Dr Anita Malkhandi

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?	Outstanding
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 Anita Malkhandi on 2 December 2015. The practice has a branch surgery at the address: 4 Lexden Street, Warrington, WA5 1PT which was also inspected. Overall the practice is rated as good.

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

- 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 that they were involved in decisions about their care and treatment.
- Patients felt the GP knew their needs well and that they received a personalised service as a result. Patients felt the practice had a strong personal element whereby they were listened to, seen and treated as individuals.
- Patients felt well informed about their health needs and the treatment options available to them.
- The practice was proactive in supporting patients with their health needs.
- There were systems in place to reduce risks to patient safety for example, infection control procedures.
- Patients found it easy to make an appointment and there was good continuity of care.
- The practice had good facilities, including disabled access. It was well equipped to treat patients and meet their needs.
- There was clear leadership and structure and staff understood their roles and responsibilities.

Summary of findings

- The practice proactively sought feedback from patients and acted upon it.
- Complaints were investigated and responded to appropriately.
- The practice learned from events and complaints and used this learning to improve the service.
- The practice made good use of audits, the results of which were used to improve outcomes for patients.

We saw one area of outstanding practice:

- The practice had a long standing arrangement for contacting vulnerable patients on a regular basis by telephone to ask after their welfare and check if they required any additional support from the practice.

The areas where the provider should make improvement are:

- Review the system for following patients up for immunisations and health screening to ensure it is fully implemented and more effective in reaching patients who do not attend.
- Complete the refurbishment of the branch surgery.

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?

Good

The practice is rated as good for providing safe services. The practice had systems, processes and practices in place to protect people's safety and safeguard them from abuse. Infection control practices were carried out appropriately. The premises were well maintained and health and safety checks were in place. Staff were aware of their responsibilities to report safeguarding and information to support them to do this was widely available throughout the practice. There was a system in place for recording, reporting and investigating significant events. Systems for managing medicines were effective and the practice was equipped with a supply of medicines to support people in a medical emergency.

Are services effective?

Good

The practice is rated as good for providing effective services. Data showed that outcomes for patients were average overall for the locality. Where this was not the case the practice had acted upon this. Clinical staff assessed patient's needs and delivered care in line with current evidence based guidance. Staff felt well supported and they had the skills, knowledge and experience to deliver effective care and treatment. Clinical audits were carried out which resulted in improved outcomes for patients. Staff worked on a multidisciplinary basis to support patients who had more complex needs if this was required. The practice worked in conjunction with other practices in the area to improve outcomes for patients.

Are services caring?

Outstanding

The practice is rated as outstanding for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care from the GP. For example, for listening to them and treating them with care and concern. The practice contacted patients who were vulnerable on a regular basis by telephone to ask how they were and to check if they needed any support from the practice. This included; all patients who were over 90 years of age, patients experiencing an exacerbation of their physical or mental health condition, patients living in residential care/respite care and supported tenancies. Staff referred to this as the 'ring round'. The list of patients contacted changed frequently in line with changes in patient's needs and the frequency of calls to a patient was dependent upon their individual circumstances. Contact could range from two calls per week to one call every two to four weeks. Staff were very proud of this service and it showed us that they knew the needs of the patient population well. The

Summary of findings

outcome for patients was that they felt cared about. Patients gave us very positive feedback about the practice. They provided examples to support their view that staff at the practice were interested in their well-being and cared about their health and welfare. We heard an example of how staff had gone above and beyond their duties to support a vulnerable patient to attend an appointment at the practice. Patients told us they could speak directly to their GP if they had any concerns about their health, they told us they felt listened to and they had trust and confidence in their GPs response to them because they felt their GP knew their needs well. Information for patients about support services was made available to them in the reception area. A register of carers was maintained and carers were offered regular health checks and immunisations.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. The practice reviewed the needs of the local population and worked in collaboration with partner agencies to improve outcomes for patients. Staff attended regular locality meetings to review the needs of patients and plan for meeting patient's needs. Patients said they found it easy to make an appointment with their GP and that there was good continuity of care. The appointments system was well managed. The GP spoke to patients by telephone to triage patients and urgent appointments were available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. Complaints had been investigated and responded to appropriately.

