

Dr Asad Zaman

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 Asad Zaman practice on 9 November 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- The practice had good facilities and was well equipped to treat patients and meet their needs. Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from patients, which it acted on. The practice had patient participation group which supported practice development.
- The provider was aware of and complied with the requirements of the duty of candour.
- There was a strong team culture and the practice was cohesive and organised.

There were improvements the provider should make.

Summary of findings

- The practice should take action to address the lower than average ratings for national cancer screening.
- The practice should consider how they can increase the number of carers registered at the practice.

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.

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning were maximised and learning was based on analysis and investigation.
- When things went wrong patients received truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. The practice held quarterly safeguarding meetings with health visitors
- Risk management was comprehensive and well managed and recognised as the responsibility of all staff.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed that the practice was performing highly when compared to practices locally and nationally.
- The practice was pro-active in identifying patients at risk of an unplanned hospital admission and regularly reviewed their health. These patients were reviewed by the GP, care plans were updated and the GP visited the patient at home or they were sent an appointment to visit the practice. To support the reduction of A/E attendances, the screen in the waiting room informed patients what services they should contact for various conditions, for example over the counter remedies for 'coughs and colds', walk in centres and out of hour centres.
- The practice had a structured system in place to ensure that all clinicians were up to date with both national and other locally agreed guidelines.
- Clinical audits demonstrated quality improvement and were triggered by new guidance and learning from significant events.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. Staff members throughout the practice had lead roles across a range of areas and were committed to working collaboratively.
- The practice employed two specialist nurses for Diabetes and COPD management.

Good



Summary of findings

- There was evidence of appraisals, personal development plans and succession planning for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey published July 2016 showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible. We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice worked with local support services such as citizen's advice to provide advice and support to their patients.
- The practice had promoted a 'Social Prescription' this is a process to identify and support vulnerable patients such as patients who are dealing with isolation and low levels of health and wellbeing. It provides GPs with the option of making non-medical referrals for patients alongside existing treatments.
- The practice had information on the screen in reception giving patients advice on how to make the best use of the 10 minute consultation. Patients told us this had been very beneficial.
- The practice should consider how they can increase the number of carers registered at the practice to ensure any health needs are identified and appropriate support is in place.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. Clinical staff carried out home visits for patients that would benefit from these.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. Thirty minute appointments were available for vulnerable patients.

Good



Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice were proactive in taking action to improve areas in the national GP survey that were below the local and national average.
- The practice offered a range of clinical services which included care for long term conditions.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Throughout our inspection we received positive feedback from staff. Staff spoke highly of the culture of the practice and were proud to be part of the practice team.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty
- There was a strong focus on continuous learning and improvement at all levels.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

- The GP and the healthcare assistant visited all the patients that were housebound to provide the flu vaccination and a clinical examination.
- Housebound patients and patients with long term conditions were provided with a dedicated/priority phone number to contact the practice, the ambulance service also had this number.
- The practice maintained a palliative care register and held quarterly palliative care meetings that included reviews of patients with other conditions for example, dementia and heart failure.

Good



People with long term conditions

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

- For the past two years, prior to QOF requirements the practice were proactive in the management of diabetes and had developed a register for pre-diabetic patients. There were 256 patients on the list 5.6% of the practice patient list.
- The practice employed two specialist nurses for the management of Diabetes and COPD.
- Performance for diabetes related indicators was 97% compared to the CGC average of 90% and the national average of 89%. For example, the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 96% compared to the CCG average of 89% and the national average of 88%. The percentage of patients with diabetes, on the register, who have had influenza immunisation was 97% compared to the CCG average of 93% and the national average of 94%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Summary of findings

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Childhood immunisation rates for the vaccinations given to under two year olds ranged from 90% to 100%, which were higher than the CCG and national average
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 77%, which was comparable to the CCG average of 78% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Good



Working age people (including those recently retired and students)

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

- The practice was proactive in offering a full range of health promotion and screening that reflected the needs of this age group.
- 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.
- Appointments could be booked over the phone, face to face and online. The practice offered extended opening hours on Mondays, Tuesdays, Thursdays and Fridays.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- Thirty minute appointments were offered for patients with a learning disability.

