

# Dr C Kanneganti & Dr K Gohil (also known as Goldenhill Medical Centre).

## Quality Report

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

## Ratings

### Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr C Kanneganti & Dr K Gohil (also known as Goldenhill Medical Centre) on 07 September 2016. Overall the practice is rated as good.

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

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

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw an area of outstanding practice:

- The practice reached out to the local travelling community to provide information on living healthier lifestyles. For example, the practice staff had visited their homes to promote the uptake of flu vaccinations as they were considered to be an at risk group. Open access to the practice was offered for travellers in order to meet their needs.

# Summary of findings

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

The provider should:

- Improve the recording of action taken following complaints.

**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, information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients and staff had been assessed.
- There were arrangements in place for managing medicines, including emergency medicines and vaccinations.
- The practice maintained appropriate standards of cleanliness and hygiene.

### 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.
- 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 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.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

# Summary of 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.

Good



- 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.
- 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. The complaints records however did not always give a clear indication of the action taken.

## Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. There were arrangements for identifying, recording and managing risks.
- 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 notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

# Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong 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 had a lower than average number of patients in this age group.
- The practice offered proactive, personalised care to meet the needs of the older people in its population. Patients had a named GP.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice offered yearly health checks to all those aged 75 and over.
- Patients at risk of emergency hospital admission had a care plan which was reviewed regularly.
- Patients were invited to attend the surgery for vaccines to prevent illnesses such as the flu and shingles. Home visits were also arranged to facilitate this.
- The practice had a dedicated care home phone line and arranged weekly visits to their largest care home.

### People with long term conditions

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

Good



- The percentage of patients with diabetes, on the register, who had influenza immunisation was 97%, this was higher than the Clinical Commissioning Group (CCG) average and the national average of 94%.
- The practice was taking action to improve the outcomes for patients with asthma, diabetes and chronic obstructive pulmonary disease (COPD). This was by providing self-management plans. The practice offered a specialist diabetic clinic.
- 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.

### Families, children and young people

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

Good



# Summary of findings

- 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.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Same day emergency appointments were available for children.
- Contraception advice and services were offered.
- Full travel vaccination consultation and immunisation were offered.
- In house ante-natal Glucose Tolerance tests were available for pregnant patients (both registered and non-registered).

## **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 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.
- Evening appointments were offered two evenings a week.
- Telephone consultations were offered where appropriate

The practice allowed the temporary registration of students home for holidays

**Good**



## **People whose circumstances may make them vulnerable**

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. All patients with a learning disability were offered an annual health check.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

**Good**





# Summary of findings

- 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.
- Open access to the practice was offered for travellers in order to meet their needs. The practice reached out to this community and involved them in health promotion. For example, the practice staff had visited their homes to promote the uptake of flu vaccinations as they were considered to be an at risk group.

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

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

- Performance for mental health related indicators were higher than the CCG and national averages. For example, 90% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, compared to the 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 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.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing above local and national averages. Three hundred and thirty one survey forms were distributed and 121 were returned. This represented 3% of the practice's patient list.

- 94% of patients found it easy to get through to this practice by phone compared to the CCG average of 75% and the national average of 73%.
- 90% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG and national average of 85%.
- 97% of patients described the overall experience of this GP practice as good compared to the CCG average of 87% and the national average of 85%.
- 92% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG and 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 39 comment cards which were all except for one, positive about the standard of care received. Patients told us that they found the staff to be very helpful, caring and professional. All but one of the 39 patients commented that they were able to get an appointment within a reasonable timeframe. Patients told us that they felt their health problems had been dealt with efficiently and they received prompt referrals where required.

We spoke with two patients during the inspection, one of which was a member of the patient participation group (PPG). Both patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

# Dr C Kanneganti & Dr K Gohil (also known as Goldenhill Medical Centre).

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Dr C Kanneganti & Dr K Gohil (also known as Goldenhill Medical Centre).

The practice of Dr C Kanneganti & Dr K Gohil (also known as Goldenhill Medical Centre) is registered with CQC as a partnership provider operating out of purpose built premises in Goldenhill. Car parking, (including disabled parking) is available at this practice.

The practice holds a General Medical Services contract with NHS England and has extended the provision of a number of additional services including:

- Minor Surgery.
- Glucose Tolerance Testing for pregnant practice and non-practice patients and specialist diabetic clinics.
- Extended appointments.
- Health checks for patients with a learning disability.

The practice is part of the NHS Stoke on Trent Clinical Commissioning Group.

The practice area is one of high deprivation when compared with the local and the national average. The practice has a larger than average number of children registered at the practice.

At the time of our inspection the practice had 4,510 registered patients

The practice staffing comprises of:

- Two GPs (both male, in partnership)
- One Nurse prescriber, and one practice nurse
- The practice manager, who is also a partner, oversees the operational delivery of services with a team of seven administrative staff.

The practice is open 8am to 8pm on Monday, 8am to 7pm on Tuesday and Wednesday, 8am to 1pm on Thursday and Friday from 8am to 8pm. The practice offers extended hours on a Monday and Friday evening where the practice is open until 8pm.