Are services well-led?

Good

The practice is rated as good for being well-led. There was a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about their roles and responsibilities and lines of accountability. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures in place to govern activity and regular meetings were held to discuss the operation of the service. The GP and practice manager encouraged a culture of openness. The practice sought feedback from patients and acted upon it. The patient participation group was developing and they gave very positive feedback about the practice. There was a good focus on continuous learning, development and improvement linked to outcomes for patients.

Summary of findings

The six population groups and what we found

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

Older people

Good

The practice is rated as good for the care of older people. The practice offered proactive and personalised care and treatment to meet the needs of the older people in its population. Home visits and urgent appointments were provided for those with enhanced needs. The appointments system was responsive to ensure frail patients who were at risk of an unplanned admission to hospital were spoken with and seen quickly. The practice maintained a record of people who were elderly and vulnerable and they contacted people who they had concerns about on a regular basis to check how they were and if they needed any support from the practice. For some people this contact was every Friday followed by another call every Monday. Patients who lived in residential care or were having a respite break were contacted twice weekly by the practice.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions. The practice nurse supported people with a chronic disease to have regular checks on their health. Data showed that people with diabetes were overall in line with the national average for having appropriate health checks. One area where the practice was below average had been identified and steps had been taken to address this. Longer appointments and home visits were available when needed. Patients with a long term condition had periodic reviews of their medication with a pharmacist employed by the practice. Patient feedback indicated that patients felt well informed and supported to manage their health conditions and the practice was proactive in recalling them for reviews and follow ups. The practice had a system for following up patients who did not take up health screening opportunities or did not attend health prevention appointments. However, this should be reviewed to ensure it is effective and fully implemented.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, alerts on medical records identified children at risk. Staff shared information or concerns about patient's welfare with health visitors or other relevant professionals when required. Appointments were available outside of school hours and children were given appointments at short notice. The premises were

suitable for children and babies and baby changing facilities were provided. Child immunisation rates were slightly below national average rates and the practice had made attempts to improve this. On the spot immunisation appointments were available to encourage uptake.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working-age people (including those recently retired and students). The practice offered appointments that were accessible, flexible and offered continuity of care for people in this group. The practice was part of a cluster of practices whose patients could access appointments at a local Health and Wellbeing Centre up until 8.00pm in the evenings Monday to Friday and 8.00am to 8.00pm at weekends through a pre-booked appointment system. Telephone consultations were also available every day. The practice offered online services, enabling people to book appointments on line, view their records and order repeat prescriptions. A range of health promotion information and screening that reflected the needs for this age group was available to patients.

People whose circumstances may make them vulnerable

Outstanding

The practice is rated as outstanding for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances. Annual health checks and longer appointments were available for people with a learning disability. An example was provided of how staff had supported a vulnerable adult to attend the practice by going to their home and supporting them to walk to the medical centre for a health check. Some information had been provided in pictorial form to support people during their consultations with the practice nurse. Vulnerable patients were provided with advice and support about how to access a range of support groups and voluntary organisations. The practice maintained a list of patients who were vulnerable as a result of their circumstances. For example, people who lived in residential care or supported housing, people who were experiencing an exacerbation of a health condition, people over 90 years of age. The list was fluid and it changed as people's circumstances changed. Patients on the list were contacted on a regular basis by the health care assistant. This was referred to by staff as the 'ring round'. The frequency of contact was determined by the patient's individual needs. For example patients who had moved into residential care were contacted every Friday to check if they needed anything from the practice. They were also contacted on a Monday to check how they had been over the weekend. Patients experiencing an exacerbation of their condition were contacted until

