

# Dr George Ahad (Also known as Station Surgery)

## 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

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11
Areas for improvement	11
Outstanding practice	11

### Detailed findings from this inspection

Our inspection team	12
Background to Dr George Ahad (Also known as Station Surgery)	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr George Ahad's surgery on 28 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 generally assessed and well managed. There was no risk assessment for the presence of legionella or building electrical safety certificate on the day of inspection but we saw evidence that the practice had arranged for these to be done in the week following our inspection.
- 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 offered a "Father Christmas" baby clinic every year when Father Christmas attended the practice and gave out presents.
- Patients praised the caring nature of staff and said that they would go above and beyond normal practice to offer support to patients and we saw evidence of this.
- 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 the principal 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.

# Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw one area of outstanding practice:

- The practice had developed a system of monitoring patients who were referred to the hospital for urgent assessment (the two-week wait rule). They monitored that the appointments were timely and that patients attended. If a patient failed to attend, practice staff contacted them to ensure that they were seen at the hospital.

The areas where the provider should make improvement are:

- Introduce records of checks carried out on clinical equipment and medications and for clinical equipment cleaning.
- Implement any control measures identified by a legionella risk assessment and building electrical safety check.
- Introduce a formal system for documentation of reviews of actions taken as a result of significant events, complaints and patient safety alerts.
- Implement systems to improve the identification of carers in 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.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Risks to patients were generally assessed and well managed. Practice clinical equipment was cleaned and checked regularly although there was no formal log for this. There was no risk assessment for the presence of legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings) or building electrical safety certificate on the day of inspection but we saw evidence that the practice had arranged for these to be done in the week following our inspection. Emergency equipment and medications were available and fit for use and we were told that they were checked regularly although there was no log of these checks.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement. Findings were used to improve services, for example the identification and support of patients at risk of developing diabetes.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. There was a comprehensive training programme for staff.
- There was evidence of appraisals and personal development plans for all staff.

# Summary of findings

- 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.

- All of the 55 patient comment cards that we received were positive about the standard of care and said staff were helpful and very supportive.
- 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 had only identified 14 patients as carers and told us that they would try to improve this.
- We saw evidence of support for bereaved families. Staff told us that because the practice was small they felt more personally involved with patients.

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. Staff met with other local practices and the CCG every two months to discuss service developments.
- Patients said they found it easy to make an appointment with the GP and there was continuity of care, with urgent appointments available the same day.
- The practice had a comprehensive home visit policy which identified any needs for any patients needing urgent attention.
- 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.

Good



## Are services well-led?

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

Good



# Summary of findings

- The practice had a clear vision 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.
- The practice had governance arrangements which supported the delivery of the strategy and good quality care. This included protocols and procedures to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The GP principal encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active. The practice had extended all patient appointments with the GP from 10 to 15 minutes following the results of the national GP patient survey.
- There was a focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people and offered home visits and urgent appointments for those with enhanced needs.
- Patients at risk of unplanned admission to hospital had an agreed recorded care plan in place to support them and their carers to take appropriate action when the patient's health needs deteriorated.
- The practice contacted those vulnerable elderly patients when they were discharged from hospital after an unplanned admission and arranged for any necessary support.
- The practice offered a minor surgery clinic to patients on the premises every week.

### People with long term conditions

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

Good



- The practice nurse was trained in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was higher than the national average. For example, the percentage of patients with blood pressure readings within recommended levels (140/80 mmHG or less) was 84% compared to the CCG average of 79% and national average of 78%.
- 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.
- The practice identified patients at risk of diabetes, established clear policies for their review and developed a patient leaflet to provide lifestyle advice and support.
- A podiatrist visited the practice each month to provide foot checks for diabetic patients.

# Summary of findings

- The practice provided a blood monitoring service for patients who were taking blood-thinning medications for heart conditions.

