

Dr Sohan Lal Vashisht

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Sohan Lal Vashisht on 21 December 2015. Overall the practice is rated as good.

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

- The practice referred to and used published safety information to monitor and improve safety outcomes for patients. Staff reported concerns about patient safety and when things went wrong these were fully investigated. Learning from safety incidents was shared with staff to minimise recurrences.
- Risks to patients and staff were assessed and managed through a number of risk assessments and protocols for planning and delivering care and treatment.
- The practice premises and equipment was regularly maintained. All equipment was routinely checked, serviced and calibrated as needed. Risks assessments were carried out in respect of fire safety, infection control and health and safety.
- Appropriate checks were made when new staff were employed to work at the practice. Staff received training and were supported to carry out their roles within the practice.
- The practice used published guidelines, reviews and audits to monitor how patients' needs were assessed and the delivery of care and treatment.
- Staff were supported and received role specific training to carry out their duties.
- Patients said they were treated with respect and care. They said that all staff were helpful and caring.
- Information about services and how to complain was available and easy to understand. Complaints were investigated and responded to appropriately and apologies given to patients when things went wrong or their experienced poor care or services.
- Patients said they found it easy to make an appointment with their GP. and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

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

Importantly the provider should:

- Consider providing a defibrillator for use in medical emergencies.

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 were systems in place to keep patients and staff safe. Information about safety was monitored and shared with staff. When things went wrong the practice carried out a full investigation and offered an explanation and an apology to those concerned. The practice had arrangements for safeguarding adults and children. There were suitable policies and procedures and staff were appropriately trained and understood their responsibilities to report concerns.

Risks to patients and staff were assessed and well managed. There were procedures in place for assessing risks such as infection control, health and safety and risks associated with medicines, premises and equipment.

New staff were employed with all of the appropriate recruitment checks carried out including proof of identification, employment references and Disclosure and Barring Services (DBS) checks where required.

The practice premises and equipment was well maintained and there were suitable risk assessments in place, which were regularly reviewed.

Are services effective?

The practice is rated as good for providing effective services.

Good



Data showed that the practice performance for the management of long term conditions and disease management such as heart disease, dementia and diabetes was similar to other practices both locally and nationally. GPs and the practice nurse referred to published guidance and used this in the assessment and treatment of patients.

Staff were proactive in health promotion and disease prevention and provided patients with information on diet and lifestyle. They also encouraged patients to attend the practice for regular routine health checks, screening and reviews for medication long term conditions.

The practice worked with other health services and ensured that information was shared and reviewed to ensure that patients received coordinated and appropriate care and treatment.

Staff were trained and supported to perform their roles in the delivery of patient care and treatment.

Summary of findings

Are services caring?

The practice is rated as good for providing caring services. The results of the NHS GP Patient Survey 2014/15 showed that patients were satisfied with how they were treated by GPs and other staff. They also expressed satisfaction with GPs and the nurse in respect to being listened to and being involved in making decisions about their care and treatment.

Patients who completed comment cards and those we spoke with during the inspection also confirmed that staff at the practice were caring, helpful and considerate. Patients' privacy was maintained during consultations and treatment and information in respect of patients was treated confidentially.

Patients told us that they received information about their treatment in a way which they could understand and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. The practice recognised the needs of patients who were carers and provided support and information about the range of agencies and organisations available.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

Appointment times and availability were flexible to meet the needs of patients. Same and next day appointments were available. Late evening appointments were available on Monday evenings for both pre-booked and emergency appointments if needed.

Home visits and telephone consultations were provided as needed.

The practice had good facilities and was well equipped to treat patients and meet their needs. Accessible toilets were available and consulting rooms were situated on the ground floor.

Information about how to complain was available and easy to understand. Complaints were handled and investigated appropriately. The practice offered apologies to patients when things went wrong or the service they received failed to meet their expectations. Learning from complaints was shared with staff.

Good



Are services well-led?