their symptoms had subsided. Patients with mental health needs were contacted to check on their welfare if they were deemed at risk. The GP was trained in supporting patients with substance misuse and they worked closely with the Community Drug and Alcohol Service in providing shared care for people with drug dependence. 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. Staff shared examples with us of how they had responded to concerns about patients' welfare.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). Data showed that patients with mental health needs had been well supported with health promotion and health prevention advice. For example data showed that patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months. The practice was aware of people who were subject to restrictions under the Mental Health Act. Patients experiencing poor mental health were provided with information about how to access support groups and voluntary organisations. Patients experiencing poor mental health who were at risk were contacted as part of a 'ring around' service provided by the practice.

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 generally performing in line with, and in some areas better than, the local and national averages. There were 444 surveys forms distributed and 85 responses which represents 3.17% of the practice population.

The practice received high scores from patients about the care and treatment they received from the GP for matters such as: feeling listened, having tests and treatments explained and being treated with care and concern. The scores for the same matters relating to nursing staff were lower than average. The practice told us there had been changes to the nursing team since the survey was conducted. Scores about access to the practice and making appointments was broadly in line with local and national averages.

For example:

- 89.1% of respondents said the last GP they saw or spoke to was good at treating them with care and concern compared with a CCG average of 87% and national average of 85.1%. The same response for nurses was 86.1.6% compared with (CCG average 90.8% and national average 90.4%).
- 93.3% of respondents said the last GP they saw or spoke to was good at listening to them compared with a CCG average of 90.4% and national average of 88.6%.
- 84.0% of respondents got to see or speak to their preferred GP compared with a CCG average of 56.8%and national average of 60%.
- 84.6% of respondents found the receptionists at the surgery helpful compared with a CCG average of 83.8% and national average of 86.8%.
- 89.1% found it easy to get through to this surgery by phone compared to a CCG average of 60.5% and a national average of 73.3%.
- 71.6 % described their experience of making an appointment as good compared to a CCG average of 66% and a national average of 73.3%.
- 90.2 % of patients who completed the survey described their overall experience of the surgery as good compared to a CCG average of 82.2% and a national average of 84.8%.

As part of our inspection process, we asked for CQC comment cards to be completed by patients prior to our inspection. We received 24 comment cards and all of these were positive about the standard of care received. Reception staff, nurses and the GP all received praise for their professional care and patients said they felt listened to and involved in decisions about their treatment. Patients informed us that they could always get an urgent appointment and that the appointments system was efficient. A small number of comments indicated that patients were not always happy to see a locum GP and they preferred to see their own regular GP for consistency. We met with two members of the Patient Participation Group (PPG) and we spoke with a third patient. Patients told us they received good care and treatment and they were very complimentary about the GP, their knowledge of their needs and their proactive and caring nature.

Areas for improvement

Action the service SHOULD take to improve
Action the provider SHOULD take to improve:

- Review the system for following patients up for immunisations and health screening to ensure it is more effective in reaching patients who do not attend.
- Complete the refurbishment of the branch surgery.

Outstanding practice

We saw one area of outstanding practice:

Summary of findings

- The practice had a long standing arrangement for contacting vulnerable patients on a regular basis by telephoneto ask after their welfare and check if they required any additional support from the practice.

Dr Anita Malkhandi

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Anita Malkhandi

Dr Anita Malkhandi is located at Orford Jubilee Park Health Centre. The practice also has a branch surgery located at: 4 Lexden Street, Warrington, WA5 1PT.

The practice was providing a service to 2596 patients at the time of our inspection. The practice is situated in an area with high levels of deprivation when compared to other practices nationally. The number of patients with a long standing health condition, health related problems in daily life and with caring responsibilities is higher than average when compared to other practices nationally.