## 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. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 83%, which was comparable to the local average of 85% 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. The practice held a "Father Christmas baby clinic" every December. Father Christmas attended the baby clinic and gave presents to the children who attended.
- The practice sent congratulations cards to new mothers and invited them to make the appropriate post-natal appointments with the practice. The practice followed up patients who did not respond.

Good



## Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered a 'Commuter's Clinic' on Monday, Wednesday and Friday evening until 7pm for working patients who could not attend during normal opening hours. There were also appointments available every other week on a Saturday morning from 9.30am to 12.30pm.

Good





# Summary of findings

- The practice was proactive in offering online services 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

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

Good



- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability and for those with complex needs.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. Meetings were held monthly to discuss patients' health and social care needs.
- 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.
- We saw that the principal GP had provided support to vulnerable patients outside of normal working hours in evenings and weekends and these patients were given the GP mobile number for easy contact.
- A monthly clinic for patients who had a history of drug or alcohol misuse was offered on the premises, run by the GP and a member of the community substance misuse team.
- The practice welcomed vulnerable patients including refugees new to the UK.
- Following an audit, the practice revised the practice policy in relation to the identification of patients who were in need of end of life care to ensure timely identification and support.

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

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

Good



- Performance for mental health related indicators was higher than the local and national averages. For example, 96% of people experiencing poor mental health had a comprehensive, agreed care plan documented in the record compared to the CCG average of 92% and national average of 89%.

# Summary of findings

- 100% of patients diagnosed with dementia had their care reviewed in a face-to-face review compared to the CCG average of 91% and national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had informed 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 accident and emergency 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.

# Summary of findings

## What people who use the service say

What people who use the practice say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing variably when compared to local and national averages. There were 344 survey forms distributed and 101 returned (29%). This represented 3.8% of the practice's patient list.

- 91% of patients found it easy to get through to this practice by phone compared to the local average of 71% and the national average of 73%.
- 94% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local average of 88% and the national average of 85%.
- 83% of patients described the overall experience of this GP practice as good compared to the local average of 89% and the national average of 85%.
- 66% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local average of 81% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 55 comment cards which were all positive about the standard of care received. Patients praised the support and personal care offered by the staff and said that they felt that they received excellent care. Two of the cards said that they sometimes found it difficult to book an appointment and nine made comments regarding the long wait in the surgery before an appointment. Two of these also mentioned a problem with staff attitude. However, many of the cards praised the care and attention to detail that they experienced saying that they felt that they were always listened to and understood and never felt rushed.

We spoke with two patients during the inspection and three patients by telephone afterwards. All five 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 areas where the provider should make improvement are:

- Introduce records of checks carried out on clinical equipment and medications and for clinical equipment cleaning.
- Implement any control measures identified by a legionella risk assessment and building electrical safety check.
- Introduce a formal system for documentation of reviews of actions taken as a result of significant events, complaints and patient safety alerts.
- Implement systems to improve the identification of carers in the practice.

## Outstanding practice

- The practice had developed a system of monitoring patients who were referred to the hospital for urgent assessment (the two-week wait rule). They monitored that the appointments were timely and that patients attended. If a patient failed to attend, practice staff contacted them to ensure that they were seen at the hospital.

# Dr George Ahad (Also known as Station Surgery)

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Dr George Ahad (Also known as Station Surgery)

Dr George Ahad's practice, also known as Station Surgery, is situated at 8 Golden Hill Lane in the Leyland area of Lancashire at PR25 3NP, serving a mainly urban patient population. The building was formerly a business premises and is a single-storey building. The practice provides level access for patients to the building with disabled facilities available.

There is parking provided for patients in the practice car park and the practice is close to public transport.

The practice is part of the Chorley with South Ribble Clinical Commissioning Group (CCG) and services are provided under a General Medical Services (GMS) Contract with NHS England.

There is one male GP assisted by a female practice nurse. A practice manager and three additional administrative and reception staff also support the practice.

