Dr Geeta Gupta

Quality Report

South Reddish Medical Centre
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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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Geeta Gupta's GP Practice (South Reddish Medical Centre) on 21 October 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored and addressed.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles.
- Patients said they were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Patients were complimentary about the overall quality of service they received. Patients liked the open surgery process at the surgery and said there was continuity of care.
- Information about services and how to complain was available and easy to understand.
- The practice had facilities and equipment to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The practice benchmarked the service they provided and strived to achieve optimum results in patient care.
- The practice had a clear vision which had quality and safety as its top priority. A business plan (practice development plan) was in place, monitored, regularly reviewed and discussed with all staff. High standards were promoted and owned by all practice staff with evidence of team working across all roles.

Summary of findings

We saw areas of outstanding practice including:

- The practice development plan identified key responsibilities for team members which were also reflected in each staff member's personal development plan.
- The practice held nasal flu parties for toddlers (ages 2-4) which resulted in no tears and relaxed parents.
- The practice worked closely with a residential care home to support and manage the care of patients living there. A planned weekly visit to the home was undertaken. This had reduced the number of requests for GP home visits and admissions to hospital through Accident and Emergency (A&E). In addition the care home staff were supported to care for residents at the end of their life without them being admitted into hospital.
- Clinical peer reviews were carried out weekly to ensure that all referrals to secondary care were appropriate. These reviews enabled clinicians to ensure best practice was followed and supported personal development.

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

Importantly the provider should:

- Ensure the security of the emergency medicines is increased when the practice is closed.

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. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risk management was comprehensive, well embedded and recognised as the responsibility of all staff.

Are services effective?

Good

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. The Quality and Outcomes Framework (QOF) data for the last four years showed the practice achieved above 98% of the points available. This was higher than the local Clinical Commissioning Group (CCG) and England averages over the same period. In addition, the practice worked closely with the CCG medicine optimisation team to ensure best practice in the clinical and cost effective use of medicines. Systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines. We also saw evidence to confirm these guidelines were positively influencing and improving practice and outcomes for patients. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. Staff worked with multidisciplinary teams.

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients told us 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 also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group

Summary of findings

(CCG) to secure improvements to services where these were identified. Patients told us 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 good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand. Evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

The practice is rated as good for being well-led. The practice had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity. Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice. There were comprehensive systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient reference group (PRG) was active. Staff had received inductions, regular performance reviews and attended meetings and events when organised.

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. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice had been congratulated on achieving 88.2% uptake of the seasonal flu vaccination for the over 65's in 2014/15. The national target was 75%. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. There were policies in place, staff had been trained and were knowledgeable regarding vulnerable older people and how to safeguard them.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions. The practice nurse had a lead role in the management of chronic diseases. Patients had health reviews at regular intervals depending on their health needs and condition. The practice maintained and monitored registers of patients with long term conditions including cardiovascular disease, diabetes, asthma and chronic obstructive pulmonary disease. These registers enabled the practice to monitor and review patient conditions effectively and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed.

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, children and young people who had a high number of A&E attendances. The practice had appropriate child protection policies in place to support staff and staff training plans in place to ensure they were trained to a level relevant to their role. The practice offered a full range of childhood vaccinations and had systems in place to follow up children who did not attend for these. Data supplied by the practice for April to September 2015 showed that 100% of all children aged up to 2 years had received their immunisations. The practice held seasonal nasal flu parties for toddlers (ages 2-4), which ensured a high uptake of this vaccination. Patients told us that children and young people were treated in an

age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies.

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 needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. This included offering pre bookable appointments with additional appointments available Tuesday evenings until 7.30pm and early morning appointments from 7.30am on Thursdays. The practice was also open one Saturday per month for pre-booked appointments between 8.30am to 10.30am. The practice was proactive in offering online services through the 'Waiting Room' link available on the practice website, as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Good

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 those with a learning disability. Plans were in place to develop the service provided to patients on the learning disability register. The practice worked with multi-disciplinary teams in the case management of vulnerable people. The practice signposted and supported vulnerable patients 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.

