Dr Arshad Khan

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	Requires improvement
Are services safe?	Good
Are services effective?	Good
Are services caring?	Requires improvement
Are services responsive to people's needs?	Requires improvement
Are services well-led?	Good

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Requires improvement overall. (Previous inspection 15 January 2015 – Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Requires improvement

Are services responsive? – Requires improvement

Are services well-led? - Good

As part of our inspection process, we also look at the quality of care for specific population groups. All the population groups are rated as requires improvement as the areas of caring and responsive require improvement and these affect all population groups:

Older People – Requires improvement

People with long-term conditions – Requires improvement

Families, children and young people – Requires improvement

Working age people (including those recently retired and students – Requires improvement

People whose circumstances may make them vulnerable – Requires improvement

People experiencing poor mental health (including people with dementia) - Requires improvement

We carried out an announced comprehensive inspection at Central Medical Centre on 8 November 2017 as part of our inspection programme.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- We observed that staff involved and treated patients with compassion, kindness, dignity and respect, although the National GP Patient survey results did not reflect this. However, comment cards we received reported high levels of satisfaction with the services at the practice and patients we spoke with also provided positive feedback. The practice had developed an action plan to address the consistently lower than average responses in the patient survey but the impact of these actions was not visible at this time.

Summary of findings

- Patients told us they found the appointment system easy to use and reported that they were able to access care when they needed it.

The areas where the provider should make improvements are:

- Review recruitment files to confirm they contain relevant information to demonstrate that the recruitment procedure has been followed consistently.
- Review and update policies and procedures routinely.
- Implement a process to ensure that staff update training is routinely undertaken.
- Continue to review ways of increasing patients' satisfaction with the service.
- Monitor the system implemented to record the collection of controlled drug prescriptions and destruction of uncollected prescriptions to ensure it is working effectively.
- Review ways of gaining a higher uptake of national bowel, breast and cervical screening.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

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	**Requires improvement**
People with long term conditions	**Requires improvement**
Families, children and young people	**Requires improvement**
Working age people (including those recently retired and students)	**Requires improvement**
People whose circumstances may make them vulnerable	**Requires improvement**
People experiencing poor mental health (including people with dementia)	**Requires improvement**

Summary of findings

Areas for improvement

Action the service SHOULD take to improve

- Review recruitment files to confirm they contain relevant information to demonstrate that the recruitment procedure has been followed consistently.
- Review and update policies and procedures routinely.
- Implement a process to ensure that staff update training is routinely undertaken.
- Continue to review ways of increasing patients' satisfaction with the service.
- Monitor the system implemented to record the collection of controlled drug prescriptions and destruction of uncollected prescriptions to ensure it is working effectively.
- Review ways of gaining a higher uptake of national bowel, breast and cervical screening.

Dr Arshad Khan

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector and included a GP specialist adviser.

Background to Dr Arshad Khan

Dr Arshad Khan (known as Central Medical Centre) is a single handed GP practice which provides primary medical services under a General Medical Services (GMS) contract to a population of approximately 3,500 patients living in Foleshill, and surrounding areas of North Coventry. A GMS contract is a standard nationally agreed contract used for general medical services providers.

The practice operates from a single storey building which has parking facilities on site. There is a disabled access approach to the main reception. There is a spacious waiting area allowing easy access for patients with mobility aids to manoeuvre.

The practice population has a higher than average number of patients aged 0 to 20 years and 25 to 50 years and a lower than average number of patients in the over 80 year age group. National data indicates that the area is one that experiences significantly high levels of deprivation. The practice population is mixed with high numbers of patients from ethnic minority groups, whose first language is not English such as Asian and Pakistani.

The practice is a single handed GP practice and uses the services of regular locum GPs. They employ a part-time practice nurse, a locum diabetes nurse and a respiratory nurse who attend the practice once a week. The also employ a practice manager and assistant practice manager, who are supported by reception and administration staff.

The practice is open at the following times:

- Monday: 8am to 6.30pm
- Tuesday: 8am to 6.30pm
- Wednesday: 8am to 6.30pm
- Thursday: 8am to 1pm
- Friday: 8.30am to 6.30pm

The practice does not provide out of hours services beyond these hours. The local out of hours service is provided by the Warwickshire Ambulance Service which can be accessed via the NHS 111 Service. When the practice is closed on Thursday afternoons calls are taken by the out of hours service and directed to the GP if necessary. The practice does not provide extended hours appointments, but patients can access these via the local Coventry GP Alliance who provide extended hours appointments to all practices in the area at three venues across the city.

Good

Are services safe?