The practice is open from Monday to Friday from 8am to 6.30pm and extended hours are offered on Monday, Wednesday and Friday from 6.30pm to 7pm and every

other week on Saturday from 9.30am to 12.30pm. Appointments are offered from 9.30am to 12.30pm and from 4pm to 6.15pm on weekdays, with additional appointments on Mondays, Wednesdays and Fridays at 6.30pm and 6.45pm and from 9.30am to 12.15pm on Saturdays. When the practice is closed, patients are able to access out of hours services offered locally by the provider Go to Doc by telephoning 111.

The practice provides services to 2,654 patients. There are lower numbers of patients aged over 55 years of age (22%) than the national average (28%).

Information published by Public Health England rates the level of deprivation within the practice population group as seven on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Both male and female life expectancy is comparable to the national average, 82 years for females compared to 83 years nationally and 79 years for males, the same as the national figure.

Despite a younger population, the practice has a higher proportion of patients experiencing a long-standing health condition than average practices (58% compared to the national average of 54%). The proportion of patients who are in paid work or full time education is the same as the local and national average of 62% and the proportion of patients with an employment status of unemployed is 12% which is much higher than the local average of 3% and the national average of 5%.

# Detailed findings

## 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 28 November 2016. During our visit we:

- Spoke with a range of staff including the principal GP, the practice nurse and three members of the practice administration team.
- Spoke with two patients who used the service and three patients on the telephone afterwards.
- Observed how staff interacted with patients and talked with family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under 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) and the practice had a duty of candour policy which it followed.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written or verbal apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events. The practice team discussed and shared learning points from events at practice meetings and told us that they reviewed actions taken. We heard details of one review from staff; however, there was no formal documentation of this. The practice told us that they would implement a formal review process following our inspection.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. The practice had a comprehensive protocol to share and act on safety alerts which it followed. It recorded actions taken on the alerts and stored them on the practice shared computer system. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice reviewed its policy for taking requests for patient home visits following a patient safety alert detailing an adverse event, so that they could ensure that they dealt appropriately with requests for urgent home visits.

### 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 local requirements. 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 lead member of staff for safeguarding. The GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. The principal GP was trained to child protection or child safeguarding level three and the practice nurse to level two. There were lists of contact numbers for staff reporting concerns on the wall of the reception office.
- 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).
- The practice maintained appropriate standards of cleanliness and hygiene. Cleaning schedules were in place and there were regular cleaning audits. We observed the premises to be clean and tidy. Practice clinical equipment was cleaned and checked regularly although there was no formal log for this. The practice nurse 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 received training on induction and were updated every year. Infection control audits were undertaken every three months 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). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy

## Are services safe?

teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow the nurse to administer medicines in line with legislation.

- We reviewed three personnel files and found 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 generally assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments and carried out monthly fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and gas safety. The practice had arranged for legionella testing annually (legionella is a term for a particular bacterium which can contaminate water systems in buildings), however there was no evidence of risk assessment for this. There was also no building electrical safety certificate available. We saw evidence that the practice had arranged for both of these to be done in the week following the inspection.
- The practice reviewed risk assessments for staff roles and working situations every three years or more often if circumstances changed.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed

to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. When the principal GP was absent, the practice used locum GPs, usually the same two locums each time. When the practice nurse was away, there were arrangements to provide some nursing cover with a neighbouring practice. At the time of the inspection, the practice was in the process of trying to recruit a second GP.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- The practice had developed a protocol to assess whether a patient needed emergency care when they telephoned the practice and staff knew how to assess the need for this.
- 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. We were told that staff checked emergency equipment regularly and we saw that it was safe to use, however, there was no documentation of these checks. A first aid kit and accident book were available.
- The practice had developed an incident drill flowchart which was on the wall in the reception office. This set out clearly the steps that staff should take if there was a patient emergency situation in the practice.
- 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 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 patients' needs.
- The practice monitored that these guidelines were followed through risk assessments and audits.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98.2% of the total number of points available. Exception reporting was 8.2% which was lower than the local clinical commissioning group (CCG) level of 10.7% and national average of 9.8%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was comparable to or higher than the national average. For example, blood measurements for diabetic patients showed that 78% of patients had well controlled blood sugar levels compared with the CCG average of 82% and national average of 78%. Also, the percentage of patients with blood pressure readings within recommended levels (140/80 mmHG or less) was 84% compared to the CCG average of 79% and national average of 78%.
- Performance for mental health related indicators was higher than the local and national averages. For example, 96% of people experiencing poor mental health had a comprehensive, agreed care plan documented in the record compared to the CCG average