The practice is run by one GP. There are two practice nurses, one health care assistant, a practice manager and reception/administration staff. The practice is open at the main site in Orford Jubilee Park Health Centre from 8.00am to 6.30pm Monday to Friday. The branch surgery provides two half day sessions per week on Wednesdays and Thursdays. The practice had signed up to providing longer surgery hours as part of the Government agenda to encourage greater patient access to GP services. As a result patients could access a GP at a local Health and Wellbeing Centre from 6.30pm until 8.00pm Monday to Friday and between 8.00am to 8.00pm Saturdays and Sundays by pre-booked appointment. After 8.00pm patients could access Bridgewater Community Foundation Trust for primary medical services.

The practice has a Personal Medical Services (PMS) contract. The practice provided a range of enhanced services, for example: extended hours, childhood vaccination and immunisation schemes, checks for patients who have a learning disability and avoiding unplanned hospital admissions.

Why we carried out this inspection

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

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?

Detailed findings

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. We reviewed information available to us from other organisations e.g. NHS England. We also reviewed information from CQC intelligent monitoring systems.

We carried out an announced visit on 2 December 2015. During our visit we:

- Spoke with a range of staff including the GP, a practice nurse, a health care assistant, the practice manager and reception staff/administration staff.
- Carried out a tour of the premises for the registered location and for the branch surgery
- Spoke with patients who used the service
- Observed how staff interacted with patients face to face and when speaking with people on the telephone
- Reviewed CQC comment cards which included feedback from patients about their experiences of the service
- Looked at the systems in place for the running of the service
- Viewed a sample of the practices' key policies and procedures.

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.

Good

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and there was also a form available for recording such events. The practice demonstrated that they had learned from events. Lessons learned had been disseminated across the staff team and action was taken to make any required improvements. Significant events were discussed as an agenda item at practice team meetings. An annual practice review meeting was also used to identify any trends in significant events, complaints and feedback from patients.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse and these reflected relevant legislation and local requirements. Safeguarding policies were accessible to all staff and they clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Notices about how to refer to other agencies were clearly displayed in the surgeries. All staff had been provided with safeguarding training at a level appropriate to their role. The GP was the lead for safeguarding in the practice. Clinical staff attended child protection case conferences and the GP provided safeguarding reports when requested by other agencies. Alerts were recorded on the electronic patient records system to identify if a child or adult was at risk. Staff demonstrated they understood their responsibilities to report safeguarding. Staff provided examples of how they had recognised suspected abuse and the actions they had taken to report their concerns. Periodic meetings were held with health visitors and staff also contacted designated health visitors if they had concerns about a child's welfare in the interim.
- A notice in surgery rooms advised patients that staff were available to act as chaperones, if required. Staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS check). (DBS
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean. The practice nurse had the lead role for infection control and they liaised with the local infection prevention team to keep up to date with best practice. There were infection control protocols in place and staff had received up to date training. Infection control audits had been undertaken. The results of the audits were good, high scores had been achieved, and actions had been taken to address the small number of improvements identified.
- The arrangements for managing medicines, including emergency drugs and vaccinations were appropriate and safe. Patient Group Directions had been adopted by the practice to allow the practice nurse to administer medicines in line with legislation. There was an effective system for the issue of repeat prescriptions. The practice had an in house pharmacist who undertook medication reviews for people with long term conditions and for patients taking medicines for multiple conditions. Some of the reviews took place face to face with patients others were by telephone. The pharmacist also carried out reviews where a medicine safety concern had been raised and they liaised with the community pharmacists when required. They were responsible to check patient discharge summaries when they were discharged from hospital to ensure the patients medication needs were met. They also had an overview of prescribing patterns and had identified no prescribing concerns at this practice. There were systems in place to monitor the use of prescriptions. However we saw that prescriptions were not always held securely as printable prescriptions were left unsecured in one of the surgeries. The practice manager agreed to address this with immediate effect.
- We reviewed staff personnel files in order to assess the staff recruitment practices. Our findings showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, proof of qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- The practice was located in a purpose built building and health and safety was overseen by a buildings management company. There was a health and safety policy available and staff had been provided with

training in health and safety related topics. Electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella.