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

Good



Summary of findings

The practice ethos was to put patients first and to provide a personalised and accessible service. All staff and patients we spoke with confirmed that this ethos was reflected in how the practice was managed.

The practice staff team was small and there was evidence that staff worked well together and supported each other in their various roles.

The practice had a number of policies and procedures to help deliver care and treatment safely and effectively. These procedures were followed by staff and reviewed to ensure that they were in line with current legislation and best practice guidelines.

Staff and patients we spoke with commented very positively about the practice. They said that they felt listened to and were able to contribute to discussions or make suggestions for improvement.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people, and offered home visits and rapid access to telephone advice and appointments for those with enhanced needs.

Approximately 65 patients lived in local care homes and the GP carried out weekly visits to review patients and monitor changes to their healthcare needs.

GPs worked with local multidisciplinary teams to reduce the number of unplanned hospital admissions for at risk patients including those with dementia and those receiving end of life palliative care.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Nationally reported data for 2014/15 showed that the practice had performed well in the assessment and treatment of long term medical conditions and diseases such as diabetes, heart disease and respiratory conditions. Staff were proactive in following up on patients who did not attend appointments for health and medication reviews.

Patients were offered advice to help them manage their conditions and to live well. A range of health promotion and screening services were available to help in the prevention and early identification of long term conditions.

The practice identified those patients who were at risk of unplanned hospital admissions and the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care to support these patients to be treated at home.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. The practice offered same day appointments for children as needed. Appointments were available outside of school hours.

There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example,

Good



Summary of findings

children and young people who had a high number of A&E attendances. The practice worked with other health and social care services to ensure that information was shared where adults and children were identified as being at risk.

Immunisation rates were similar to other GP practices for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.

Information and a range of sexual health and family planning clinics were available.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The appointments system was flexible and staff aimed to offer all patients same day appointment or within 48 hours. Late evening appointments were available up to 7.30pm on Mondays for routine pre-booked and emergency appointments. Patients we spoke with confirmed that they were able to get an appointment that suited their needs.

The practice was proactive in offering online services including on-line appointment booking and electronic prescribing (where patients can arrange for their repeat prescriptions to be collected at a pharmacy of their choice).

The practice offered a full range of health promotion and screening that reflected the needs for this age group including well man and well woman checks.

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. Staff undertook safeguarding training and the practice had a dedicated safeguarding lead.

The practice held a register of patients living in vulnerable circumstances including patients with a terminal illness and those with a learning disability. The practice proactively promoted annual health checks for patients with learning disabilities and those with mental health conditions.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. This helped to ensure that

Good



Summary of findings

patients whose circumstances made them vulnerable were supported holistically and that patients who were at a higher risk of unplanned hospital admissions were supported to and treated in their home.

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 reviewed and monitored patients with dementia and carried out face-to-face reviews. Staff at the practice were proactive in carrying out dementia screening and liaised with the dementia community nurses to ensure that care was coordinated and effective to meet patient's needs.

Patients with mental health conditions were reviewed and had an annual assessment of their physical health needs. Longer appointments and home visits were provided as required. The practice supported patients who lived at a local hostel and provided same day appointments when required.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice was performing in line with local and national averages. There were 117 responses from 449 surveys sent out which represented 26.1% of the patients who were selected to participate in the survey.

The survey showed that patient satisfaction was as follows:

- 99% found the receptionists at this surgery helpful compared with a CCG average of 84% and a national average of 87%.
- 96% found it easy to get through to this surgery by phone compared with a CCG average and a national average of 73%.
- 92% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average and a national average of 85%.
- 99% said the last appointment they got was convenient compared with a CCG average of 90% and a national average of 92%.
- 95% described their experience of making an appointment as good compared with a CCG average of 71% and national average of 73%.
- 81% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 64% and a national average of 65%.

- 83% felt they did not normally have to wait too long to be seen compared with a CCG average of 61% and a national average of 58%.
- 85% of patients would recommend the practice to someone new compared with a CCG average of 72% and a national average of 77%.