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). The practice maintained a register of patients who experienced poor mental health, including those who had dementia. The register supported clinical staff to offer patients an annual appointment for a health check and a medication review. Patients with a diagnosis of dementia had an agreed care plan in place. The practice monitored patients with poor mental health according to clinical quality

indicators and in line with good practice guidelines. The practice worked with multi-disciplinary teams and other mental health services in the case management of patients experiencing poor mental health, including those with dementia.	

Summary of findings

What people who use the service say

We spoke with one patient at the time of our visit and telephoned three members of the patient reference group following our visit. All spoke positively of the care and treatment they received.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our visit. We received 16 comment cards. All were positive about the standard of care received and several praised Dr Gupta commenting on her willingness to listen, her gentle approach and describing the personal support and reassurance she provided. Positive comments were also provided about the other GPs, the nurse, the reception and administrative teams.

The national GP patient survey results published in July 2015 showed the practice was scoring higher than the Clinical Commissioning Group (CCG) and national average in some aspects of the service. For example:

- 95% of respondents find it easy to get through to this surgery by phone compared with a CCG average of 78% and a national average of 73%.
- 66% of respondents with a preferred GP usually get to see or speak to that GP compared with a CCG average of 61% and a national average of 60%.
- 93% of respondents find the receptionists at this surgery helpful compared with a CCG average of 89% and a national average of 87%.
- 89% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 88% and a national average of 85%.
- 89% say the last appointment they got was convenient compared with a CCG average of 93% and a national average of 92%.
- 80% describe their experience of making an appointment as good compared with a CCG average of 76% and a national average of 75%.
- 58% feel they don't normally have to wait too long to be seen compared with a CCG average of 61% and a national average of 58%.
- 53% of respondents usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 66% and a national average of 65%.

Please note there were 129 responses out of the 368 questionnaires sent out for the GP patient survey. This is a response rate of 35%. This represents approximately 3.9% the patient population registered at the practice.

Areas for improvement

Action the service SHOULD take to improve

- Ensure the security of the emergency medicines is increased when the practice is closed.

Outstanding practice

- The practice development plan identified key responsibilities for team members which were also reflected in each staff member's personal development plan.
- The practice held nasal flu parties for toddlers (ages 2-4) which resulted in no tears and relaxed parents.
- The practice worked closely with a residential care home to support and manage the care of patients living there. A planned weekly visit to the home was undertaken. This had reduced the number of requests for GP home visits and admissions to hospital through Accident and Emergency (A&E). In addition the care home staff were supported to care for residents at the end of their life without them being admitted into hospital.

Summary of findings

- Clinical peer reviews were carried out weekly to ensure that all referrals to secondary care were appropriate. These reviews enabled clinicians to ensure best practice was followed and supported personal development.

Dr Geeta Gupta

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, a specialist advisor with GP practice manager experience and a second CQC Inspector.

Background to Dr Geeta Gupta

Dr Geeta Gupta's GP practice based in South Reddish Medical Centre and is part of the NHS Stockport Clinical Commissioning Group (CCG). Services are provided under a personal medical service (PMS) contract with NHS England. The practice has 3304 patients on their register.

Information published by Public Health England rates the level of deprivation within the practice population group as four on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Male and female life expectancy in the practice geographical area are 80 years for males and 83 years for females both of which are similar or above the England average of 79 years and 83 years respectively. The numbers of patients in the different age groups on the GP practice register were similar to the average GP practice in England.

The practice had a higher percentage (62.1%) of its population claiming disability allowance than the England average (50.3%).

The practice is provided by a single handed GP, Dr Gupta (female) who employs two salaried GPs (one male and one female). The practice also employs a practice manager, a practice nurse, a health care assistant and five reception and or administrative staff. The practice supports undergraduate medical students and had future plans to offer training placements for trainee GPs.

The practice is housed in a refurbished building owned by NHS Property Services. It provides level access and is adapted to assist people with mobility problems. The practice moved to this location in September 2014 and has four consulting rooms. In the last three years the practice patient list has grown by 618, of these 333 patients joined the practice between April 2014 and March 2015. In response to this increase, the practice has employed a further GP, additional reception staff and trained a staff member as a health care assistant.

