally.

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

We saw that the practice was open to feedback and encouraged feedback from patients, the public and its staff. The practice ensured it proactively sought the engagement of patients in how services were delivered:

• The practice gathered feedback from patients through a well led patient participation group (PPG), as well as conducting satisfaction surveys annually. The PPG had 54 members and was active in communicating patient feedback, and concerns both to the practice and patients. They met at the practice every month and meetings were also attended by GP partners and member of the practice administrative team. The PPG continued to recruit members by advertising in local shops, notice boards and the practice newsletter.

They assisted in patient surveys and discussed proposals for improvements to the practice. For example, the PPG had led on renewing the practice notice boards to improve the range of information available to patients as well as the reception layout and the development of a patient newsletter. Routes had been considered to increase the number of younger members through social media and attending local events to increase awareness.

# Are services well-led?

Good 

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

· All feedback from satisfaction surveys was analysed and areas for improvement sought. For example; it had been identified that the website required updating and additional information added to explain the services available; a plan was in place to address this.

· The practice gathered feedback from staff through meetings, appraisals and on-going discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

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	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed
Family planning services	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed.
Maternity and midwifery services	We found that the provider had not undertaken the appropriate recruitment checks in respect of obtaining Disclosure and Barring Service (DBS) checks for two members of clinical staff before they started working at the practice.
Surgical procedures	Regulation 19
Treatment of disease, disorder or injury	