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, access to appointments and staff helpfulness and attitude. Patients said that their GP and all staff were very helpful and that they could access appointments when needed. They said that they never felt hurried or rushed and that the GP and nurse always explained treatments in detail and answered any questions they had about their medical condition.

We also spoke with five patients on the day of the inspection. Patients commented positively about the practice saying that they were very happy with the treatment that they received. Patients said that they could get appointments that suited them, usually on the same day when needed. They said that they had no complaints or concerns about any aspect of their care and treatment. Patients also spoke very positively about the GPs and nurses. They told us that staff were compassionate, helpful and understanding.

Areas for improvement

Action the service **SHOULD** take to improve

- Consider providing a defibrillator for use in medical emergencies.

Dr Sohan Lal Vashisht

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Sohan Lal Vashisht

Dr Sohan Lal Vashisht is located in a residential area in the heart of Southend on Sea town centre. The practice provides services for 3070 patients.

The practice holds a General Medical Services (GMS) contract and provides GP services commissioned by NHS England and Southend Clinical Commissioning Group. A GMS contract is one between GPs and NHS England and the practice where elements of the contract such as opening times are standardised.

The practice population is similar to the national average for younger people and children under four years, and for those of working age and those recently retired, and slightly higher for older people aged over 85 years. Economic deprivation levels affecting children, older people are higher than the practice average across England. Life expectancy for men at 76 years is lower than the local CCG and national average which are 80 years and 79 years respectively. Life expectancy for women is similar to local and national averages at 80 years. The practice patient list compares similarly to the national average for long standing health conditions. It has a much higher than the national averages for working aged people that are unemployed.

The practice is managed by two GP partners who hold financial and managerial responsibility. The practice employs two salaried GPs. In total two male and GPs work at the practice. In addition the practice employs one practice nurses, a practice manager, two reception and two administrative staff.

The practice is open between 8am and 6.30pm on weekdays. GP and nurse appointments are available between 8am to 12.30pm and 4.30pm to 6.30pm daily. Late evening appointments are available up to 7.30pm on Monday evenings.

The practice has opted out of providing GP out of hour's services. Unscheduled out-of-hours care is provided by IC24 which is accessed through the NHS 111 service and patients who contact the surgery outside of opening hours are provided with information on how to contact the service.

Why we carried out this inspection

We inspected Dr Sohan Lal Vashisht as part of our comprehensive inspection programme. We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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.

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.

Detailed findings

How we carried out this inspection

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

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

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

- Older people
- People with long-term conditions
- Families, children and young people

- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 21 December 2015. During our visit we spoke with a range of staff including the GPs, nurses, and reception / administrative staff. We also spoke with five patients who used the service. We observed how people were being cared for and talked with carers and family members. We reviewed the views of 27 patients who completed comment cards where patients and members of the public shared their views and experiences of the service. We reviewed a number of documents policies and procedures in relation to the management of the practice.

Are services safe?

Our findings

Safe track record and learning

The practice used a range of published information on safety including National Institute for Health and Care Excellence (NICE) guidance to monitor and inform staff working practices. Alerts for Medicines and Healthcare Products Regulatory Agency (MHRA) were reviewed and acted on by GPs. These alerts have safety and risk information regarding medication and equipment often resulting in the review of patients prescribed medicines and/or the withdrawal of medication from use in certain patients where potential side effects or risks are indicated. We saw that patients' medicines were reviewed and changed where indicated.