The practice's main opening times are Monday to Friday 8am to 6.30pm, with additional pre-bookable appointments available Tuesday evenings until 7.30pm and early morning appointments from 7.30am on Thursdays. The practice is also open one Saturday per month for pre-booked appointments between 8.30am to 10.30am. Patients requiring a GP outside of normal working hours are advised to contact the out of hour's service provided by Mastercall.

The practice provides online patient access that allows patients to book appointments, order prescriptions and review some of their personal records.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme. This inspection was planned to check whether the provider was meeting the legal

requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and to look at the overall quality of the service to provide a rating for the service under the Care Act 2014.

Please note that when referring to information throughout this report, for example, any reference to the Quality and Outcomes (QOF) framework data, this relates to the most recent information available to the CQC at that time or to the data supplied by the practice.

How we carried out this inspection

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

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

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

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

We reviewed information available to us including information from other organisations such as the Clinical Commissioning Group (CCG) and NHS England and information from CQC intelligent monitoring systems. We carried out an announced inspection visit on 21 October 2015. We spoke with staff, patients, a district nurse, the manager of a local care home and we reviewed patient survey information, the practice's policies and procedures and quality assurance records.

Good

Are services safe?

Our findings

Safe track record and learning

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This was discussed at the practice's weekly clinical meetings. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

There was an open and transparent approach and a system in place for reporting and recording clinical significant events. The practice prioritised safety and used a range of information to identify risks and improve patient safety. This included reviewing reported incidents and national patient safety alerts as well as comments and complaints received from patients at a weekly clinical meeting. The clinical staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. Staff confirmed they that incidents and complaints were discussed, and where appropriate, actions and protocols identified to minimise re-occurrence of the incident or complaint. They provided examples of changes implemented as a result of a significant incident or complaint. For example a recent incident with a pharmaceutical fridge resulted in a review of the practice's cold chain procedures and the purchase of a new pharmaceutical fridge.

Overview of safety systems and processes

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

- Arrangements to safeguard adults and children from abuse that reflected relevant legislation and local requirements. The practice policies were accessible to all staff. These clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Dr Gupta was the lead for Adult and Children safeguarding. Staff demonstrated they understood their responsibilities in relation to safeguarding, knew who to report concerns too and had received training or were scheduled to attend training relevant to their role.
- A notice was displayed in the waiting room, advising 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 check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The building in which the GP practice was provided from was managed by NHS Property Services. They were responsible for the routine maintenance of the building including the fire safety equipment, work place risk assessments such as Legionella and asbestos and some of the portable appliance testing of electrical equipment. The practice manager had tried several times without success to obtain information from NHS Property Services about the environmental health and safety checks of the premises. However, on the day of the inspection an email was received with a range of documentation and risk assessments for the building. From this information we could see regular checks on the fire safety equipment and actions to minimise any risk to Legionella were carried out. The practice manager had ensured that practice staff were up to date with fire safety training with designated fire marshals. All electrical equipment belonging to the practice was checked to ensure it was safe to use and clinical equipment was checked to ensure it was working properly.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be bright, clean and tidy. The practice manager and the practice nurse were the infection control leads for the practice. The practice had received in May 2015 an infection control audit carried out by the local Health Protection Unit. This audit identified areas of improvement and development. A re-audit was undertaken by the Health Protection Unit in September 2015 and had identified improvements in all areas with 100% scores for many areas. Staff had received training in infection control but

we found some staff were unclear of the procedure to follow when receiving patient specimen samples. The practice manager confirmed they would provide refresher training and additional guidance.

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Clear robust protocols were in place for all staff to follow in relation to prescribing and repeat prescribing of medicines. The practice's performance in prescribing medicines was monitored closely and action plans implemented to improve where data indicated this was necessary. Medication audits were carried out with the support of the local Clinical Commissioning Group medicines optimisation teams to ensure the practice was acting in line with best practice guidelines for safe prescribing. Prescription paper was securely stored with systems in place to monitor its use. However systems to track paper prescriptions taken out of the practice by GP's on home visits were not in place. We were assured that action to monitor these prescriptions would be implemented.
- Recruitment checks were carried out and the three files we reviewed showed appropriate recruitment checks had been undertaken prior to employment. The files included proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. The practice had a robust system in place for checking the suitability of locum GP's used at the practice.
- There was a system in place to record and check professional registration of the General Medical Council (GMC) and the Nursing Midwifery Council (NMC). We saw evidence that demonstrated professional registration and appropriate insurance for clinical staff was up to date and valid.
- Staff told us there were enough staff to maintain the smooth running of the practice. Procedures were in also in place to manage unexpected absences through staff sickness. The staff worked well as a team and as such supported each other in times of absence and unexpected increased need and demand.