- Two half day sessions per week were provided for patients to attend the branch surgery. The branch surgery was undergoing some refurbishment at the time of our inspection and we could see that this was part way through completion. The practice manager advised that this work would be completed within approximately two months.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patient's needs. The practice had identified that a nurse practitioner was required and they were actively recruiting to this post at the time of our inspection.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents. All staff received annual training in basic life support. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use. There was also a first aid kit and accident book available.

The practice had a business continuity plan in place for major incidents such as power failure or building damage. The practice should review the arrangements for ensuring staff can access this document in an emergency.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. (NICE) provides evidence-based information for health professionals. The GP demonstrated that they followed treatment pathways and provided treatment in line with the guidelines for people with specific health conditions.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed that the practice had achieved 92.6% of the total number of points available, with 4.6% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 01/04/2013 to 31/03/2014 showed;

- Performance for diabetes related indicators was in most cases better than the CCG and national average. For example, patients with diabetes, on the register, who had influenza immunisation in the preceding year, was 98.96% compared with a national average of 93.46%.
- 91.9% of women aged 25-64 had undergone cervical screening in the five years preceding the latest figures. This was higher than the national average of 81.88%
- The performance for mental health related indicators was better than the national average. For example: The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the preceding 12 months was 100% compared to a national average of 86.04%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 100% compared to a national average of 83.82%.

There were some variations in the QoF scores which we explored further with the practice. For example, data showed that they were below the national average for carrying out foot checks for patients with diabetes and for monitoring blood pressure for patients with hypertension. The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 65.35% compared to a national average of 88.35%. The percentage of patients with hypertension having regular blood pressure tests was 68.82% which was lower than the national average of 83.1% We explored these results with the practice. Our findings assured us that the practice was aware of these and was actively working to address them. The GP advised that the below average score for foot checks was as a result of a change to the commissioning of services. In response they had ensured that one of the practice nurses was trained to provide this service. The percentage of patients to have had a foot check since had increased significantly. With regards to blood pressure monitoring. The GP told us this was as a result of patients not always attending health check appointments. The practice had liaised with the CCG to look at how they could improve patient engagement and the practice manager advised that they were reviewing the process in place for contacting and recalling patients who do not attend appointments.

A cycle of clinical audits had been carried out and these demonstrated improvements in patient outcomes. The practice considered which audits they would complete based on a number of matters such as NICE guidance, recommendations from the local Clinical Commissioning Group (CCG), Royal College of General Practitioners suggestions and any issues arising from complaints or significant events.

The practice worked in collaboration with other practices. The practice worked with four neighbouring practices (whose practice populations shared similar demographics) in providing a pilot supported by the Prime Minister's Challenge Fund. This included the provision of a minor ailment and paediatric ambulatory care service for children up to 16 years of age provided by an advanced paediatric nurse practitioner. This project also included providing health promotion and family support for some of the children and families with more complex medical and social needs.

Good

Are services effective?

(for example, treatment is effective)

The practice worked alongside other services to meet patients' needs. For example, they worked with a local community drug and alcohol service to provide shared care for people with drug dependence. The GP had undertaken training in substance misuse and promoted the safe withdrawal for patients with Benzodiazepine dependence.

The practice participated in a scheme to prevent patients unplanned admissions to hospital and they monitored unplanned admissions. They also had a system to inform the out of hours service about patients' needs.

Effective staffing

Staff told us they felt well supported in their roles. Staff had the skills, knowledge and experience to deliver effective care and treatment. The practice had an induction programme for newly appointed members of staff. The practice could demonstrate that staff had been provided role specific training and updated training. Staff had access to and made use of e-learning training modules and in-house training. All staff had been provided with training in core topics including: safeguarding, fire procedures, basic life support and information governance awareness. Clinical staff were kept up to date with relevant training, accreditation and revalidation. For example practice nurses had been provided with training relevant to treating patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme. Staff had undergone an appraisal within the last 12 months.

