

# The Jalal 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 The Jalal Practice on 7 April 2017. 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 a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.

- Patients we spoke with 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 the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The areas where the provider should make improvement are:

- The provider should identify patients who are carers and formalise the support they are offered.
- The provider should embed the new complaints system so there is evidence all complaints, including verbal complaints, are recorded and responses collated.

# Summary of findings

**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



- From the sample of documented examples we reviewed, we found there was an effective system 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 were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

### 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 usually in line with the CCG and national average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge 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.
- End of life care was coordinated with other services involved.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- Patient feedback showed that 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 accessible.

# Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Data from the national GP patient survey showed patients rated the practice lower than others for several aspects of care. An action plan was in place.
- The practice had identified a low number of carers and was actively trying to identify more by asking patients during consultations.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they usually 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. The complaints procedure had recently been amended to ensure all complaints were recorded. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- 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 policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour.

Good



# Summary of findings

- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and. The practice engaged with the patient participation group, which was in its infancy.
- There was a focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

### People with long term conditions

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

Good



- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for 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.
- Performance for diabetes related indicators was 73%. This was below the CCG average of 87% and the national average of 90%.

# Summary of findings

## Families, children and young people

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

Good



- From the sample of documented examples we reviewed we found there were systems 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 accident and emergency (A&E) attendances.
- Immunisation rates were in line with the CCG and national averages for standard childhood immunisations.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group.
- The practice had emergency processes for acutely ill children and young.

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

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

Good



- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice had a website offering on-line information about services and appointments could be booked on-line.

## People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- 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.



# Summary of findings

- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

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

- The practice carried out advance care planning for patients living with dementia.
- 80% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the CCG average of 82% and the national average of 84%.
- Performance for mental health related indicators was 82%. This was worse than the CCG average of 91% and the national average of 93%.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed 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 most recent national GP patient survey results were in July 2016. The results showed the practice was performing in line with local and national averages. 332 survey forms were distributed and 110 were returned. This was a completion rate of 33% representing This represented 5% of the practice's patient list.

- 82% of patients described the overall experience of this GP practice as good compared with the CCG average of 85% and the national average of 85%.
- 77% of patients described their experience of making an appointment as good compared with the CCG average of 73% and the national average of 73%.

- 71% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 77% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 27 comment cards which all contained positive comments about the standard of care received. Patients said they felt listened to by staff who were caring and polite. They commented that they were easily able to access appointments, including if they needed to see a GP urgently when surgeries were fully booked.

We spoke with four patients by telephone as part of the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

## Areas for improvement

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

- The provider should identify patients who are carers and formalise the support they are offered.
- The provider should embed the new complaints system so there is evidence all complaints, including verbal complaints, are recorded and responses collated.

# The Jalal Practice

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

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

## Background to The Jalal Practice

The Jalal Practice is located on the first floor of a health centre in Oldham Town Centre. There are other GP practices located in the same building. The practice is fully accessible to those with mobility difficulties. There is a car park next to the building.

At the time of our inspection there were 2,189 patients registered with the practice. The practice is a member of NHS Oldham Clinical Commissioning Group (CCG). The practice delivers commissioned services under the General Medical Services (GMS) contract.

There are two GP partners, one male and one female. There is a practice nurse and a phlebotomist. There is also an advanced nurse practitioner who works on a locum basis. The clinical team is supported by a part time practice manager and reception and administrative staff. Since the partners took over the practice in 2014 there had been many staff changes, with just one member of the reception team remaining.

Normal opening hours are 8am until 8pm on a Monday and 8am until 6.30pm Tuesday to Friday. Appointments are usually from 9.30am until 12.30pm and 4pm until 6pm

daily, with an additional surgery from 6.30pm until 7.30pm on Mondays. There was some flexibility with the surgery times, and the afternoon surgery starts at 3pm when there is increased demand.

There is an out of hours service available by phoning NHS 111. The out of hours provider is Go To Doc Limited.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked the clinical commissioning group (CCG) to share what they knew. We carried out an announced visit on 7 April 2017. During our visit we:

- Spoke with a range of staff including GPs, the practice nurse, the practice manager and reception and administrative staff.
- We spoke with patients and members of the patient participation group (PPG) by telephone.
- Observed how patients were being cared for in the reception area.

# Detailed findings

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Visited the practice location.
- Looked at information the practice used to deliver care and treatment plans.

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 living 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 a system for reporting and recording significant events.

- All staff had access to the system to report significant events. Some staff told us they informed the administration manager of any incidents or significant events and the manager then completed the required forms. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the sample of 11 documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following an issue with a prescription for a controlled medicine a system was put in place with a dedicated box for controlled medicine prescriptions and identification criteria for the person collecting the prescription.
- The practice also monitored trends in significant events and evaluated any action taken.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. One of the GPs was the lead member of staff for safeguarding.

- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and 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. On-line training was available to staff, and the practice had also had an in-house training session for all staff on all aspects of safeguarding.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Staff interviewed who acted as a chaperone were aware of their role.

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The audit carried out in October 2016 had a score of 72%. This had increased to 96% for the audit carried out in February 2017.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure

## Are services safe?

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

We reviewed seven personnel files and found appropriate recruitment checks had been undertaken prior to employment. These included evidence of identity, an employment history, references and appropriate checks through the DBS. There was evidence of appropriate professional registration for clinicians.

### Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The majority of fire and health and safety checks were the responsibility of the building managers. However, where appropriate the practice carried out their own checks. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments, provided by the building managers, 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).

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. Staff worked well as a team and so were able to cover absences on most occasions.

### Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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. There were also panic buttons in consultation rooms.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. However, the previous practice manager was still listed as a contact point. The provider told us this would be changed on the day of the inspection.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- We saw evidence that new NICE guidelines were discussed in clinical meetings, and protocols were amended to reflect new guidance issued.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 91% of the total number of points available compared with the clinical commissioning group (CCG) average and national average of 95%. The exception reporting rate was 6% compared with the CCG average of 7% and the national average of 10%. 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.

The practice was a negative outlier for two prescribing targets, relating to antibiotic and hypnotic medicines. The provider took over the practice in 2014 and told us prescribing of these medicines was historically high. They have worked closely with the CCG medicines optimisation team and pharmacist, and the pharmacist was carrying out regular audits. We saw evidence that although prescribing was still above average it was receding and they had a plan in place to reduce further to bring it in line with the CCG and national averages.

The practice was also a positive outlier in two areas:

- They scored higher than the CCG and national average for the percentage of asthma patients having a review in the previous 12 months that included an assessment of control using Royal College of Physicians guidelines. The practice score was 87% compared to the CCG average of 77% and the national average of 76%. The GPs told us they have a high number of asthma patients and they made good use of spirometry (a test to help diagnose and monitor lung conditions) and also carried out opportunistic care for these patients.
- The practice also scored higher than the CCG for the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the previous 12 months. The practice score was 100% compared to the CCG and national average of 89%. We saw the mental health review process was well organised so all relevant information was captured. There was below average exception reporting in both these areas.

Data from 2015 -16 showed:

- Performance for diabetes related indicators was 73%. This was below the CCG average of 87% and the national average of 90%.
- Performance for mental health related indicators was 82%. This was below the CCG average of 91% and the national average of 93%.

There was evidence of quality improvement including clinical audit:

- There had been two audits in the last two years where two cycles had been completed. Improvements had been implemented and monitored following the audits. In addition, medicine audits were completed.
- An audit on A&E attendance had led to a change in the appointment system. Appointment slots for patients under the age of five years had been added to surgeries and it was found this led to a decrease in A&E attendance.

### Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.



# Are services effective?

## (for example, treatment is effective)

- The practice had an induction folder for all newly appointed staff and locum GPs. This covered all aspects of the building, including fire safety arrangements and other services located in the building.
- We saw that new staff had an induction week when they first started work to cover most aspects of their job. A training plan was put in place.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff, for example, for those reviewing patients with long-term conditions. Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- 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. Although a record of staff training was kept in their personnel files, there were gaps in the monitoring sheet kept by the practice manager. The practice manager explained they had joined the practice 10 weeks ago and had prioritised the changes they needed to make. They were in the process of ensuring an up to date training record was held for all staff.

### 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.

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. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

### 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.
- Some staff had been trained on the Mental Capacity Act 2005. The week prior to our inspection the GPs and practice nurse had attended advanced training on the Mental Capacity Act and Deprivation of Liberty Safeguards.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. These included patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.

- The practice nurse was able to give advice on weight management and smoking cessation.
- A dietician was available on the premises and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 75%, which was comparable with the CCG and national



# Are services effective?

(for example, treatment is effective)

average of 81%. A new practice nurse had recently started work at the practice and they were providing additional advice to patients as well as offering opportunistic tests. It was usual to policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were failsafe systems 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.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates

for the vaccines given were comparable or above CCG and national averages. For example, rates for the vaccines given to under two year olds ranged from 94% to 100%, and five year olds was 97%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. The advanced practitioner had started to carry out health checks for the over 75s. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. The clinical pharmacist had carried osteoporosis risk assessments for women over the age of 65 and men over the age of 75. Certain factors were considered to assess the risk of a fragility fracture due to osteoporosis. Depending on the patient's fragility score they were referred for appropriate scan.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

All of the 27 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 four patients who were also members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed the practice was usually below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 79% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 78% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%

- 76% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.
- 82% of patients said the nurse was good at listening to them compared with the CCG average of 91% and the national average of 91%.
- 79% of patients said the nurse gave them enough time compared with the CCG average of 92% and the national average of 92%.
- 98% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 97% and the national average of 97%.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.
- 91% of patients said they found the receptionists at the practice helpful compared with the CCG average of 87% and the national average of 87%.

