

Dr Saira Zaman

Quality Report

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

Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Summary of findings

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
Outstanding practice	11

Detailed findings from this inspection

Our inspection team	12
Background to Dr Saira Zaman	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 Saira Zaman on 26 January 2016. 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 report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. For example they work as part of a hub that offers improved access for patients and training for nursing staff.
- Feedback from patients about their care was consistently and strongly positive. Patients said they were always treated with compassion, dignity and respect and they were always involved in their care and decisions about their treatment.
- The practice worked closely with other organisations and with the local community in planning how

services were provided to ensure that they meet patients' needs. For example the community link worker took referrals from the practice to help patients with their extra needs, not necessarily medical.

- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group (PPG). For example the PPG supported the reduction of patients who do not attend that included the use of text message reminders.
- 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.
- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.

Summary of findings

- There was a clear leadership structure and staff felt supported by management.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw an area of outstanding practice:

Working in co-operation with another organisation to identify patients that were vulnerable to reduce the risk of fire in their homes. The aim of this scheme was to identify patients at risk of a home fire and to mitigate those risks

as far as was practicable. The practice then identified patients on the practice list who were vulnerable or at risk and referred them, in co-operation with the patient, to the fire service. Then a home fire risk assessment that was provided free of charge and the fitting of a smoke alarm if required.

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



- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- The practice used every opportunity to learn from internal and external incidents, to support improvement. Learning was based on a thorough analysis and investigation.
- Information about safety was highly valued and was used to promote learning and improvement.
- Risk management was comprehensive, well embedded and recognised as the responsibility of all staff.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- All staff acting as a chaperone wear a “chaperone jacket” and a “chaperone name badge” to identify them to the patient. A full explanation of what intervention is to take place is given to the patient and staff member and is recorded in the patient record.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients’ needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the National GP Patient Survey showed patients rated the practice higher than others for almost all aspects of care. For example 81% of respondents usually wait 15 minutes or less after their appointment time to be seen (Clinical Commissioning Group (CCG) average is 66% and the National average is 65%)
- Feedback from patients about their care and treatment was consistently and strongly positive.
- We observed a strong patient-centred culture.
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. For example the practice supported a homeless patient by working with both health and social care agencies to get the patient into accommodation.
- We found many positive examples to demonstrate how patient's choices and preferences were valued and acted on.
- Views of external stakeholders were very positive and aligned with our findings.
- 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

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 Wigan Borough Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had 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 with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- The practice carried out proactive succession planning.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

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.
- All patients in this population group had a named accountable GP and are offered a comprehensive 45 minute review.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people, for example, data showed the percentage of patients with atrial fibrillation and are currently treated with anticoagulation drug therapy or an antiplatelet therapy was 100%. This was 1.5% higher than the national average.
- The practice identified and supported an elderly patient who they recognised had become isolated by referring them to Age UK. This patient now regularly participates in a variety of activities in the local community.
- The practice worked with the CCG “nursing home” pharmacist to reduce polypharmacy/adverse effects of medication for nursing home residents who were registered with the practice.

People with long term conditions

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

Good



- Nursing staff supported by the GPs had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 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 medication needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and social care professionals to deliver a multidisciplinary package of care.

Summary of findings

- The practice worked very closely with the local “breathlessness” service for their patients that may have asthma, chronic pulmonary heart disease (COPD) or heart failure. This was a diagnostic service but also for patients at risk of exacerbation, or those that may need enhanced care.

Families, children and young people

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

Good



- 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.
- 84% of females aged 25-64 had attended cervical screening within the target period. This is comparable to the CCG average and above 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 and health visitors.
- The practice ensured that any children at risk from actual or potential abuse who re-located to their practice or re-located to another area were followed up by arranging a discussion with the appropriate authority to share any known concerns.

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).

Good



- 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 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.
- The practice supports patients to lead healthier lives through offering health checks to new and existing patients. The practice is currently piloting health checks where the patient

Summary of findings

does not need to have a full blood test but just a finger prick. They will monitor this to see if there is an improvement in the uptake of checks and whether the full blood test is proving a barrier for patients.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice supported a homeless patient by working with both health and social care agencies to get the patient into accommodation.
- The practice works with the local learning disability (LD) team and has undertaken joint consultations with a member of the LD team to help and assist patients to have blood taken or smears.