When the practice is closed patients are advised to call the surgery where their call will be diverted after 6.30pm to the designated out of hours service, which is provided by StaffordshireDoctors Urgent Care service (SDUC) based on Campbell Road, Stoke.

# 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 the practice we reviewed information we held and asked key stakeholders to share what they knew about the practice. We also reviewed policies, procedures and other information the practice provided before the inspection day. We carried out an announced inspection on 7 September 2016.

During our inspection we spoke with a range of staff including the GPs, practice nurses, practice manager and members of the reception team. We observed how people were being cared and reviewed the personal care or treatment records of patients. We 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 knew their individual responsibility, and the process, for reporting significant events. Staff told us they would inform the practice manager of any incidents and there was a recording form available. A culture to encourage duty of candour was evident through the significant event reporting process. (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).
- Significant events had been thoroughly investigated. When required, action had been taken to minimise reoccurrence and learning had been shared and discussed formally at clinical meetings.
- Twelve significant events had been recorded within the previous 12 months.

The practice had a formalised system to act on medicines and equipment alerts issued by external agencies, for example from the Medicines and Healthcare products Regulatory Agency (MHRA).

### 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 the risk of 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.
- One of the GP partners was identified as the safeguarding lead within the practice. The GPs attended safeguarding meetings when possible and 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. GPs and nurses were trained to child protection or child safeguarding level three. Other staff had received level one training.

- Chaperones were available when needed. All staff who acted as chaperones had received appropriate training, had a disclosure and barring services (DBS) check and knew their responsibilities when performing chaperone duties. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. 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 had received up to date training.
- 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. We saw that patients who took medicines that required close monitoring for side effects had their care and treatment shared between the practice and hospital. The hospital organised assessment and monitoring of the condition and the practice prescribed the medicines required. The practice had implemented an appropriate system to minimise the potential risk that a patient may be prescribed the medicine without having received the necessary monitoring. The practice had also carried out an audit on their management of patients on one of the medicines that required close monitoring.
- 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. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

## Are services safe?

- 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 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 weekly fire alarm testing was carried out. There was evidence that a recent fire drill had been performed.
- 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
- The practice provided evidence that a legionella risk assessment had been undertaken. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

### 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 was also fitted with panic buttons which were checked on a monthly basis.
- All staff received annual basic life support training.
- 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 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.
- Changes to guidelines were shared and discussed at practice meetings. Action points were discussed and recorded within the minutes of the meeting.

### 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 showed that the practice had achieved 98.6% of the total number of points available. This was higher than the local CCG average of 95% and the national average of 94.8%.

The clinical exception rate was 9.7%, which was slightly higher than the CCG rate of 9.0% and the national rate of 9.2%. (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 October 2015 showed:

Performance was higher than the local and national average in all but one of the diabetes related indicators. For example:

- The percentage of patients with diabetes, on the register, who had influenza immunisation was 97%, this was higher than the CCG average and the national average of 94%. Clinical exception reporting for the practice was 26% compared to the CCG average of 20% and the national average of 18%.

- The percentage of patients on the diabetes register, with a record of a foot examination

and risk classification was 91% compared to the CCG average of 86% and the national average of 88%. Clinical exception reporting for the practice was 5% compared to the CCG average of 10% and the national average of 8%.

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading in the last 12 was 140/80 mmHg or less was 71%. This was lower than the CCG average of 80% and national average of 78%. Clinical exception reporting for the practice was 8% compared to the CCG average of 8% and the national average of 9%.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol was 5 mmol/l or less was 84% compared to the CCG average of 82% and the national average of 81%. Clinical exception reporting for the practice was 9% compared to the CCG average of 10% and the national average of 12%.

Performance for mental health related indicators were higher than the CCG and national averages. For example:

- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the last 12 months was 90%, which was higher than the CCG average of 85% and the national average of 84%. Clinical exception reporting for the practice was 18% compared to the CCG average of 8% and the national average of 8%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the last 12 months was 94% compared with the CCG average of 86% and the national average of 88%. Clinical exception reporting for the practice was 9% compared to the CCG average of 10% and the national average of 13%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the last 12 months



# Are services effective?

## (for example, treatment is effective)

was 91% compared with the CCG average and the national average of 90%. Clinical exception reporting for the practice was 6% compared to the CCG average of 8% and the national average of 10%.

There was evidence of quality improvement including clinical audit. There had been a number of audits completed in the last two year that had been both internally and externally driven. Some of these audits were completed audit cycles, where the improvements made were implemented and monitored. For example, the practice had undertaken an audit of their patients with a type of heart condition to ensure that their care was in-line with NICE guidelines.

### 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. GPs had extended special interests for example in diabetes.
- 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 on line resources and discussion at practice meetings.
- The learning needs of staff were identified through appraisals. All staff had either received an appraisal within the last 12 months or had an appraisal booked. Staff told us they felt supported to continue with their professional development.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

The 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 quarterly basis when care plans were routinely reviewed and updated for patients with complex needs such as end of life care.