The practice had an action plan in place following a meeting to discuss the GP patient survey results. There had been a number of staff changes, including the practice nurse, which it was felt contributed to the results. The patients we spoke with and the CQC comments cards were not reflective of the GP patient survey results; the majority of these patients were very happy with all aspects of the care they received. The practice also had positive results from the NHS Friends and Family Test.

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

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

Results from the national GP patient survey showed patients responded less positively to questions about their involvement in planning and making decisions about their

## Are services caring?

care and treatment. These results were not reflected by the comments we received from patients and on the CQC comments cards patients completed. Results were below local and national averages. For example:

- 76% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 86%.
- 72% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.
- 79% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 91% and the national average of 90%.
- 78% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital). This was monitored by the practice.

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 13 patients as carers (0.6% of the practice list). The practice was actively trying to formally identify carers by asking patients during their consultations and they expected this figure to rise. The GPs were putting a plan in place to start looking after the specific needs of carers. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. GPs offered personalised care following a bereavement.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours on a Monday until 8pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS and were referred to other clinics for vaccines available privately.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.

### Access to the service

The practice was open between 8am and 8pm on Monday and between 8am and 6.30pm Tuesday to Friday. Appointments were from 9.30am until 12.30pm and 4pm until 6pm daily, with an additional surgery from 6.30pm until 7.30pm on Mondays. There was some flexibility with the surgery times, and GP started earlier, for example at 3pm, if there was additional demand. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

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

- 78% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 78% and the national average of 76%.

- 78% of patients said they could get through easily to the practice by phone compared to the CCG average of 73% and the national average of 73%.
- 74% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 83% and the national average of 85%.
- 96% of patients said their last appointment was convenient compared with the CCG average of 91% and the national average of 92%.
- 77% of patients described their experience of making an appointment as good compared with the CCG average of 73% and the national average of 73%.
- 64% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 60% and the national average of 58%.

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

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

Reception staff recorded all requests for home visits on the computer system. GPs then telephoned patients to triage the urgency and need. There was a system in place within the local cluster of GP practices where one practice carried out visits for others, having received information from the patients' GP. GPs told us that although this was in place they carried out their own visits where this was beneficial for continuity of care or for patients with complex needs. Reception staff had a checklist to follow if a patient requested a home visit. This meant patients with a problem that required urgent attention were either passed immediately to a GP to speak to, or directed to a more appropriate service, for example A&E. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

# Are services responsive to people's needs?

(for example, to feedback?)

- 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. This was on the computer system and in writing.

We saw that a new system for dealing with complaints had been put in place by the new practice manager, who had

been in post for less than three months. Previously no evidence of responses to complaints had been kept. We saw that the practice manager now monitored all complaints and ensured they were discussed at practice meetings so learning could be shared. There was also a system to record verbal complaints.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement which was displayed, and staff knew and understood the values.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. The practice nurse led on the management of long term conditions.
- The partners had a good understanding of all aspects of the practice. During a period when they were recruiting a new practice nurse they worked increased hours to carry out their main duties. This meant that procedures such as baby vaccinations and cervical screening continued. They were also very involved in the practice manager role so although the practice manager worked on a part-time basis they had an oversight of the practice.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- The practice used audits to monitor quality and to make improvements.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events.

- Some staff, including clinical staff, worked on a part time basis. They also worked for other GP practices on the same floor of the health centre. This meant that communication was particularly effective and the practices worked closely together.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. From the sample of documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- The practice held and minuted multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings where all staff were included.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were comprehensive and were available for practice staff to view.

# Are services well-led?

Good 

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

- 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 and staff. It proactively sought feedback from:

- patients through the patient participation group (PPG) and through surveys and complaints received. The PPG had formed in 2016 and the practice held two meetings, one during the day and one in the evening, so the views of a wider range of patients could be captured. Feedback from those who attended had been collated. Following the initial meeting there had been a change of practice manager. The new practice manager was in the process of arranging for the PPG to meet again.
- the NHS Friends and Family test, complaints and compliments received.

- staff through regular formal and informal meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The partners had taken over the practice in 2014 following the retirement of a single handed GP. They had made a lot of changes within the practice and the majority of the long standing staff, including the practice nurse, had left. The partners had a plan in place to make the improvements they felt were necessary and had a team in place who were aware of how their role fit in with the improvement plan. The team regularly took time to evaluate the improvements made and work towards further improvements.