Good



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).

- 76% of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the last 12 months, which is below the national average of 84%. However there are plans in place to address this.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.

Good



Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended 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. Some members of staff had trained and become “Dementia Friends”. A Dementia Friend learns a little bit more about what it's like to live with dementia and then turns that understanding into action.

Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was generally performing the same as local and national averages. 278 survey forms were distributed and 107 were returned. This represented just over 2% of the practice's patient list.

- 84% found it easy to get through to this surgery by phone compared to a CCG average of 78% and a national average of 73%.
- 85% were able to get an appointment to see or speak to someone the last time they tried (CCG average 85%, national average 85%).

- 90% described the overall experience of their GP surgery as fairly good or very good (CCG average 87%, national average 85%).
- 85% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 79%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 37 comment cards which were all positive about the standard of care received.

Outstanding practice

The practice worked in co-operation with another organisation to identify patients that were vulnerable to reduce the risk of fire in their homes. The practice was involved in the partnership agreement between Greater Manchester Fire and Rescue Service (GMFRS) and Wigan Integrated Neighbourhood Teams (INT). The aim of this scheme was to identify patients at risk of a home fire and

to mitigate those risks as far as was practicable. The practice then identified patients on the practice list who were vulnerable or at risk and referred them, in co-operation with the patient, to the fire service. Then a home fire risk assessment that was provided free of charge and the fitting of a smoke alarm if required.

Dr Saira Zaman

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Saira Zaman

Dr Saira Zaman is one of several practices that are located in Worsley Mesnes Health Centre. The practice is also known as Grange Medical Practice. At the time of our inspection there were 4102 patients registered with the practice. It is overseen by NHS Wigan Borough Clinical Commissioning Group (CCG).

There are a higher proportion of patients above 65 years of age (20.1%) than the practice average across England (16.7%). There are a high proportion of patients registered who are from a socially deprived background.

There are two GPs, one female and one male, and a trainee doctor supported by an advanced nurse practitioner, a practice nurse and a healthcare assistant. There is also a practice manager, a finance manager and supporting administration and reception team.

The practice is also approved as a training site. All trainees are fully qualified doctors who have to complete a placement in an approved general practice.

The practice delivers commissioned services under the General Medical Services (GMS) contract. It offers direct enhanced services for the childhood vaccination and

immunisation scheme, extended hours access, facilitating timely diagnosis and support for people with dementia, influenza and pneumococcal immunisations, minor surgery and rotavirus and shingles immunisation.

The practice is open from 8am to 6.30pm from Monday to Friday with the exception of Monday when there are extended hours until 8pm and Wednesday when the practice closes at 1pm. GP appointments are available from 9am to 12pm and from 3pm until 6pm and until 8pm on a Monday.

Patients can book appointments in person, online, or via the phone. Emergency appointments are available each day. There is an out of hours service available provided by Bridgewater Community Health Care Trust and commissioned by Wigan Borough CCG.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. 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.

Detailed findings

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 26 January 2016. During our visit we:

- Reviewed information available to us from other organisations e.g. NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Spoke with staff, patients and the PPG.
- Spoke with staff from external organisations.
- Reviewed patient survey information.
- Observed how people were being cared for and talked with carers and/or family members
- 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 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)

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 practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

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 that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs 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 relevant to their role. GPs were trained to Safeguarding level 3. The practice ensured that any children at risk from actual or potential abuse who re-located to their practice or re-located to another area were followed up by arranging a discussion with the appropriate authority to share any known concerns.
- 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 check (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). All staff acting as a chaperone wear a "chaperone jacket" and a "chaperone name badge" to identify them to the patient. A full explanation of what intervention is to take place is given to the patient and staff member and is recorded in the patient record.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice manager completed the "General Practice Preventing Infection Together" (GP PIT Programme) overseen by Wigan Borough CCG. This is an Infection Prevention Programme aimed at enabling Primary Medical Care Practices to meet the requirements the Health and Social Care Act. The practice nurse was the infection control lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. The advanced nurse practitioner and the practice nurse were qualified as independent prescribers who could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the GP staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises. The practice worked with the CCG "nursing home" pharmacist to reduce polypharmacy/adverse effects of medication for nursing home residents who were registered with the practice.