### 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 patient records audits.

### Supporting patients to live healthier lives

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



# Are services effective?

(for example, treatment is effective)

- The practice offered a comprehensive range of travel vaccinations.
- Smoking cessation advice was available.
- The practice reached out to the local travelling community to provide information on living healthier lifestyles. For example, the practice staff had visited their homes to promote the update of flu vaccinations as they were considered to be an at risk group. Open access to the practice was offered for travellers in order to meet their needs.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 80% and the national average of 82%.

Data published in March 2015 by Public Health England, showed that the number of patients who engaged with national screening programmes was lower than local and national averages:

- 63% of eligible females aged 50-70 had attended screening to detect breast cancer. This was lower than the CCG average of 74% and national average of 72%.
- 48% of eligible patients aged 60-69 were screened for symptoms that could be suggestive of bowel cancer. This was lower than the CCG average of 55% and national average of 58%.

Staff told us that they were aware of these lower than average figures and planned to provide training for nurses.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 100% (CCG average 97% to 98%) and five year olds from 83% to 94% (CCG average 94% to 98%).

# 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 but one of the 39 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with 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 patients felt they were treated with compassion, dignity and respect. The practice was comparable for its satisfaction scores on consultations with GPs and nurses. For example:

- 88% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 87% of patients said the GP gave them enough time, which was the same as the CCG average and the national average.
- 91% of patients said they had confidence and trust in the last GP they saw compared to the CCG average and the national average of 95%.

- 89% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG and national average of 85%.
- 93% 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%.
- 95% of patients said they found the receptionists at the practice helpful compared to the CCG average and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

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

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:

- 85% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 82% of patients said the last GP they saw was good at involving them in decisions about their care, which was the same as the CCG and the national average.
- 89% 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%.
- 93% of patients said the last nurse they saw or spoke to was good at explaining tests and treatments compared to the CCH average of 92% and the national average of 90%.

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. A translation facility was also on the practice's website.

## Are services caring?

### **Patient and carer support to cope emotionally with care and treatment**

Patients and carers gave positive accounts of when they had received support to cope with care and treatment. We heard a number of positive experiences about the support and compassion they received. For example, one patient commented that they used the service for their relative and had received very good service and not had to wait long for anything they needed.

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 59 patients as carers (1.3% of the practice list). Self-referral forms were available for patients to complete. Patients who were also a carer were offered an annual health check to assess their well being.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- The practice offered evening appointments up to 7pm on a Monday and Friday evening for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients who may need extra time and care.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. This included weekly planned visits to a local care home and a dedicated care home phone line.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Online services for booking appointments and ordering repeat prescriptions were available.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities, a hearing loop and translation services available.

### Access to the service

The practice was open between 8am and 8pm on Monday, 8am and 7pm on Tuesday and Wednesday, 8am and 1pm on Thursday and Friday from 8am to 8pm. The practice offered extended hours on a Monday and Friday evening where the practice was open until 8pm.

Appointments were from 9am to 7pm on Monday and Friday. Morning appointments on Tuesdays, Wednesdays and Thursday were from 9am to 12pm and afternoon appointments on Tuesday and Wednesday were from 3.30pm to 6pm. The practice was closed on Thursday afternoon. Extended hours appointments were offered each Monday and Friday evening up to 7pm. In addition to pre-bookable appointments that could be booked 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 above local and national averages.

- 84% of patients were satisfied with the practice's opening hours compared to the CCG average of 81% and the national average of 78%.
- 94% of patients said they could get through easily to the practice by phone compared to the CCG average of 75% and national average of 73%.
- 97% of patients said the last appointment they got was convenient compared to the CCG average of 95% and the national average of 92%.
- 98% of patients described their experience of making an appointment as good compared to the CCG average of 77% and 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.

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.

### Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. Full details of how to make a complaint was available in the waiting area. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

The practice had received six written complaints in the last 12 months. We looked at three complaints received in the last 12 months. Whilst we found the complaints had been discussed at practice meetings and actions taken to investigate, the complaints records did not always give a clear indication of the action taken.

# 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 to all patients in a timely manner whilst offering choice and involvement. The practice aimed to reach out to hard to reach communities and we saw evidence where this had been successfully achieved within the travelling communities.

### 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 was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

The practice told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff. They commented that staff morale was good.

The provider was aware of and complied with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

There was a clear leadership structure in place and staff felt supported by management. Staff told us there was an open culture within the practice and they had the opportunity to raise any issues with their manager.

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. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team.
- We spoke with a member of the PPG who told us they were happy with the services provided at the practice.
- Feedback from patients was considered via comments and suggestions, regular patient satisfaction surveys, the national GP national survey and NHS Friends and Family Test.

### Continuous improvement

The practice was a teaching and training practice for both medical students training to become doctors and registrars training to become GPs. Feedback received by the practice from their trainees was very positive and demonstrated that the practice had been very supportive and encouraging during their training. There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and participated in local pilot schemes to improve outcomes for patients in the area. For example, the practice had piloted carrying out consultations via video link.

## Are services well-led?

Good 

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

The team reviewed any areas of performance that were not in line with expected levels and measures had been taken to improve. For example the practice had investigated the higher than average asthma prevalence within the practice group.