Arrangements to deal with emergencies and major incidents

All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a supervised area during working hours. However the security of the emergency medicines should be improved when the practice is closed. The practice was struggling to obtain (from NHS Property Services) cupboard door locks on some cupboards which held a small stock of medicine. At the time of our visit it was evident the practice had been seeking solutions to increase the security of these medicines. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or damage to the building. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment 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 ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. The practice reviewed changes in NICE guidance and relevant alerts at their weekly clinical meetings to ensure they provided best practice to patients.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. The practice had scored over 98% of the available points each year since 2010. This was higher than both the local Clinical Commissioning Group (CCG) and England average. The QOF data supplied by the practice for 2014/15 showed that they had achieved 527 points out of 535 which equates to a 98.5% score.

QOF data from Public Health England 2013/14 showed:

- Performance for diabetes related indicators was 6.3%; similar to the CCG at 5.9% and the England average of 6.2%. Exception reporting was 8.2% for the practice which was similar to the England average at 8.9% but higher than the CCG (5.9%). 100% of newly diagnosed diabetic patients were referred to an education programme within nine months compared to 93.5% for the CCG and 84.4% England average. However diabetic foot checks for patients in 2013/14 were at 54.1% which was significantly below the CCG and England average. The practice was aware of this and had taken action to improve this. At the visit we were assured that all diabetic patients seen by the practice nurse between May 2015 and September 2015 had received a foot check.
- The percentage of patients with hypertension having regular blood pressure tests reflected the CCG and the England average at 83.1%, 83.1 % and 79.2% respectively.
- Performance for mental health related and hypertension indicators was 87.5% which was same as the CCG (87.5%) and slightly higher than the England average (82.9%).
- Patients who had a diagnosis of dementia who's care had been reviewed in the last 12 months was 100% which was higher than the CCG average at 86.6% and the England average at 77.9%.

The GPs we spoke with confirmed that clinical audits were carried out and we saw evidence of these including one undertaken as a result of a significant event. The audit reviewed patients over the age of 35 who were prescribed the combined oral contraceptive pill and risk factors of developing a thrombosis. The outcome of the audit was the development of a practice proforma to assist in identifying patients at risk and a change in medicine for some patients.

Secondary care referrals were monitored and the GPs carried out weekly peer reviews of each other's referrals to identify if the referrals made were appropriate. The peer review referral audit for August 2015 reviewed 45 referrals. In addition the practice participated in a CCG request to audit the type of referrals made and to assess the appropriateness of the referral and to identify if an alternative treatment option could have been used. These audits supported the learning and development of the clinicians and promoted best practice for patient care.

The practice nurse told us of the plans to introduce a planned programme of clinical audits which all clinicians would be involved in and these would be reviewed at least on an annual basis. The practice participated in applicable local audits, local and national benchmarking, accreditation and peer review.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. All staff spoke highly of their working environment and the support they received from the practice manager and the GP partners.

Good

Are services effective?

(for example, treatment is effective)

- The practice staffing had increase in the last 12 months to meet the growing needs of the patient list size. The practice manager was proactive in monitoring the roles, responsibilities, the skill mix and demands on staff time to ensure staffing levels were appropriate.
- The practice had an induction programme and all staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to, and made use of, e-learning training modules and in-house training.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had received an appraisal within the last 12 months.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services and special patient notes were used to inform Out of Hours providers of patients with specific needs for example when nearing end of life.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a regularly and included palliative care, health visitor and school nurses.