There were procedures in place for monitoring working practices and learning from when things went wrong through a process of reporting and investigating significant events. Staff told us that there was an open culture within the practice where they would feel confident to report concerns or safety related incidents. We looked at a sample of significant events from the previous 12 months and saw that these had been reported in a consistent way which demonstrated that they had been investigated and learning was shared with all staff. These incidents had been appropriately reviewed to ensure that learning was imbedded within the practice.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children from abuse. There were suitable safeguarding policies and procedures in place and staff had undertaken role specific training. Staff we spoke with were able to demonstrate that they understood their roles and responsibilities to keep people and to report any concerns to the appropriate agencies. The senior GP partner was the designated lead for safeguarding who attended local safeguarding meetings where possible and provided information and reports when requested from the local safeguarding teams.
- The practice provides chaperones during examinations and notices were displayed to advise patients that

chaperones were available, if required. Chaperone duties were carried out by the practice nurse and reception staff. All staff had undertaken training and understood their roles and responsibilities. The nurse had received a disclosure and barring check (DBS). (These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). A risk assessment had been conducted for non-clinical staff to determine that these checks were not required.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available, which was kept under regular review and available to all staff. All electrical equipment was checked to ensure that it was safe to use. Clinical and diagnostic equipment was checked and calibrated to ensure it was working properly. The practice had a risk assessment in place in relation to the control of substances hazardous to health (COSHH) such as cleaning materials. An external assessment had been conducted to identify risks in relation to legionella. The risk of fire had been assessed and staff had undertaken fire safety training. There was appropriate fire safety equipment including extinguishers located throughout the practice. Fire exits were clearly signposted and a fire evacuation procedure was displayed in various areas.
- The practice had suitable policies and procedures in place for infection prevention and control. We observed the premises to be visibly clean and tidy. The practice nurse was the infection control clinical lead and they took responsibility for overseeing infection control procedures within the practice. There were cleaning schedules in place and regular infection control audits had been carried out. Staff received infection control training. Clinical staff had access to personal protective equipment such as gloves and aprons and undergone screening for Hepatitis B vaccination and immunity. People who are likely to come into contact with blood products, or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of blood borne infections.
- Medicines within the practice were well managed and risks to patients were minimised. Medicines were stored securely and records were kept so that all medicines could be accounted for. Prescription pads were securely stored and there were systems in place to monitor their use. Medicines we saw were in date. Medicines which

Are services safe?

required cold storage including vaccines were handled and stored in line with current guidelines. Fridge temperatures were monitored and recorded to ensure that they remained within the acceptable ranges for medicines storage.

- The practice had policies and procedures for employing clinical and non-clinical staff. We reviewed four staff files including that for the four most recently employed staff. We found that the recruitment procedures were followed. Evidence that the appropriate recruitment checks including proof of identification, references, qualifications, registration with the appropriate professional body where appropriate. Disclosure and Barring Service checks had been undertaken prior to employment for clinical staff. Where non-clinical staff did not have a DBS check a detailed risk assessment had been carried out to determine the need for carrying out these checks.
- New staff undertook a period of induction which was tailored to their roles and responsibilities. This included training and an opportunity for new staff to familiarise themselves with the practice policies and procedures.
- Arrangements were in place for planning and monitoring the number and skill mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that

enough staff were on duty. Staff we spoke with told us that there were always enough staff cover available for the safe running of the practice and to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

There were policies in place for dealing with medical emergencies and major incidents. All staff received annual basic life support training and those we spoke with including the receptionists were able to describe how they would act in the event of a medical emergency. The practice had procedures in place to assist staff to deal with a range of medical emergencies such as cardiac arrest, epileptic seizures or anaphylaxis (severe allergic reaction) and emergency medicines available and accessible to staff. All the medicines we checked were in date and fit for use as was oxygen with adult and children's masks. The practice did not have an automated external defibrillator (AED).

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage which could affect the day to day running of the practice. The plan included staff roles and responsibilities in the event of such incidents and emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line relevant and current evidence based guidance and standards, including local CCG initiatives and National Institute for Health and Care Excellence (NICE) best practice guidelines.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Data from 2014/15 showed;

Performance for the treatment and management of diabetes was as follows:

- The percentage of patients with diabetes whose blood sugar levels were managed within acceptable limits was 73% compared to the national average of 77%.
- The percentage of patients with diabetes whose blood pressure readings were within acceptable limits was 87% compared to the national average of 78%
- The percentage of patients with diabetes whose blood cholesterol level was within acceptable limits was 78% compared to the national average of 81%

These checks help to ensure that patients' diabetes is well managed and that conditions associated with diabetes such as heart disease are identified and minimised where possible.

