

# Dr Dipak Vidhu Shah's Practice

## 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 Dipak Vidhu Shah's Practice on 15 December 2015. 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 appropriately managed.
- 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.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- The practice worked well with the patient participation group (PPG) and responded positively to new developments or questions raised.
- Information about services and how to complain was available and easy to understand.
- 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, with clear aims and objectives to deliver good quality professional treatment and care.
- Staff felt supported by management. The practice encouraged a blame free culture
- The practice 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.

The areas where the provider should make improvement are:

# Summary of findings

- The practice should ensure that verbal complaints and feedback from patients is always formally recorded and responded to.
- Continue to review access to appointments, following feedback received in the national GP patient survey.

**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 a 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 there were unintended or unexpected safety incidents, patients received appropriate support, 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 defined and established practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- Staff recruitment included relevant pre-employment checks.
- Staff had received appropriate training, according to their role and development needs.

### 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 mixed, with some results above and others below average for the locality 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 opportunities for staff.
- Staff worked with multidisciplinary teams as required, to understand and meet the range and complexity of patients' needs.
- Patients were recalled for appointments if they had not attended, reminders were sent out and we saw evidence that these were checked on a regular basis.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey showed patients experienced generally positive outcomes for several aspects of their care:

# Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.
- There was continuity of care and urgent appointments were 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 practice had set up a number of services including home visits, phlebotomy clinic, telephone appointments and longer appointments where required or requested.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a transparent leadership structure and staff felt supported by management. The practice had appropriate policies and procedures to govern activity and held regular governance meetings.
- There was a clear and transparent governance structure, 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.

Good



# Summary of findings

- 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
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice invited patients over 75 for annual review. Those patients who did not attend were contacted to discuss any problems they may be experiencing.
- Admissions and A&E attendances were monitored for actions.
- Referrals were routinely made to occupational therapy for required aids and adaptations for patients as required.
- The practice held regular multidisciplinary care meetings to review patients' needs and identify possible action.

Good



### People with long term conditions

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

- Designated staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Hospital admissions for asthma patients were monitored and all patients were contacted for review.
- Longer appointments and home visits were available when necessary.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met.
- For patients with the complex needs the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care, including counselling.

Good



### 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 comparable to the CCG average 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.
- 96% of female patients aged between 25-64 years had cervical screening in the previous five years, which was higher than the national average; 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Same day appointments were available for children.
- We saw positive examples of joint working with midwives and health visitors.

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

**Good**



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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- 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.
- Appointments early in the morning or at end of day were available and telephone consultations were routinely available.
- The practice offered electronic prescribing.
- Health checks were offered to new patients.
- The practice offered sexual health advice and health checks.

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

**Good**



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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- 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.

# 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.
- Access to translation service was available and the practice website was available in various different languages.

## 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).

- The practice had reviewed the care of 100% of patients diagnosed with dementia, in a face to face meeting in the last 12 months, which was higher than the national average of 84%.
- 95% of patients experiencing poor mental health had received a documented care plan in the preceding 12 months, which was above the national average of 88%.
- The practice worked with the local crisis and outreach teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out proactive 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 published in July 2015 showed the practice was generally performing in line with the local and national averages, although some responses were marginally below average in some areas.

448 survey forms were distributed and 102 were returned. This produced a response rate of 23% and was representative of 2.5% of the practice population. Survey results identified that;

- 78% of respondents were able to get an appointment to see or speak to someone the last time they tried (CCG average 78%, national average 85%).
- 71% found it easy to get through to this surgery by telephone compared to a national average of 73%.

- 71% described the overall experience of their GP surgery as good (CCG average 80%, national average 85%).
- 62% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 71%, national average 77%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We did not receive any completed cards. We did, however, talk with six patients as part of our inspection. The patients told us that they felt listened too and had enough time with the clinical staff, although it was recognised that on occasion telephone access could be difficult.

## Areas for improvement

### Action the service **SHOULD** take to improve

- The practice should ensure that verbal complaints and feedback from patients is always formally recorded and responded to.

- Continue to review access to appointments, following feedback received in the national GP patient survey.

# Dr Dipak Vidhu Shah's Practice

## 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 inspector and a practice manager specialist adviser.

## Background to Dr Dipak Vidhu Shah's Practice

Dr Dipak Shah's practice provides a range of primary care services from its location on Pastures Way Luton. The practice is also known as Pastures Way Surgery. It is a purpose built premises, on one level and has good disabled access.