All patients assessed as at risk of admission to hospital had a care plan in place this included patients with dementia and patients living in a care home. These patient 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 of legislation and guidance, including 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 patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

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, smoking and help with social issues.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme in 2013/14 was 80% which was slightly higher than the CCG average of 78.5% and the England average of 76.9%. More up to date data supplied by the practice (ending September 2015) showed that cervical screening was 100%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, data from 2014/15 showed childhood immunisation rates for the vaccinations given to under two year olds ranged from 78.4% to 89.2% and five year olds from 90.7% to 83.7%. Uptake of seasonal flu vaccination for the over 65s in 2013/14 were 88.2% and at risk groups 78.39% These were higher than the national averages of 73.24% and 52.29% respectively.

Good

Are services effective?

(for example, treatment is effective)

Patients had access to appropriate health assessments and checks. These included NHS health checks for people aged 35–74. Appropriate follow-ups on the outcomes of health assessments and checks were made where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Throughout the inspection we observed that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

All 16 of the completed CQC comment cards we received were positive about the GPs, nurses and reception staff. Patients told us they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. We also spoke with one patient on the day of the inspection and three members of the patient reference group (PRG) the day after the inspection. All were complimentary about the staff, the care provided by the practice and they said their dignity and privacy was respected.

Results from the national GP patient survey showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. The practice performance was similar to Clinical Commissioning Group (CCG) and England averages for consultations with doctors and nurses. For example:

- 87% said the GP was good at listening to them compared to the CCG average of 92% and national average of 89%.
- 82% said the GP gave them enough time compared to the CCG average of 89% and national average of 87%.
- 97% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%.
- 82% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.
- 91% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 90%.
- 93% said the receptionists at this surgery were helpful compared to the CCG average of 89% and national average of 87%.
- 86% described their overall experience of this surgery as good compared to the CCG average of 87% and national average of 85%.
- 85% would recommend this surgery to someone new to the area compared with a CCG average 81% and a national average of 78%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and 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 on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey we reviewed showed patients were satisfied with regards to questions about their involvement in planning and making decisions about their care and treatment and results were slightly below local and national averages. For example:

- 79% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 76% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 81%,

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

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers and written information was available for carers to ensure they understood the various avenues of support available to them.

Good

Are services caring?

Staff told us that if families had suffered bereavement, support was offered as required. The practice told us that they sent out sympathy cards to bereaved patients. One feedback comment card told us about the support they received from Dr Gupta following a family bereavement.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice monitored the service it provided and listened to patients. It was responsive to patients' needs and evidence was available demonstrating it was responding to challenges and forward thinking to develop and improve the level of service provided. Services were planned and delivered to take into account the needs of different patient groups and to help ensure flexibility, choice and continuity of care. For example:

- The practice offered pre-bookable appointments to assist people who worked. These included Tuesday evenings until 7.30pm, Thursday mornings from 7.30am and one Saturday per month 8.30am to 10.30am.
- The practice worked closely with a residential care home to support and manage the care of patients living there. The practice carried out a planned weekly visit to the home. This had reduced the number of requests for GP home visits and admissions to hospital through Accident and Emergency (A&E). In addition the care home staff were supported to care for residents at the end of their life without them being admitted into hospital.
- Home visits were available for older patients / patients who would benefit from these.
- The practice had a very flexible process for seeing patients during their surgery times. Urgent access appointments were available for children and those with serious medical conditions. The practice also offered telephone consultations.
- The practice held nasal flu parties for toddlers (ages 2-4). The uptake of this service had been high.
- People assessed as being at high risk of admission to hospital or had a diagnosis of dementia had agreed care plans in place which were monitored and reviewed regularly.
- There were disabled facilities and translation services available.

Access to the service

The practice's main opening times were Monday to Friday 8am to 6.30pm. The practice offered a daily open surgery from 8.30am to 10.30 am. Any patient arriving between these times was guaranteed to see a doctor. In addition urgent appointments were available each day as well as pre-bookable appointments. Appointments outside the main working hours (extended hours) were available two day per week and one Saturday per month. The practice also carried out home visits and telephone consultations with a GP. Appointments with the practice nurse and health care assistant were pre-booked.

The practice had consulted with its patient reference group (PRG) in 2014 by emailing them questionnaires about different aspects of the service and this included access to appointments. In response to the PRG feedback and to meet local and national initiatives to improve patient access the practice had doubled the number of appointments available (Tuesday evenings and Thursday mornings).