of 92% and national average of 89%. Also, 100% of patients diagnosed with dementia had their care reviewed in a face-to-face review compared to the CCG average of 91% and national average of 84%.

There was evidence of quality improvement including clinical audit.

- There had been four clinical audits completed in the last year, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, as a result of an audit of patients identified at risk of diabetes, the practice established clear policies for the review of patients who were at risk. The practice also developed a leaflet to be given to these patients to provide lifestyle advice and support.
- The practice used an audit of patients receiving end of life care to assess whether they had been appropriately identified and supported. As a result of this audit, the practice policy in relation to the identification of these patients was revised to ensure timely identification and support.

Information about patients' outcomes was used to make improvements such as improving the prescribing of certain antibiotics for pregnant patients. The practice also produced a protocol for antibiotic prescribing to be given to any locum GP working in the practice.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an 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. For example, for those reviewing patients with long-term conditions. All staff had trained in conflict resolution and had undertaken training in dementia awareness and how to be dementia patient friendly. The practice



# Are services effective?

## (for example, treatment is effective)

nurse had undertaken online training in initiating insulin for diabetic patients and was awaiting face-to-face training to increase their expertise before they started to practice.

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources and discussion at practice meetings. The practice nurse attended local practice nurse forums.
- 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 their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for GP revalidation. All staff had received an appraisal within the last 12 months; a nurse practitioner at a neighbouring practice appraised the practice nurse.
- 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 and external training.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on

a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. Services attending these meetings included representatives from both health and social care organisations. The practice nurse contacted all vulnerable patients who had an unplanned admission to hospital when they were discharged and arranged for further care and a home visit if necessary.

The practice had developed a thorough monitoring system to ensure that patients referred to the hospital for urgent assessment under the two-week wait protocol were offered an appointment and were seen appropriately. The practice monitored that appointments were offered within two weeks and then ensured that the patient had attended. They contacted patients who did not attend for their appointment to ensure that they were going to be seen at the hospital in future.

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and patients experiencing drug abuse. Patients were signposted to the relevant service.
- A monthly clinic for patients who had a history of drug or alcohol misuse was offered on the premises, run by a GP and a member of the community substance misuse team.
- Smoking cessation advice was available from a local support group.

# Are services effective?

(for example, treatment is effective)

The practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG average of 85% 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. The practice demonstrated how they encouraged uptake of the screening programme for those with a learning disability and they ensured a female sample taker was available. 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. They displayed posters in the patient waiting area. Figures for attendance at these programmes showed that 60% of patients invited to attend breast screening had attended, compared to the CCG average of

71% and the national average of 72% and for those attending for bowel screening, figures indicated that 46% had attended compared to 59% for the CCG and 58% nationally.

Childhood immunisation rates for the vaccinations given were comparable to or higher than the CCG average. For example, childhood immunisation rates for the vaccinations given to one year olds were all 100% compared to the CCG averages of 97% to 98% and for five year olds from 91% to 97% compared to the CCG averages of 90% to 99%.

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. The practice used a comprehensive pre-appointment health questionnaire for patients with learning disabilities when inviting them for health screening. 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.

- 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. There was a television on in the waiting area to help protect patient privacy.
- 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 55 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. Two of the cards said that they sometimes found it difficult to book an appointment and nine made comments regarding the long wait in the surgery before an appointment. Two of these also mentioned a problem with staff attitude. However, many of the cards praised the care and attention to detail that they experienced saying that they felt that they were always listened to and understood and never felt rushed.