A range of meetings took place across the practice and these included 'all staff' meetings. The practice was closed for one half day per month to allow for 'practice learning time' which enabled staff to attend meetings and undertake training and professional development opportunities.

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 practices' patient record system and the intranet system. This included access to medical records, investigations and test results. The practice shared relevant information with other services in a timely way, for example when referring people to other services for secondary care. Information such as NHS patient information leaflets were readily available through the computerised system.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. The practice nurse had regular meetings with a designated health visitor to share information and concerns about individual patients or families.

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. The Mental Capacity Act 2005 (MCA) is legislation

designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests.

When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity.

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 and those with a long-term condition. Patients were then signposted to relevant services.

Childhood immunisation rates for the vaccinations given were slightly lower than CCG averages. We explored this with the GP and were assured that the practice had taken appropriate steps to support patients in taking up the immunisations.

Patients had access to appropriate health assessments and checks. These included 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 had been identified.

Outstanding ☆

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We saw that members of staff were courteous and helpful to patients and treated them with respect. Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. Consultation and treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard. Reception staff could offer patients a private room if they wanted to discuss sensitive issues or if they appeared distressed.

The practice operated what they referred to as a 'ring round' service. A register of patients deemed to be vulnerable was maintained and patients on it were contacted on a regular basis by a health care assistant. As part of this patients were asked how they were and if they needed any support from the practice. The register included; patients living in care homes, supported accommodation or respite care, patients over 90 years of age, those who had had a flare up of a long term medical condition or were receiving end of life care. The frequency at which the practice contacted these patients was based on their individual needs. Some patients received a twice weekly call with a call on a Friday to ensure that they had no outstanding needs for the weekend and a follow up call on a Monday to ask if there have been any changes in their condition. The practice had been doing this for over 10 years and they told us it was a popular and well received service.

Patients told us they felt staff went out of the way to accommodate them. We heard one example of a member of staff having gone above and beyond their role to accompany a vulnerable patient from their home to the practice. Patients told us that staff at all levels showed interest in their wellbeing. One person told us "Nothing is too much trouble" and "They treat you as an individual here."

We received 24 CQC patient comment cards. The vast majority were positive about the service provided by the practice. Patients said they felt the practice offered an 'excellent' and 'efficient' service. Staff were described as 'helpful, 'caring' and 'understanding' and patients felt staff treated them with dignity and respect. We received a small number of comments about the use of locum GPs. Patients told us they preferred to see a GP who they felt had a good knowledge of their medical history.

Results from the national GP patient survey showed patients overall felt they were treated with compassion, dignity and respect. The practice scored similar to average or above average for patient satisfaction scores on consultations with doctors when compared to the average CCG and national scores. For example:

- 93.3% said the GP was good at listening to them compared to the CCG average of 90.4% and national average of 88.6%.
- 88% said the GP gave them enough time (CCG average 89.4%, national average 86.6%).
- 93.4% said they had confidence and trust in the last GP they saw (CCG average 96.7%, national average 95.2%)
- 89.1% said the last GP they spoke to was good at treating them with care and concern (CCG average 87%, national average 85.1%).
- 84.6% said they found the receptionists at the practice helpful (CCG average 83.8%, national average 86.8%)
- 90.2% described their overall experience of the practice as good (CCG average 82.2% and national average 84.8%)

The practice scored lower than average in the same areas as above for patient's feedback about the nursing staff. For example:

- 86.1% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90.8%, national average 90.4%)
- 83.7% said the last nurse they saw or spoke to was good at involving them in decisions about their care compared to a CCG average of 85.3% and a national average of 84.8%
- 81.4 said the last nurse they saw or spoke to was good at giving them enough time compared to a CCG average of 92% and a national average of 91.9%
- 76.1% said the last nurse they saw or spoke to was good at listening to them compared to a CCG average of 91.3% and a national average of 91.0%

Are services caring?