The practice performed well for the treatment of patients with hypertension (high blood pressure). We saw that the percentage of patients whose blood pressure was managed within acceptable limits was 92% compared to the national average of 83%.

The practice had also performed well in treating patients with heart conditions who were at risk of strokes with appropriate medicines. The percentage of patients treated was 100% compared with the national average of 98%.

The practice performance for monitoring and treating patients with a respiratory illness was:

- The percentage of patients with asthma who had a review within the previous 12 months was 77% compared to the national average of 75%.
- The percentage of patients with chronic obstructive pulmonary disease (COPD) who has an assessment of breathlessness using the Medical Research Council scale was the same as the national average at 90%.

The practice performance for assessing and monitoring the physical health needs for patients with a mental health condition were similar to GP practices nationally was:

- 100% of patents with a mental health disorder had a record of their alcohol consumption compared to the national average of 90%.

Data showed that 98% of patients who were diagnosed with dementia had a face to face review within the previous 12 months compared with the national average of 94%.

The practice exception reporting was in line with GP practices nationally and locally. Exception reporting is a process whereby practices can exempt patients from QOF in instances such as where despite recalls patients fail to attend reviews or where treatments may be unsuitable for some patients.

The practice used clinical audits to monitor and make changes to patient care and treatment as part of its quality monitoring and improvement. All relevant staff were involved to improve care and treatment and people's outcomes. For example:

Regular audits were carried out to monitor patient referrals and hospital admissions to ensure that these were appropriate. The results we saw showed that referrals were appropriate and unnecessary hospital admissions were avoided. The practice also carried out regular audits to review the number of patients who attended invites to childhood immunisations and cervical screening. These were monitored and staff actively followed up where patients failed to attend. This resulted in improvements in attendances.

Medicine reviews were carried out every six months or more frequently where required and the GP worked with the local Clinical Commissioning Group to review and improve prescribing practices. The practice performed lower than GP practices nationally for prescribing certain antibiotics, hypnotic medicines such as sleeping tablets

Are services effective?

(for example, treatment is effective)

and antidepressants. We discussed this with the GP who explained that a number of patients had come from other GP practices and had been prescribed these medicines for a number of years. They told us that they were working with patients to re-educate about current best practice in relation to these medicines to improve prescribing performance.

Effective staffing

We spoke with one GP and five members of staff who all told us that they were supported to access training and development to meet the needs of patients.

- When new staff were employed there were arrangements to help them familiarise themselves with the practice policies, undertake the necessary training required and to shadow more experienced staff
- Staff we spoke with told us that they had access to appropriate training to meet the needs of the practice and their individual roles and responsibilities. We reviewed five staff files. All staff had training in areas including basic life support, fire safety, infection control, safe moving and handling and safeguarding adults and children. The practice nurse undertook training relevant to their roles including cervical cytology, sexual health screening and immunisations. This training was updated at appropriate intervals. The GP attended monthly clinical peer support meetings to keep up to date with current treatment guidelines and best practice.
- The practice nurse and GPs were appropriately registered with their professional bodies. Details of the practice nurse registration with the Nursing and Midwifery Council (NMC) was available within their staff file. Both GPs had undergone recent revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was including test results and assessments were recorded within patients in the practice electronic system. Information received from other health care services such

as hospital and community service such as assessments and hospital discharge summaries were reviewed and acted upon and patient records were updated to reflect any changes in treatment.

We saw evidence that multi-disciplinary team meetings took place on a regular basis. The care and treatment of patients who were receiving palliative care, those who were identified as being at risk of unplanned hospital admission and other vulnerable patients was discussed and reviewed. Summaries of patients care plans were made available to other health services such as the out of hour's services, where patients had given their consent.