Good



Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice had identified 42 patients as carers (0.9% of the practice list), this was low in comparison to the patient list size of 4,600. The practice should consider how they can increase the number of carers registered at the practice to ensure any health needs are identified and appropriate support is in place.

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).

- Performance for mental health related indicators was 100% compared to the CCG average of 92% and the national average of 93%. With 11% exception reporting which was similar to the CCG and national average.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was similar to the CCG and national average.
- The practice had identified 20 patients who were at risk of self-harm and worked closely with the mental health team to manage the care of these patients.
- The practice regularly worked with multidisciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. The practice carried out advanced care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended A&E where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on July 2016. The results showed the practice was performing in line with local and national averages. There were 350 survey forms distributed and 95 were returned. This represented 27% of the practice's patient list.

- 68% of patients found it easy to get through to this practice by phone compared to the CCG average of 60% and a national average of 73%.
- 74% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 81% and a national average of 76%.
- 87% of patients described the overall experience of this GP practice as good compared to the CCG average of 83% and a national average of 85%.

- 80% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 74% and a national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 25 comment cards which were all positive about the standard of care received. For example, patients said the staff were always very helpful and supportive.

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

Areas for improvement

Action the service SHOULD take to improve

- The practice should take action to address the lower than average ratings for national cancer screening.
- The practice should consider how they can increase the number of carers registered at the practice.

Dr Asad Zaman

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and the team included a GP specialist adviser

Background to Dr Asad Zaman

Dr Asad Zaman provides primary medical services to approximately 4,600 patients and is located in Birmingham. Information published by Public Health England rates the level of deprivation within the practice population group as one; on a scale of one to ten, with level one representing the highest level of deprivation.

Services to patients are provided under a General Medical Services (GMS) contract, a nationally agreed contract between NHS England and GP Practices. The practice has expanded its contractual obligations to provide enhanced services to patients. (An enhanced service is above the contractual requirements of the practice and is commissioned to provide additional services to improve the range of services available to patients).

The clinical team includes Dr Asad Zaman and one salaried GP (female) and a long term locum. There is one practice nurse, one health care assistant and two part time nurse specialists for Diabetes and Chronic Obstructive Pulmonary Disease (COPD). The GPs and the practice manager form the management team and they are supported by the assistant practice manager, reception and secretarial staff. The practice is a training practice for GPs and there was a GP registrar (a fully qualified doctor training to be a GP) currently at the practice

The practice is open between 8.30am to 7.15pm on Mondays and Tuesdays, 8.30am to 1pm on Wednesdays, 8.30am to 7pm on Thursdays and 8.30am to 6.30pm on Fridays.

Appointments are available from

8.30am to 7.15pm, Mondays and Tuesdays

8.30am to 1.30pm on Wednesdays,

8.30am to 7pm Thursdays

8.30am to 6.30pm Fridays

When the practice is closed the out of hour's provision is provided by Badger.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 9 November 2016. During our visit we:

Detailed findings

- Spoke with a range of staff including GPs, practice nurse, practice manager and reception staff. We also spoke with patients who used the service.
- We observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- The practice had an open and transparent approach to reporting incidents. Staff we spoke with were aware of their responsibilities to raise and report concerns, incidents and near misses. We saw evidence that the practice shared significant events cross the locality to share learning. The practice carried out a thorough analysis of the significant events, identifying factors leading up to the event, how the event was handled and any actions taken..
- We viewed a log of five significant events that had occurred during the last 12 months. We saw that specific actions were applied along with learning outcomes to improve safety in the practice. We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received truthful information a written apology and were told about any actions to improve processes to prevent the same thing happening again.

The practice effectively monitored MHRA (Medicines and Healthcare Products Regulatory Agency) alerts, patient safety and medicines alerts. These alerts were forwarded by the practice manager to a GP who then initiated the necessary actions. We saw evidence that a recent medical alert had been responded too and records were kept to demonstrate the action taken. Significant events, safety and medicines alerts were a regular standing item on the clinical meeting agendas. We saw minutes of meetings which demonstrated this and staff told us how learning was shared during these meetings.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare.