The practice serves a population of approximately 4,400 patients. The area served by the practice was noted as having a deprivation score higher than the national average.

The clinical staff team consists of one male principle GP, two salaried GPs; one female and one male and one female practice nurse. The clinical team is supported by a practice manager, and a team of administrative and reception staff.

The practice provides services under a Personal Medical Services (PMS) contract. A PMS contract is one locally agreed between NHS England and general practices for delivering general medical services.

The practice is open between 8.00am and 6.30pm Monday to Friday; NHS 111 provides service for patients requiring a GP out of normal hours.

## 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.

## 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 02 December 2015.

During our visit we:

- Spoke with the GPs and nurse, and administrative staff. We spoke with representatives from the patient participation group (PPG). A PPG is a group of patients who work with the practice to discuss and develop the services provided to improve quality of care).
- We also spoke with three patients who used the service.
- Observed how staff interacted with patients.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

# Detailed findings

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

- A log of significant events was maintained by the practice. Significant events were discussed at monthly multidisciplinary team (MDT) meetings between clinical staff and the practice manager. We saw evidence that significant event review meetings were held regularly and that the practice carried out an analysis of the significant events. For example, the practice had reviewed how it managed patients with diabetes and had worked closely with the Diabetes Team locally to review and update processes and services available.
- National patient safety and medicines alerts were received into the practice by email to the practice manager who cascaded information to relevant staff. Where appropriate the alerts were discussed at monthly clinical meetings to ensure that appropriate action was taken and a plan put in place if necessary.
- When there were unintended or unexpected safety incidents, patients received reasonable support, 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 established 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 staff. The policies identified the procedure to follow if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding, with all GPs trained to an appropriate level to manage safeguarding concerns. Staff demonstrated they understood their responsibilities and had received training relevant to their role.
- Notices in the waiting room and clinical rooms advised patients that chaperones were available if required. The practice had a chaperone policy which was accessible to all staff. Staff who agreed to provide chaperone duties had undertaken appropriate training and had received a Disclosure and Barring Service check (DBS). (DBS checks

identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A designated member of staff was the infection control clinical lead. There was an infection control protocol in place and staff had received up to date training. Ongoing monitoring and reporting of concerns ensured routine matters were dealt with swiftly. A formal infection control audit had been undertaken and we saw records of concerns being noted and addressed on a routine basis.
- The arrangements for managing medicines, including emergency medicines and vaccinations, in the practice kept patients safe. This included obtaining, prescribing, recording, handling, storing and security.
- The practice undertook medicines audits, with the support of the local CCG medicines management team, 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. Patient Group Directions had been adopted by the practice to allow the nurse to administer medicines in line with legislation.
- There were 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.
- We reviewed personnel files for three members of staff and found appropriate recruitment checks had been undertaken prior to employment. This included proof of identification, personal or professional 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 with a poster

## Are services safe?

displayed which identified local health and safety representatives. The practice had up to date fire risk assessments, with appropriate fire alarm tests and emergency drills taking place.

- All electrical equipment was routinely checked to ensure it was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The practice had arrangements in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs, with reception and administrative staff able to carry out different roles and functions if required.

### **Arrangements to deal with emergencies and major incidents**

The practice had appropriate 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 an emergency.
- Staff received annual basic life support training.
- Emergency medicines were readily accessible and staff knew their location. The medicines we checked were in date.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage.

# 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 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 the practice had achieved 99% of the total number of points available, with 5% exception reporting. (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 2014/2015 showed;

- Performance for diabetes related indicators was similar to the national average. For example, the percentage of patients on the diabetes register, with a record of having had a foot examination and that had been risk classified within the preceding 12 months was 100%, which was higher than the local CCG average of 89% and the national average of 88%.
- The percentage of patients with hypertension having regular blood pressure tests was 88%, which was higher than the local CCG average of 82% and the national average of 83%.
- Performance for mental health related indicators were better than the local and national averages. For

example, the percentage of patients with diagnosed psychoses who had a comprehensive agreed care plan was 95%, which was higher than the local CCG average of 87% and the national average of 88%.

Clinical audits completed in the last two years, identified positive changes which could be implemented and improvements monitored. For example, an audit of repeat prescriptions and medicines management had been undertaken with improvements and learning shared with the CCG pharmacy medicines management team. The practice participated in local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example the practice participated in a repeat prescription and medication review, which included a compliance check to improve safety of medication on repeat prescription.