We spoke with one member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed the degree to which patients felt they were treated with compassion, dignity and respect. The practice was below average for its satisfaction scores on consultations with GPs and higher than average for nurses. For example:

- 70% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.

- 76% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 89% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 73% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 85%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 100% of patients said they had confidence and trust in the last nurse they saw compared to the CCG average of 97% and the national average of 97%.
- 97% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

The practice had considered the results of the survey and had implemented some measures to try to improve results. They had increased the patient appointment time with the GP from 10 to 15 minutes for all patients. They had also booked an effective consultation course for the GP for May 2017.

Patient comment cards praised the caring nature of staff and said that they would go above and beyond normal practice to offer support to patients and we saw evidence of this. Cards told of instances where the principal GP had provided support to vulnerable patients outside of normal working hours in evenings and weekends and these patients were given the GP mobile number to be used if needed at any time.

### 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 personalised.

Results from the national GP patient survey showed how patients responded to questions about their involvement

## Are services caring?

in planning and making decisions about their care and treatment. Results were lower than local and national averages in relation to GPs and higher in relation to nurse consultations. For example:

- 73% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 64% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the 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 88% and the national average of 85%.

Patient comment cards did not align with the survey results for consultations with the GP and the practice hoped that the planned consultation skills course would help to address these results.

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.
- Information leaflets were available in easy read format.
- The practice had access to a signing service for any patients with hearing difficulties.
- A hearing loop system was available for those people with hearing impairment.

### **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. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 14 patients as carers (0.5% of the practice list). They were aware that this figure was low and told us that they planned to improve the identification of carers by using the notice boards in reception and raising awareness in staff. All carers were invited to have a 'flu vaccination and written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them and sent them a sympathy card and support information. This call was usually followed by a patient consultation at a flexible time and location to meet the family's needs. We saw evidence that patients appreciated this support and sent cards to the practice to thank staff for their care. Comment cards told of occasions when support had been offered in times of bereavement. For example, following a difficult bereavement, the practice had, with the permission of the family, raised funds for a local charity of the family's choice. Staff told us that because the practice was small, they felt more personally involved with patients.

# 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. Staff met with other local practices and the CCG bi-monthly to discuss service developments including the treatment room service, phlebotomy service and any new services available.

- The practice offered a 'Commuter's Clinic' on a Monday, Wednesday and Friday evening until 7pm for working patients who could not attend during normal opening hours. They also opened on every other Saturday from 9.30am to 12.30pm.
- There were longer appointments available for patients with a learning disability and for those with complex needs.
- Home visits by both the GP and the nurse were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children, vulnerable patients and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice welcomed vulnerable patients including refugees new to the UK. They carried out new patient health checks and children's vaccinations and immunisations as needed.
- A podiatrist visited the practice each month to provide foot checks for diabetic patients.
- The practice provided a blood monitoring service for patients who were taking blood-thinning medications for heart conditions.
- The practice offered a clinic for patients with drug and alcohol problems each month that was run jointly by the GP and the community substance misuse service.
- The practice had submitted a development request on behalf of a patient who had visual impairment for software that would "speak" to them when they were using patient access facilities online and were waiting to hear whether it had been accepted.

- The practice sent congratulations cards to new mothers and invited them to make the appropriate post-natal appointments with the practice. The practice followed up patients who did not respond.
- A midwife team provided clinics every week and clinics for baby vaccinations and immunisations were held weekly. The practice held a "Father Christmas baby clinic" every December. Father Christmas attended the baby clinic and gave presents to the children who attended.
- Patients were able to attend audiology appointments in the same building at clinics held at least once a week.
- The practice offered a minor surgery clinic to patients on the premises every week to offer joint injections and excisions.
- A phlebotomist provided clinics to take patient bloods every week.
- Staff ensured that no patient was without important medication overnight and would take medications to patients' homes if necessary.