- There was a GP lead for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. The lead GP held monthly safeguarding meetings with health visitors, to discuss children on the 'at risk' register. We saw minutes of meetings which demonstrated this. Staff demonstrated they understood their responsibilities, and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and the practice nurses were trained to child protection or child safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- We observed the premises to be visibly clean and tidy. We saw cleaning records and completed cleaning specifications within the practice.
- Staff had access to personal protective equipment including disposable gloves, aprons and coverings. There was a policy for needle stick injuries and staff knew the procedure to follow in the event of an injury.
- The healthcare assistant was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken, the most recent audit achieved a 98% compliance rate with recognised best practice guidance and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). The vaccination fridges were well ventilated and secure, records demonstrated that fridge temperatures were monitored and managed in line with
- There were systems in place for repeat prescribing so that patients were reviewed appropriately to ensure their medicines remained relevant to their health needs and kept patients safe. The practice used an electronic

Are services safe?

prescribing system. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. All prescriptions were reviewed and signed by a GP before they were given to the patient.

- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The Health Care Assistant was trained to administer vaccines and medicines against a patient specific direction from a prescriber.
- We reviewed the process for the prescribing of high risk medicines and checked a sample of prescriptions which indicated that systems were in place to ensure appropriate monitoring and follow up.
- We reviewed five personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed. There were procedures in place for monitoring and managing risks to staff and patient safety. There was a health and safety policy and the practice had risk assessments in place to monitor safety of the premises.

- There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills, which had been recently undertaken in September 2016.
- There were records to reflect the cleaning of medical equipment such as the equipment used for ear irrigation. We saw calibration records to demonstrate that clinical equipment was checked and working properly.

- All electrical equipment was checked to ensure the equipment was safe to use. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. The practice had a regular locum GP and had employed three other locum GPs during the year.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available. Records showed that all staff had received 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 stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan was located in reception and both the practice manager and reception manager kept a copy off site. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met people's needs. Clinical meetings were used as an opportunity to discuss new guidance that had been received.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The practice manager was responsible for managing QOF, they had developed a spreadsheet to aid monitoring and issues were discussed at the clinical meetings. Current results from 2015/16 were 96% of the total number of points available, with 10% exception reporting.

The practice had effective systems in place to identify and assess patients who were at high risk of admission to hospital and were proactive in their approach in providing care and treatment to avoid such admissions. The practice manager checked daily for patients who had unplanned admissions to hospital and Accident and Emergency (A&E) attendances. These patients were reviewed by the GP, care plans were updated and the GP visited the patient at home or they were sent an appointment to visit the practice. To support the reduction of A&E attendances, the television/computer screen in the waiting room informed patients what services they should contact for various conditions, for example over the counter remedies for 'coughs and colds', walk in centres and out of hour centres.

The practice had employed two specialist nurses specifically for Diabetes and COPD management.

- Performance for diabetes related indicators were 97% compared to the CGC average of 90% and the national average of 89%. For example, the percentage of patients on the diabetes register, with a record of a foot

examination and risk classification within the preceding 12 months was 95% compared to the CCG average of 89% and the national average of 88%. The percentage of patients with diabetes, on the register, who have had influenza immunisation was 96% compared to the CCG average of 93% and the national average of 95%.

- Performance for mental health related indicators was 100% compared to the CCG average of 92% and the national average of 93%. With 11% exception reporting, which was similar to the CCG and national average.
- Performance for dementia indicators was 100% compared to the CCG average of 92% and the national average of 96%. With 6% exception reporting, compared to the CCG and national average of 8%. The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 85% which was the same as the CCG and national average. With 7% exception reporting, compared to the CCG and national average of 8%.
- Overall performance for Chronic Obstructive Pulmonary Disease (COPD) was 100%, compared to the CCG average of 97% and a national average of 96%.

There was evidence of quality improvement including clinical audit.