- 92.8% said they had confidence and trust in the last nurse they saw or spoke to compared to a CCG average of 97.7% and a national average of 97.1%

The patient survey contained aggregated data collected between July - September 2014 and January - March 2015. There had been changes to the practice nurse team since this period and therefore the results may not be reflective of patient's current experiences. The practice shared an action plan with us that demonstrated the action the practice had taken in response to patient feedback.

We spoke with two members of the patient participation group (PPG). They told us they felt included and listened to by staff at the practice. Both were very complimentary about the practice and the care and support provided by the GP, the practice nurse and the reception staff. The PPG was not particularly active at the time of the inspection. They told us this was because the practice had had difficulty encouraging patients to join. The practice manager told us they were actively trying to encourage patients to join the group and were seeking support from the CCG to achieve this.

Patients and staff in all roles told us they thought the practice provided good consistency because the staff team was small. Patients gave us very positive feedback about the service they received from the GP. They told us they could speak directly to their GP if they had any concerns about their health and they had trust and confidence in the GPs response to them because they felt the GP knew their needs well.

Care planning and involvement in decisions about care and treatment

Patients told us through discussion and in comment cards that they felt involved in making decisions about the care and treatment they received. They also told us they felt listened to, well informed about their condition and about the treatment options available to them.

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

- 94.4.7% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86.9% and national average of 86%.
- 82.8% said the last GP they saw was good at involving them in decisions about their care compared to a CCG average 82.7% and a CCG average of 81.4%

The same questions about nursing staff were similar to or below average. For example:

- 85% said the last nurse they saw or spoke to was good at explaining tests and treatments compared to a CCG average of 89.4% and a national average of 89.6%
- 85% said the last nurse they saw or spoke to was good at explaining tests and treatments compared to a CCG average of 89.4% and a national average of 89.6%

Patient and carer support to cope emotionally with care and treatment

Information leaflets were available in the reception area. These provided information on how patients could access a number of support groups and organisations and included signposting patients to counselling services and advocacy services. Information about health conditions and signposting information was also available on the practice website. The local Citizens Advice Bureau also provided regular drop in sessions at the practice to provide support for patients.

Patients were referred to a healthy living centre if this was appropriate to their needs and they told us they had been provided with advice and guidance for promoting good health such as smoking cessation advice and support.

Patients receiving end of life care were signposted to support services. Staff sent bereavement cards to carers offering support and signposted them to bereavement support services.

The practice's computer system alerted GPs if a patient was also a carer. Carers were offered longer appointments if required. They were also offered flu immunisations and health checks. Information was available to direct carers to the various avenues of support available to them. Carers were referred to a local carers' service which provided a range of service including drop in sessions, counselling, therapy and training and awareness events.

Good

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 practices where these were identified. For example, they had signed up to a neighbourhood of practices to secure the employment of an advanced paediatric nurse to provide outpatient care to children and prevent unplanned hospital admissions. This was in response to local data about the number of child attendances at Accident and Emergency. The practice also worked to ensure unplanned admissions to hospital were prevented through identifying patients who were at risk and developing care plans with them to prevent an unplanned admission.

There was proactive management of the appointment booking system and this provided clear evidence that the practice was responsive to patient's needs.

Access to the service

The practice was open between 8.00am and 6.30pm Monday to Friday. The branch surgery provided two half day sessions per week on Wednesdays and Thursdays. The practice had signed up to providing longer surgery hours as part of the Government agenda to encourage greater patient access to GP services. As a result patients could access a GP at a local Health and Wellbeing Centre from 6.30pm until 8.00pm Monday to Friday and between 8.00am to 8.00pm Saturdays and Sundays by pre-booked appointment.