### 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. Staff told us their induction and training prepared them for their work. Protected learning sessions were held once a month during which the practice provided in house training or invited external trainers in where appropriate.
- 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 told us they attended training days and had access to and made use of e-learning training modules where needed to maintain their knowledge and skills. Staff received training that included: safeguarding, fire procedures, and basic life support and information governance awareness.
- 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

# Are services effective?

## (for example, treatment is effective)

during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were 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 and 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 multidisciplinary 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 requiring palliative care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- The practice had seen 100% of patients diagnosed with dementia for a face-to face review compared to a national average of 84%.
- Childhood immunisation rates for the vaccinations given were broadly comparable to local CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 75% to 100% and five year olds from 91% to 99%.
- Influenza vaccination rates for those patients over 65 years of age were 86%, which was higher than the national average of 73%.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40 to 74 years. 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.

We did not receive any completed Care Quality Commission patient comment cards on the day of the inspection.

We spoke with four members of the patient participation group (PPG) and two patients on the day of the inspection, who told us they were satisfied with the care, provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey published July 2015 generally showed patients felt they were treated with compassion, dignity and respect.

- 448 survey forms were distributed, with 102 completed surveys returned. This was a response rate of 23% and represented approximately 1% of the practice population.

Results demonstrated the practice was broadly in line with, or below average results for satisfaction scores on consultations with GPs and nurses. For example:

- 72% said the GP gave them enough time compared to the CCG average 83%, national average 87%.
- 64% said the GP was good at listening to them (CCG average of 87% and national average of 89%)
- 88% said they had confidence and trust in the last GP they saw (CCG average 93%, national average 95%)
- 62% said the last GP they spoke to was good at treating them with care and concern (CCG average 81%, national average 85%).

- 78% said the last nurse they spoke to was good at treating them with care and concern (CCG average 87%, national average 90%).
- 84% said they found the receptionists at the practice helpful (CCG average 86%, national average 87%).

We compared these outcomes to more recent results from a GP patient survey published in January 2016. We found that improved outcomes had been recorded in all areas.

For example, an increase of 14% had been made in patients who said the last GP they saw was good at listening to them; this was now 78% where the local CCG average was 85% and national average 87%.

Other improvements in areas where performance had been noticeably below local averages included an increase of 12% in the number of patients who said the last GP they spoke to was good at treating them with care and concern, this had increased to 74% (CCG average 81%, national average 85%).

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

Patients we spoke with 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.

Results from the national GP patient survey from July 2015 showed patients responded less positively to questions about their involvement in planning and making decisions about their care and treatment. Results were below the local and national averages. For example;

- 67% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 60% said the last GP they saw was good at involving them in decisions about their care (CCG average 77%, national average 81%)
- 73% said the last nurse they saw was good at involving them in decisions about their care (CCG average 82%, national average 85%).

When we compared these outcomes to more recent results from a GP patient survey published in January 2016. We again found that improved outcomes had been recorded in all areas.

## Are services caring?

For example, 75% reported said the last GP they saw was good at explaining tests and treatments, (this was an increase of 8% from July 2015) which compared more favourably to the CCG average of 82% and national average of 86%.

We also saw improvement in the number of patients who said the last GP they saw was good at involving them in decisions about their care 71%, an increase of 11% (CCG average 76%, national average 82%).

We also found that results from the NHS Friends and Family Test demonstrated 100%, of six respondents, would recommend this practice.

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**

Notices in the patient waiting room told patients how to access a number of support groups and organisations. For example, smoking cessation, bereavement and carers support.

The practice staff were alerted by a notification on the computer system if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them. The practice had a proactive approach to helping patients with dementia and their carers. The practice had recorded 52 patients who have been identified as carers on their register, which represented approximately 1.2% of the patients on the practice list. Another 49 patients had been identified as having named carers.

The practice had worked hard to identify those patients providing and receiving care. A revised operational policy had assisted the lead member of staff to create and develop further links with community groups and charities in the locality. The practice ensured carers needs were included in monthly multidisciplinary meetings along with other at risk groups, such as the homeless patients.

Staff told us that if families had suffered bereavement, their usual GP contacted them and appropriate support was made available to suit the individual patients' needs at the time.

# 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 a number of services for older people including; home visits, telephone appointments and longer appointments.

- 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.
- Immunisations for flu and pneumonia and shingles were offered during routine appointments.
- There were disabled facilities, a hearing loop and translation services available.

### Access to the service

The practice was open between 8.00am and 6.30pm Monday to Friday. Pre-bookable appointments could be booked in advance; urgent appointments were also available on the day, for people that needed them. Patients were also able to book appointments on line.