- There had been five clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored. For example, the practice had reviewed the management of COPD in accordance with NICE guidance, all indicators had improved, for example patients with a diagnosis of COPD had spirometry performed at diagnosis had improved from 30% 2014/15 to 99% 2015/16. The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- The practice was a Royal college of General Practice accredited Research Ready Practice, that helps to recruit patients from primary care into clinical trials.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment and there was enhanced skills within the clinical team.

Are services effective?

(for example, treatment is effective)

- The practice had a comprehensive induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. The practice could demonstrate how they ensured role-specific training and updating for relevant staff.
- The lead GP was a registrar trainer and appraiser.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competency. Staff who administered vaccines could also demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at local networking meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. All staff had received appraisals in the last 12 months. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, mentoring, clinical supervision and facilitation and support for revalidating GPs and support to the nurses with regards to their revalidation which commenced in April 2016.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The practice had effective and well established systems to plan and deliver care and treatment. This was available to relevant staff in a timely and accessible way through the practices patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

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

referred, or after they were discharged from hospital. We saw evidence that formal multi-disciplinary meetings took place monthly and that care plans were routinely reviewed and updated.

Consent to care and treatment

Patients consent to care and treatment was always sought in line with legislation and guidance Staff understood the relevant consent and decision making requirements, staff had received training on the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patients mental capacity to consent to care and treatment was unclear the GP or nurse assessed the patients capacity and where appropriate, recorded outcomes of the assessment.

Supporting patients to live healthier lives

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long term condition and those requiring advice on their diet, weight, smoking and alcohol cessation. Patients were appropriately signposted to the relevant services.

The practice's uptake for the cervical screening programme was 77%, which was comparable to the CCG average of 79% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. National cancer intelligence data 2015/16 indicated that the breast cancer screening rates for 50 to 70 year olds was 64% compared to the CCG average of 69% and a national average of 72%. Bowel cancer screening rates for 60 to 69 year olds was 41% compared to the CCG average of 50% and a national average of 58%. There was a policy to send letters to patients to encourage attendance for screening.

Childhood immunisation rates for the vaccinations given to under two year olds ranged from 90% to 100% compared

Are services effective? (for example, treatment is effective)

to the CCG average of 89% to 93% and a national average of 73% to 93%. Immunisation rates for five year olds ranged from 83% to 98% compared to the CCG average of 83% to 96% and a national average which ranged from 83% to 95%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- We observed throughout the inspection members of staff were courteous and very helpful to patients and treated them with dignity and respect, both at the reception and on the telephone.
- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 25 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

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

- 89% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.

- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and a national average of 85%.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and a national average of 91%.
- 86% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

The practice had information on the computer/TV screen in reception giving patients advice on how to make the best use of the 10 minute consultation. Patients told us this had been very beneficial.

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

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 87% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and a national average of 82%.
- 94% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 83% national average of 85%.

Are services caring?

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations

The practice's computer system alerted GPs if a patient was a carer. The practice had identified 42 patients as carers (0.9% of the practice list). This was low in comparison to the patient list size of 4,600. There was information on the computer screen and posters in reception encouraging patients to inform the reception staff if they were carers. The new patient registration form also identified patients who were carers. Written information was available to

direct carers to the various avenues of support available to them. The practice should consider how they can increase the number of carers registered at the practice to ensure any health needs are identified and appropriate support is in place.

The practice had developed a 'social prescription' to identify and support vulnerable patients, patients showing concerns around isolation and low level of health & wellbeing. Patients identified were supported into relevant activities whilst being supported by a member of Compass Support's health & wellbeing team.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered extended opening hours on a Monday and Tuesday evening until 7.15pm on a Thursday until 7pm and on a Friday until 6.30pm. This benefitted working age patients who could not attend during normal opening hours.
- The practice made available 30 minute appointments for patients with a learning disability, elderly patients and patients with multiple co-morbidities. The GP was the lead for six ACE (Aspiring to Clinical Excellence) practices and had been requested by the CCG to encourage the other practices to initiate this process. The practice maintained a register of patients with learning disabilities, there were 25 patients registered (approximately 0.53% of the practice list).
- To improve waiting times the GPs had initiated 'breaks' in between every fourth patient, without reducing the total number of patients, this enabled the GPs to catch up if consultations went on longer. This was in response to results from the national GP patient survey.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The GP and the healthcare assistant visited all of the patients that were housebound to provide the flu vaccination and a clinical examination.
- Housebound patients and patients with long term conditions were provided with a dedicated/priority phone number to contact the practice, the ambulance service also had this number.
- Same day appointments were available for children and those patients with medical problems who required same day consultations.
- Patients were able to receive travel vaccinations available on the NHS. Those only available privately were referred to other clinics ..
- There were accessible facilities for patients with a disability, a hearing loop, breast-feeding room and translation services available.