The GP provided a morning telephone triage to patients requesting an urgent or same day appointment. Appointments were then provided to patients as required. Urgent appointments and pre-bookable routine appointments were available. There were longer appointments available for people with a learning disability. Home visits were available for older patients and other patients who required these. Same day appointments were available for children and those with serious medical conditions. Services were also provided on an opportunistic basis such as child immunisations.

Patients we spoke with on the day of our visit told us they were able to get appointments when they needed them. Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was better than local and national averages.

- 83.3% of patients were satisfied with the practice's opening hours compared to the CCG average of 69% and national average of 74.9%.
- 87% patients said they could get through easily to the surgery by phone (CCG average 55.6%, national average 73.3%).
- 85.2% patients described their experience of making an appointment as good (CCG average 64.2%, national average 73.3%.
- 81% patients said they usually waited 15 minutes or less after their appointment time (CCG average 66.2%, national average 64.8%).

The practice was located in a modern purpose built building. The premises were fully accessible for people who required disabled access. A hearing loop system was available to support people who had difficulty hearing. Staff told us that a translation service was not routinely available for patients who did not have English as a first language but that they could make arrangements to use language line if required. Staff told us they used an on line service to translate information if this was required. The practice should review how they support patients who do not use English as their first language.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. We looked at complaints received in the last 12 months and found that these had been handled appropriately. Complaints had been logged, investigated and responded to in a timely manner and patients had been provided with an explanation and apology when this was appropriate.

Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The GP was aware of challenges to the service and was worked to meet these. The future aspirations of the practice had been considered and this included working closer with other local practices to improve the services offered to patients.

Governance arrangements

The practice had systems and procedures in place to ensure the service was safe and effective. The GP had a clear understanding of the performance of the practice. A programme of continuous clinical audit was in place and this was used to monitor quality and to make improvements to outcomes for patients. There were effective arrangements for identifying, recording and managing risks and for implementing actions to mitigate risks. There were clear methods of communication that involved the whole staff team to disseminate best practice guidelines and other information.

Practice specific policies and standard operating procedures were available to all staff.

There was a clear staffing structure and staff were aware of their roles and responsibilities.

The GP had met their professional development needs for revalidation. Every GP is appraised annually and every five years they undergo a process called revalidation whereby their licence to practice is renewed which allows them to continue to practice and remain on the National Performers List held by NHS England. All other staff were supported through annual appraisal and continuing professional development.

Leadership, openness and transparency

The GP had the experience, capacity and capability to run the practice and ensure high quality care. They strived to ensure safe, high quality and compassionate care. The GP was visible in the practice and staff told us that they were approachable and listened to them. The GP had a lead in the CCG for quality and continuity.

Staff told us they felt valued and well supported and felt confident to raise any concerns. Staff were aware of who had specific responsibility for which area, for instance who the safeguarding lead was.

The majority of the reception team had worked together for several years and had been afforded opportunities to develop within their role.

The practice encouraged a culture of openness and transparency. The processes for reporting concerns were clear and staff told us they felt confident to raise any concerns without prejudice. The GP, clinical staff and support staff had learnt from incidents, events and complaints.

Staff attended a range of meetings on a regular basis. The GP and clinical staff attended a range of multi-disciplinary meetings, locality meetings and development meetings. Team learning days were held every month. Staff said they felt valued and supported and involved in discussions about how to run and develop the practice.

Seeking and acting on feedback

The practice encouraged and valued feedback from patients, the public and staff. Patient feedback was sought through the patient participation group (PPG) and through surveys and complaints received. A member of the PPG told us they felt listened to and able to approach any member of the team.

Continuous improvement

There was a focus on continuous learning and improvement within the practice. This included the practice being involved in local schemes to improve outcomes for patients and having leads both within the practice and the CCG. The practice shared information with us about the challenges to their work and about the plans they had for future improvement. These include plans for more cluster working, to have a social worker attached to the practice, the recruitment of a nurse practitioner, to consider the recruitment of a long term locum GP, increasing the role of the health care assistant and providing staff with customer services training to improve patient engagement.