Consent to care and treatment

The practice had procedures for obtaining patient consent to treatment in line with legislation and guidance including the Mental Capacity Act 2005. Patients we spoke with told us that they were provided with detailed information about the procedures including intended benefits and potential side effects. Staff we spoke with could demonstrate that they understood and followed these procedures. They also were aware of the procedures for obtaining consent for the treatment of children and identifying parental responsibilities.

We saw that written or verbal consent was obtained treatments were carried out childhood immunisations and that this was recorded appropriately within the patient records.

Health promotion and prevention

Information about disease prevention and health promotion was available within the patient waiting area. Staff encouraged patients to participate in national health screening programmes and proactively followed up where patients had failed to attend these appointments. GPs provided advice to patients to help improve health.

The practice's uptake for the cervical screening programme for 2014/15 was the same as the national average at 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national programmes for bowel and breast cancer screening.

Are services effective?

(for example, treatment is effective)

- The percentage of female patients aged between 50 and 70 years who had been screened for breast cancer was within the previous 3 years was 56% compared to the local CCG average at 62% and the national average of 63%
- The percentage of patients aged between 60 and 69 years who were screened for bowel cancer was 37% compared to the local CCG average of 53% and the national average at 51%

Childhood immunisation rates for the vaccinations given and flu vaccines for older people and at risk groups of patients who were under 65 years were:

- The percentage of infant Meningitis C immunisation vaccinations and boosters given to under two year olds was the same as the CCG percentage at 96%.

- The percentage of childhood Mumps Measles and Rubella vaccination (MMR) given to under two year olds was 88% compared to the CCG percentage of 93%.
- The percentage of childhood Meningitis C vaccinations given to under five year olds was 100% compared to the CCG percentage of 95%.
- Flu vaccination rates for the over 65s were 64%, compared to national average of 73%. Seasonal flu vaccination rates for patients under 65 years with a clinical risk factor was 43% compared to the national average of 46%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40 to 74 years. 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

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were polite and helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Reception staff were mindful when speaking on the telephone not to repeat and personal information. They also told us if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

All of the 28 patient CQC comment cards we received were positive about the service they received. Patients said they were happy with the treatment that they received. They also commented that they were treated with respect and listened to by GPs and other staff. Patients we spoke with said that they could ask questions in relation to their health and care. They told us that GPs and nurses took time to listen to them and explain treatments in a way that they could understand.

Results from the national GP patient survey, which was published on 2 July 2015 showed patients were happy with how they were treated and that this was with compassion, dignity and respect.

For example:

- 79% said the GP was good at listening to them compared to the CCG average of 84% and national average of 89%.
- 84% said the GP gave them enough time which was the same as the CCG average of 84% and compared to the national average of 87%.
- 95% said they had confidence and trust in the last GP they saw compared to the CCG of 94% and national average of 95%
- 79% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and national average of 85%.

- 93% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of and national average of 90%.
- 99% patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us GPs and nurses explained their health conditions and treatments clearly and that they answered any questions in relation to these. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the 28 comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey, which was published on 2 July 2015, showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were similar to the local and national averages. For example:

- 76% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and national average of 86%.
- 76% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and national average of 81%

Staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

The practice had procedures in place for supporting patients and carers to cope emotionally with care and treatment. There were notices in the patient waiting room advising how they could access a number of support groups and organisations including counselling, advice on alcohol and substance dependency, cancer support and bereavement services.

The practice identified patients who were also a carer. There was a practice register of all people who were carers. This information was used on the practice's computer

Are services caring?

system to alert GPs when the patient attended appointments. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us the practice had a protocol for supporting families who had suffered bereavement. The GP told us that they would contact bereaved families and arrange an appointment or a home visit as needed.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. Services were planned and delivered to take into account the needs of the patient population. For example;

- The practice aimed to meet the needs of its patient population and offered flexibility in appointments and offered same and next day appointments where possible.
- There were longer appointments available for patients including for initial childhood immunisations and patients with a learning disability or those who needed extra support.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- Accessible facilities were available including adapted toilets and baby changing facilities.