- The practice had identified 20 patients that were at risk of self-harm and worked closely with the mental health team to manage the care of these patients.

Access to the service

The practice is opened between 8.30am and 7.15pm on Mondays and Tuesdays, 8.30am and 1pm on Wednesdays, 8.30am and 7pm Thursdays and 8.30am and 6.30pm on Fridays.

Appointments were available from

8.30am to 7.15pm, Mondays and Tuesdays

8.30am to 1.30pm on Wednesdays,

8.30am to 7pm Thursdays

8.30am to 6.30pm Fridays

When the practice is closed the out of hour's provision is provided by Badger.

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

- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and a national average of 78%.
- 68% of patients said they could get through easily to the practice by phone compared to the CCG average of 60% and a national average of 73%.

The practice had implemented a number of systems to improve patients ability to contact the surgery. They had installed an additional telephone line and introduced online appointment bookings.

The practice kept patients informed about waiting times at the surgery via messages on the computer screen in reception. This was initiated following a complaint.

People told us on the day of the inspection that they were able to get appointments when they needed them. The practice had a system in place to assess whether a home visit was clinically necessary; and the urgency of the need for medical attention. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The practice manager was the designated lead for complaints. We saw that information was available to help patients understand the complaints system and posters were displayed in the waiting area.

We looked at three complaints received in the last 12 months and found that these were dealt with in a timely way with openness and transparency. All complaints were logged and analysed. We saw that lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, the practice kept patients informed about waiting times at the surgery via messages on the computer screen in reception; this was initiated following a complaint.

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 exceptional patient care, be recognised as employers of excellence and develop a committed and happy workforce and enhance clinical provision. The staff we spoke with talked about patients being their main priority. The practice had a robust strategy and business plan for 2016/17. This set out the aims for service development and on-going initiatives.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- There were comprehensive arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The practice shared significant events cross the locality to share learning. The practice carried out a thorough analysis of the significant events.
- Practice specific policies were implemented and were available to all staff.
- There were clinical leads for safeguarding, palliative care and QOF outcomes.
- Managers had a comprehensive understanding of the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- The GP was the lead for six ACE (Aspiring to Clinical Excellence) practices.
- The practice was a pilot practice for QOF.
- The practice was a Royal College of General Practices accredited Research Ready Practice which helped to recruit patients into clinical trials.

Leadership and culture

The GP partners had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The GPs were visible in the practice and staff told us that they were approachable and always took time to listen to all members of staff.

The practice had employed two nurse specialists to focus on patients with long term conditions in relation to Chronic Obstructive Pulmonary Disorder (COPD) and Diabetes.

The provider was aware of and complied with the requirements of the Duty of Candour, (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).The GPs and management team encouraged a culture of openness.

When there was unexpected incidents,

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team away days were held every six months.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice, and the GPs encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients. They gathered feedback from patients through the national GP patient survey, formal and informal complaints received and from the patient participation group (PPG) which met quarterly. We spoke with six members of the PPG who told us that they were able to provide feedback on survey results and other issues.

Are services well-led?

Good 

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

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients. For example, over the last five years the practice has been a pilot practice for the

Quality and Outcome Framework (QOF). They participated in piloting QOF indicators before they were introduced across practices nationally. The practice was also a Royal college of General Practice accredited Research Ready Practice, that helps to recruit patients from primary care into clinical trials.