The practice told us that availability of appointments and the waiting time for individual GP's was reviewed regularly and amendments to availability of doctors was monitored accordingly, to make additional appointments available during periods of high demand wherever possible.

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

- 72% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 78%.
- 71% patients said they could get through easily to the surgery by phone, which was comparable with the CCG average of 67% and the national average of 73%.

- 26% patients said they always or almost always see or speak to the GP they prefer, which did not compare well against the CCG average of 46% and the national average 59%.

The patients we spoke with on the day of inspection told us they were able to get appointments when they needed them. There was recognition that a named or preferred GP might not always be available, but appointments were usually accessible. The patients we spoke with during our inspection were aware of their named GP.

Providing continuity of care had established clear lines of clinical responsibility for clinicians to follow when coordinating their patients' care.

When we compared these outcomes to more recent results from the national GP patient survey published in January 2016, we again found that improved outcomes had been recorded in all areas. The biggest increase in recorded improvement was a 13% improvement where 39% patients said they usually get to see or speak to their preferred GP (CCG average 46% national average 59%).

The practice had reviewed service delivery and implemented changes to telephone call handling. For example, the introduction of telephone triage and telephone consultations by GPs had resulted in improved results, where 76% patients said they could get through easily to the surgery by phone, which was an increase of 5%.

### 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. We saw evidence that all complaints were dealt with in an appropriate and timely manner.
- There was a designated responsible person who handled complaints in the practice.
- We saw that information was available to help patients understand the complaints system a poster giving detail of the complaints process was in the waiting area with the complaints leaflet and information was available on the practice website.

We looked at five complaints received in the last 12 months and found these were satisfactorily handled and dealt with

## Are services responsive to people's needs? (for example, to feedback?)

in a timely way. The practice demonstrated an openness and transparency when dealing with complaints. The practice was working to create a 'no-blame' culture and sought to support staff through any process.

Improvements or lessons learnt from concerns and complaints were recognised and appropriate action was

taken as a result to improve the quality of care. For example, we saw evidence of appointment monitoring following feedback about availability of telephone access and appointments.

The practice did not always formally record comments or concerns made verbally, as they were usually dealt with immediately. However, it was recognised that retaining a note of feedback from patients may help to identify any trends or reoccurring issues.

# 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 aim to provide exceptional patient care and to provide a medical service which was professional, safe and effective, to meet the needs of patients and high standards.

- The practice had clear priorities to improve the patient experience.
- Specific actions included plans to address childhood obesity, to avoid unplanned hospital admissions and diabetes formed a key part of the objectives.
- A plan to deliver the aims and objectives supported the practice in monitoring achievements.

### Governance arrangements

The practice had clear and transparent governance structure which supported the practice in the delivery of the strategy and good quality care. This 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 clinical and internal audit which was used to monitor quality and to make improvements.
- There were arrangements in place to identify record and manage risks appropriately.

### Leadership and culture

The principal GP and staff at 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. The partners were visible in the practice and staff told us they were approachable and took the time to listen to all members of staff.

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 appropriate support and information and a verbal and written apology.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise issues at team meetings or anytime as appropriate and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice.
- Staff were appropriately involved in the development of the practice and were able 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 comments and complaints received. The PPG met regularly throughout the year. Meetings were minuted and notes circulated to all members for discussion and action appropriately.
- The practice sought to recruit patients to the PPG by placing posters in the reception and waiting area, information was available on the practice website and included with the information pack for new patients.
- The practice with the PPG, reviewed national patient survey results, friends and family test feedback and annual practice complaints, and then submitted proposals for improvements to the practice management team.
- The PPG had identified the benefits of addressing the system for making routine and emergency appointments. The benefits of online appointments and repeat prescriptions had been identified. Telephone call back appointments had been introduced. Notice boards had been provided and fully automatic doors had been installed to assist patients' entry.

# Are services well-led?

Good 

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

- Staff told us they felt able to give feedback and discuss concerns or issues with colleagues and management and they were involved and engaged to improve how the practice was run.

## Continuous improvement

- There was an awareness of the benefits of striving for continuous learning and improvement at all levels within the practice.
- The practice had plans for possible developments in service deliverability and accessibility. Outline plans for expansion of the practice had been drafted in response to planned building of a new housing estate.
- The practice sought to provide local improvements, for example to provide storage area for patients bicycles outside the building.
- The practice team was forward thinking and participated in local schemes to improve outcomes for patients in the area, engaged positively with the CCG delivery framework and prescribing leads for example.