Access to the service

The practice is open between 8am and 6.30pm on weekdays. GP and nurse appointments are available between 8am to 12.30pm and 4.30pm to 6.30pm daily. Late evening appointments are available up to 7.30pm on Monday evenings.

Results from the national GP patient survey, which was published on 2 July 2015 showed that:

- 95% of patients described their experience of making an appointment as good compared to the CCG average of 70% and national average of 73%.
- 81% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 68% and national average of 65%.
- 83% of patients were satisfied with the practice's opening hours compared to the CCG and national average of 75%.

- 96% patients said they could get through easily to the surgery by phone compared to the CCG and national average of 74%.

The GP told us that it was the ethos within the practice to offer patients appointments that met their needs. Reception staff told us that the GP regularly added extra appointments to accommodate patients. This was confirmed by the patients we spoke with who told gave us examples of being able to access same day appointments. The practice offered both pre-booked and emergency appointments on Monday evenings. During the inspection we checked the appointments schedule and saw that emergency appointments were available that evening and routine appointments were available the next day.

Listening and learning from concerns and complaints

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

Patients had access to information to assist them should they wish to make a complaint. This was available within the practice waiting area. This included information about how to make complaints, how they would be investigated and responded to and how a patient could escalate their concerns if they remained dissatisfied with the outcome or how the complaint had been handled.

We looked at a summary of complaints received within the previous twelve months and saw that these had been acknowledged, investigated and responded to within the complaints procedure timeline. We saw that a suitable apology was given to patients when things went wrong or their experience fell short of what they expected. The practice had contacted each patient who had complained within the previous 12 months to ask if they were happy with the outcome. These responses were monitored to help improve patient satisfaction.

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 and ethos, which was described in their Statement of Purpose. The ethos within the practice was to put patients first and tailor services to meet their needs. All staff we spoke with demonstrated that they proactively adhered to this ethos. One of the two GP partners has been absent from the practice for some time due to ill health. The other GP partner plans to retire within the next four years. The Patient Participation Group representative we spoke with told us that the group were involved in discussions with the practice about possible arrangements for the practice when the GP retires.

Governance arrangements

The practice had an overarching governance framework to support the delivery of good quality care. This outlined the structures and procedures in place and ensured that:

- The staff team was small and there was a culture within the practice for integrated working and staff demonstrated that there was effective team working. Staff were supported and trained to fulfil their roles and responsibilities within the practice team.
- All staff fulfilled these roles in monitoring patients and managing long term conditions.
- The practice policies and procedures were specific to the day to day running of the surgery, regularly reviewed and updated. All staff had access to and referred to these as needed.
- All staff undertook roles in monitoring and improving the quality of care provided and outcomes for patients.
- Staff had access to and followed procedures and guideline to help keep people safe. When things went wrong these incidents were reviewed and learning was shared and imbedded within the practice to minimise recurrence.

Leadership, openness and transparency

The GP and staff we spoke with demonstrated that the practice encouraged a culture of openness and honesty. There were clear lines of responsibility and accountability and staff were aware of these. Staff said that they were well supported and they felt able to speak openly and raise issues as needed.

Regular practice meetings and daily communication supported information sharing. From minutes of meetings we saw that complaints and safety events were discussed and that all staff had the opportunity to contribute to plans for improvement.

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

The practice encouraged and valued feedback from patients. Feedback was gained through discussions with patients, reviewing complaints and comments. We saw a number of 'Thank You' cards from patients and those patients we spoke with told us that all staff in the practice were very receptive to comments and suggestions. The practice had Patient Participation Group (PPG). We spoke with one patient representative and they told us that the group was small with four patient members and two staff members. They told us that they were advertising the group in an attempt to attract more patient members. The group met usually every three months or more frequently if needed to discuss any changes within the practice. They also said that the practice were very supportive and open to comments and suggestions.

The practice actively encouraged patients to participate in the NHS Friends and Family Test and monitored these results. We saw that all patients who completed this survey were either extremely likely or likely to recommend the practice to their friends and family.