Feedback comment cards from patients repeatedly stated they found the open surgeries each morning very useful and they did not mind waiting because they knew they would be seen.

Results from the national GP patient survey showed that patient's satisfaction with access to the surgery and appointments was reflective of or higher than local and national averages. For example:

- 89% of patients were able to get an appointment to see or speak to someone the last time they tried compared with the Clinical Commissioning Group (CCG) average of 88% and the England average of 85%.
- 95% of patients said they could get through easily to the surgery by phone compared to the CCG average of 78% and the national average of 73%.
- 80% patients described their experience of making an appointment as good compared to the CCG average of 76% and the national average of 73%.
- 69% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and the national average of 75%.

Listening and learning from concerns and complaints

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

Staff confirmed they responded to patient's concerns, attempted to rectify the issue if able and offered them the opportunity to complain through the practice's procedure.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Clinical meeting minutes showed that complaints were a standing item on the agenda. The practice had only received two complaints in the last twelve months. Records showed these were acknowledged, investigated and responded to appropriately.

The practice had a Duty of Candour policy and offered patients opportunities to have face to face meetings to discuss any issues. Discussion with the practice manager identified that patients concerns received but not formalised within the complaints process were responded to appropriately and recorded.

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 been through a period of significant growth in the last 12 months. It had moved to larger premises, increased its patient list size and staffing complement. Despite these changes, Dr Gupta's leadership had ensured that the culture in the practice remained patient focused and true to its vision to deliver high quality care and promote good outcomes for patients. Dr Gupta was supported by a team including the practice manager, practice nurse and two GPs with complimentary skills and experiences. There was an ethos of working together to promote best practice and support personal development. All the staff spoken with were aware of the practice's vision, values and future development and they were enthusiastic and committed to working together to achieve this. The practice had a robust strategy and supporting business plans which reflected the vision and values and these were monitored.

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 with staff being aware of their own roles and responsibilities.
- The practice development plan (business plan) identified key responsibilities for team members. These were reflected in each staff member's appraisal and personal development plan.
- Practice specific policies were up to date, implemented and were available to all staff.
- Staff had comprehensive understanding of the performance of the practice, and an awareness of their contribution to this.
- Clinical and internal audits were undertaken.
- Clinical peer reviews were carried out monthly to ensure that all referrals to secondary care were appropriate. These reviews enabled clinicians to ensure best practice was followed and supported personal development.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

Dr Gupta had the experience, capacity and capability to run the practice and to ensure high quality care. Dr Gupta, supported by her team, prioritised safe, high quality and compassionate care. The GPs and the practice manager were visible in the practice and staff told us that they were approachable and took the time to listen to all members of staff. Dr Gupta encouraged a culture of openness and honesty.

Staff told us that team meetings were held regularly and full team meetings were held if required. Weekly clinical meeting were held and the minutes from these were shared by email. Staff were confident in raising issues and concerns and said they felt supported when they did. Staff were aware of the practice's whistleblowing policy, all staff spoken with felt any issue could be discussed openly without fear or repercussion

Staff were enthusiastic and motivated. They said they all worked as part of a team, and felt respected, valued and supported.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient reference group (PRG) and through surveys and complaints received. The patient reference group was a virtual group as they were consulted by emails about different issues affecting the practice of service delivery. The patient reference group had 80 members. The practice manager analysed feedback from patients and produced reports in response to this with actions to improve service delivery. The reports were available on the practice website.

Innovation

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and looked continuously for ways to enhance the care they gave to patients. Plans were in place to develop different aspects of the service provided and these included introducing a formalised clinical auditing programme with timescales for regular review; improving the practice strategy and approach to patients

Are services well-led?

Good

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

with a learning disability, moving the patient electronic record system to more a widely used electronic system and extending the range of service to offer a family planning service.

The practice was proactive in working collaboratively with multi-disciplinary integrated teams to care for high risk patients. The practice worked closely with the Clinical Commissioning Group (CCG).

The practice recognised future challenges and areas for improvement. Complaints were investigated, reviews of significant events and other incidents were completed and learning was shared from these with staff to ensure the practice improved outcomes for patients.