Are services safe?

- We reviewed four 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.
- 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.

Monitoring risks to patients

Risks to patients were 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. The practice had up to date fire risk assessments and carried out regular 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 also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella. The building was managed by NHS Property Services.
- 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 that enough staff were on duty.
- The practice worked in co-operation with another organisation to identify patients that were vulnerable to reduce the risk of fire in their homes. The practice was involved in the partnership agreement between Greater Manchester Fire and Rescue Service (GMFRS) and Wigan

Integrated Neighbourhood Teams (INT). The aim of this scheme was to identify patients at risk of a home fire and to mitigate those risks as far as was practicable. This was by means of a home fire risk assessment that was provided free of charge and the fitting of a smoke alarm if required.

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. Staff also had panic alarms available to them.
- 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. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- 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.

We saw evidence that the practice had treated a patient who had fallen ill in the waiting area in a timely and appropriate way prior to the arrival of an ambulance. That early intervention prevented the patient's condition from being worse, and possibly critical.

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 peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). At the time of the inspection the results were 558 of the 559 points available with an 11.6% exception rate. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- The percentage of patients with hypertension having regular blood pressure tests was 100% which is 0.3% above CCG of 99.7% and 2.2% above national average of 97.8%.
- Performance for mental health related indicators was 100% which is above the CCG average of 94.4% and national average of 92.8%.
- The dementia diagnosis rate was 76.2% which is below the national average of 84%. We saw evidence the practice had recognised this and was working towards improving the figures.
- Data demonstrated that the monitoring of patients with long term conditions, for example diabetes, was better than the national average. For example: 90% of patients with diabetes, on the register, had a blood pressure reading (measured in the preceding 12 months) of 140/80 mmHg or less. This is higher than the national average of 88%. 97% of patients on the diabetes register had a record of a foot examination and risk classification within the preceding 12 months. This is higher than the national average of 82%.

Clinical audits demonstrated quality improvement.

- The practice participated in clinical audit which led to improvements in clinical care. We saw evidence that the practice acted upon the results of clinical audits, and that they undertook follow up audits to ensure the management and monitoring of services to improve outcomes for patient was effective. We reviewed an audit to evaluate quality and quantity of fast track referrals of cancer diagnoses as set against national and local standards. We saw audit and re audit had been completed and the results of these were shared with the team through clinical meetings. We also saw as a result of this the GP attended a learning event about cancer care and also had direct links available to the MICE guidance available.

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. It 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. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- 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 during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.

Are services effective?

(for example, treatment is effective)

- Staff received training that included: safeguarding, fire procedures, basic life support, manual handling, chaperoning and infection prevention. Staff had access to and made use of e-learning training modules and face to face 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. Information such as NHS patient information leaflets was also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a regular basis and that care plans were routinely reviewed and updated.

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.
- The process for seeking consent was monitored through records audits.

Supporting patients to live healthier lives

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

- 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 alcohol cessation. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 84%, which was comparable to the CCG average but slightly above 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 by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. 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/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 98% to 100% and five year olds from 98% to 100%.

The practice worked with the community link worker (CLW). The CLW took referrals for patients who need extra help, but not necessarily medical help. It can vary from advice on benefits to social issues such as loneliness and not knowing which services are available and how they can be accessed. This service works in co-operation with Age UK so that patients over 65 will be linked to the services available through them.

The practice supported patients to lead healthier lives through offering health checks to new and existing patients. The practice is currently piloting health checks where the patient does not need to have a full blood test but just a finger prick. They will monitor this to see if there is an improvement in the uptake of checks and whether the full blood test is proving a barrier for patients. 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.
- 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 37 Care Quality Commission patient comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with one member of the patient participation group. 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 patients felt they were treated with compassion, dignity and respect. The practice was similar in its satisfaction scores to CCG and national averages on consultations with GPs and nurses. For example:

- 91% said the GP was good at listening to them (CCG average 90%, national average 89%).
- 88% said the GP gave them enough time (CCG average 88%, national average 87%).
- 89% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%).
- 86% said the last GP they spoke to was good at treating them with care and concern (CCG average 86%, national average 85%).
- 98% said the last nurse they spoke to was good at treating them with care and concern (CCG average 94%, national average 91%).
- 92% said they found the receptionists at the practice helpful (CCG average 90%, national average 87%).

Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. For example the practice supported a homeless patient by working with both health and social care agencies to get the patient into accommodation.

The practice also supported a patient of working age who had discovered they needed major surgery. They also had carer responsibilities for an older relative. The patient was concerned about their finances and how they could care for their relative. The practice, with the consent of the patient, succeeded in getting the patient support from local organisations through this difficult period.

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 on the comment cards we received was also positive and aligned with these views.

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

- 87% said the last GP they saw was good at explaining tests and treatments (CCG average 87%, national average 86%).
- 83% said the last GP they saw was good at involving them in decisions about their care (CCG average 83%, national average 82%).
- 91% said the last nurse they saw was good at involving them in decisions about their care (CCG average 89%, national average 85%).

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

The practice always treated the patient as an individual and tried at all times to respond to their individual needs. Notices in the patient waiting room told patients how to access a number of support groups and organisations.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified patients on the practice list as carers. 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 or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice is open from 8am to 6.30pm from Monday to Friday with the exception of Monday when there are extended hours until 8pm and Wednesday when the practice closes at 1pm. GP appointments are available from 9am to 12pm and from 3pm until 6pm and until 8pm on a Monday. The practice was also working together with other practices in the building to provide GP services on Wednesday afternoons on a rota basis.

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.

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

- 75% of patients were satisfied with the practice's opening hours (CCG average 79%, national average 75%).
- 84% patients said they could get through easily to the surgery by phone (CCG average 78%, national average 73%).
- 41% patients said they always or almost always see or speak to the GP they prefer (CCG average 63%, national average 59%).

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

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.

The practice kept a complaints log for written complaints. We looked at all complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way and there was a culture of openness and transparency by the practice when dealing with the complaint.

Are services well-led?

Good 

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

Our findings

Vision

The practice vision was to work in partnership with their patients and staff to provide the best primary care services possible working within local and national governance, guidance and regulations.

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
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership and culture

The GPs in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. They were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. Whilst there was a clear leadership structure we observed good team working across all levels, both clinical and non-clinical, across the practice.

We saw evidence that a number of practice staff had lead roles external to the practice. The practice manager was the lead practice manager for the CCG locality and chairs the practice manager forum meetings. The practice also engaged with the other co-located practices to share best practice and to undertake some joint working.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- They 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.

- The whole clinical staff team meet monthly to ensure any issues that have arisen can be dealt with promptly, and at this meeting the practice manager highlighted feedback given to them by practice staff.
- Staff told us the practice held regular team meetings. These meetings included all the practice staff, led by the practice manager, and attended by at least one GP. If staff could not attend then they were sent minutes of the meeting to ensure they were kept up to date with developments.
- 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 in doing so and felt supported if they did. We noted that the practice hosted events as a thank you to all staff for their hard work and support.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, 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. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG supported the reduction of patients who do not attend that included the use of text message reminders. The

Are services well-led?

Good 

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

PPG also supported the practice by being involved in the patient survey and also they were instrumental in the introduction of a TV screen that delivered comprehensive patient information in the waiting area.

- 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.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

The practice is also approved as a training site. All trainees are fully qualified doctors who have to complete a placement in an approved general practice. We saw

evidence that the practice will be taking student nurses to train them in practice nursing. The advanced nurse practitioner will be the mentor for these students supported by all clinical and nursing staff.

The ANP, Practice nurse and HCA have all undergone enhanced training to support delivery of care for 'breathless patients' (COPD/Asthma/Heart failure) This allowed the practice to provide rapid review for patients post exacerbation and an overall reduction in admission for respiratory conditions. Care was delivered within practice.

A staff member has undergone training to be a 'cancer champion'. Their role is to help support patients wanting find out more information about cancer, signposting to support services and encouraging participation in screening programmes.

The practice nurse was instrumental in developing a template to support Information systems for practices delivering reviews of older patients. This was rolled out across the CCG for the use of other practices via the data quality group.