### Access to the service

The practice was open from Monday to Friday from 8am to 6.30pm and extended hours were offered on Monday, Wednesday and Friday from 6.30pm to 7pm and every other week on Saturday from 9.30am to 12.30pm. Appointments were from 9.30am to 12.30pm and from 4pm to 6.15pm on weekdays, with additional appointments on Mondays, Wednesdays and Fridays at 6.30pm and 6.45pm, and from 9.30am to 12.15pm on Saturdays. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. The practice also offered telephone appointments and online access to appointment booking.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was higher than the national average.

- 77% of patients were satisfied with the practice's opening hours compared to the national average of 76%.
- 91% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

# Are services responsive to people's needs?

(for example, to feedback?)

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.

They had developed a protocol for staff and a home visit request form which was completed when a patient requested a visit. This detailed the reasons for the request and listed those instances when it would be inappropriate to wait for a home visit. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait, alternative emergency care arrangements were made. This protocol had been reviewed following a patient safety alert regarding an adverse event to ensure that it was following best practice. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

## 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 responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system and leaflets were available in the practice reception area.

We looked at two complaints received in the last 12 months and found they had been dealt with in a timely way and with openness and honesty. Both written and verbal complaints were recorded. Lessons were learnt from individual concerns and complaints and action was taken as a result to improve the quality of care. For example, following a complaint regarding a patient experience of waiting in the waiting room, the daily task policy for reception staff was amended to include checking that the television channel was suitable for patients waiting and that staff would inform patients waiting if there was a delay in appointments of more than 30 minutes. The patient self-check-in system was also amended to show the length of wait for an appointment with the nurse and GP when the patient checked in.



# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement to “provide a high quality of care to our patients and a happy and safe environment for patients and staff” and staff knew and understood the values.
- The practice was in the process of recruiting another GP and said that they intended to produce a formal business plan when this was completed.

### 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. Staff were multi-skilled to enable better cover at times of staff absence.
- Practice specific policies were implemented and were available to all staff. There was regular review of these to ensure that they were current.
- A comprehensive understanding of the performance of the practice was maintained.
- Clinical and internal audit was used to monitor quality and to make improvements.
- The practice liaised with other practices and agencies in the neighbourhood to shape services and improve communication. They shared education meetings with neighbouring practices and discussed arrangements for federating as a group of practices to provide better sustainability and access to services. This federation was already operating without any legal or formal agreement and plans were in place to move this forward.
- There were generally good arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection the principal GP in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care.

They told us they prioritised safe, high quality and compassionate care. Staff told us the GP and manager were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance 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). This included support and training for all staff on communicating with patients about notifiable safety incidents and on handling complaints. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- 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. Whole practice meetings took place quarterly as did management meetings. Minutes of meetings were shared on the practice computer system.
- 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. The practice paid for a staff event every year. Staff turnover was relatively low and two staff members had been with the practice for more than 15 years.
- Staff said they felt respected, valued and supported, particularly by the principal GP. All staff were involved in discussions about how to run and develop the practice, and the principal GP encouraged all members of staff to identify opportunities to improve the service delivered by the practice. For example, a staff member had changed the way the patient blood test request forms were stored in order to make them more accessible.

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

# Are services well-led?

Good 

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG was a mainly virtual group which met annually. Patient representatives were consulted regarding the content of patient surveys and submitted proposals for improvements to the practice management team. The practice considered the results of the GP national survey and carried a survey of its own each year as a comparison. They had found that patient results for both surveys indicated a lack of satisfaction with seeing the same GP. The practice only used GP locums during GP holidays and sometimes at particularly busy times and always tried to use the same locum GPs. They decided to amend the patient appointment booking

protocol so that all patients would be informed if the principal GP was absent and that they would be seeing a locum GP and offer an appointment at a later date or with the nurse if the patient preferred.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run and spoke of an "open door" relationship with management.

## 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 schemes to improve outcomes for patients in the area. They had collaborated with a neighbouring practice to employ a new administrator which they shared. They had also participated in the local initiative to identify patients at risk of diabetes and had developed their own leaflet to give to these patients.