Our findings

We rated the practice, and all of the population groups, as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. We saw the practice had policies which were appropriate although some required updating. These could be accessed by staff from the practice shared drive and in hard copy. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. They had a safeguarding policy and staff we spoke with demonstrated they were aware of who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant on recruitment and on an on-going basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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). However, some of this information was not available in the staff files, but was located and provided following our inspection.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and clinical staff had received a DBS check. We saw that the practice had carried out risk assessments for reception staff who performed chaperone duties which showed that staff would not be left alone with patients.
- There was an effective system to manage infection prevention and control and we saw evidence of training and an infection control audit.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. The practice had arranged for regular sessions from nurses who specialised in respiratory conditions and diabetes to ensure these skills were provided in the practice.
- There was an induction system for temporary staff tailored to their role although we noted that the induction documentation did not routinely include fire, infection control and safeguarding, although staff had been trained in these areas.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections and we noted the practice were aware of and used the latest national guidelines from the National Institute of Care Excellence (NICE) 2016 regarding sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way. The practice used structured templates agreed by the local Clinical Commissioning Group (CCG) to ensure consistency.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Good

Are services safe?

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.
- We noted that the practice did not have a system for the GP to check uncollected prescriptions prior to destruction. There was also no system for recording the collection of prescriptions for controlled drugs. However, the practice addressed this immediately and implemented a system to ensure this happened and submitted evidence to demonstrate this.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. The practice had had three significant events in the last year.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, they had discussed the outcome of a significant event with other practices in the area regarding an aggressive patient.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts and we looked at examples to demonstrate that alerts had been actioned appropriately.

Good

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as good for providing effective services overall and across all population groups.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians had access to locally agreed clinical guidelines as well as NICE guidance and also attended GP update courses. We saw that they assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by these clinical pathways and protocols.

- Patients' needs were fully assessed and included their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice had access to a pharmacist who attended the practice fortnightly to review prescribing practises and ensured these were in line with national and local prescribing guidance.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- The practice used an alert on their computer system to identify patients who were over 75 years of age to notify staff and ensure they were offered an appointment within 48 hours. Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- We noted that all patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up and reviewed the care of older patients discharged from hospital and ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice had a system which alerted them to older patients with an increased frailty score. This allowed them to identify if additional measures needed to be put in place to prevent falls or fractures.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. The practice had employed nurses with specific skills and training in long term conditions such as diabetes and chronic obstructive pulmonary disease (COPD) to ensure these patients received timely reviews. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.

The percentage of patients with diabetes, on the register, in whom the last blood pressure reading was within the recommended level was 70% which was lower than the CCG and national average of 78%. Exception reporting was 2% compared to the CCG and national averages of 8% and 9% respectively. However, the practice had now recruited a diabetes nurse to address this. They told us this was also attributable to the patient population and social deprivation in the area. The incidence of diabetes in the areas was 14% which was significantly higher than the national and CCG averages of 7%.

The practice was working with a local specialist consultant in diabetes to introduce a community clinic into the practice to meet the needs of patients with complex diabetes and remove the need for hospital attendance.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

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

- The practice's uptake for cervical screening was 70%, which was lower than the 80% coverage target for the national screening programme. The practice was aware

of this rate and told us they attributed this to the high number of patients from ethnic minority groups and the cultural make-up of the practice. They encouraged patients opportunistically to attend for cervical and breast and bowel screening and we saw literature in the waiting areas advertising the importance of this. However, we did not note any literature in other languages.

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74 years. The practice had offered 50 health checks during 2107 and 45 had been taken up. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- 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 visited patients at the end of life every two weeks to offer support to the patients and their families.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

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

- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption was 98% compared to the CCG average of 91% and national average of 90%. The percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation was 99% compared to the CCG 97% and national average of 96%.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

The practice had allocated staff to oversee QOF achievement and systematic processes for call and recall of patients with long term conditions. Where appropriate, clinicians took part in local and national improvement initiatives, such as the Frailty Scoring scheme. Frailty Scoring is a scale which allows the clinician to identify patients aged over 65 years levels of frailty. The practice had an alert generated on the clinical system to inform staff if patients were at risk and were given priority and contacted by the GPs. The practice also had a pharmacist who attended fortnightly to review medicines and advise on changes to achieve improvements.

The practice had achieved 94% of the total points available in the most recent published Quality Outcome Framework (QOF) from 2016/17. This was comparable with the clinical commissioning group (CCG) and national average of 96%. The overall exception reporting rate was 4% compared with a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. We found from discussions with staff and certificates we saw that staff had received appropriate training in all areas, although the practice did not have a system to demonstrate the training status and due dates to ensure these were routinely updated. Staff were encouraged and given opportunities to develop.
- The practice provided staff with on-going support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation.
- The practice had employed specific nurses to attend once a week at the practice to provide care and monitoring for patients with diabetes and chronic obstructive pulmonary disease (COPD).

Good

Are services effective?

(for example, treatment is effective)

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- 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.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- The uptake of national screening was below the CCG and national average. For example,
  - The percentage of females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) was 55%, below the CCG average of 70% and national average of 73%.
  - The percentage of patients aged 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) was 33%, below the CCG average of 57% and national average of 58%.

The practice told us they attributed this to the high number of patients from diverse ethnic backgrounds and language barriers. The practice encouraged screening opportunistically but there was no specific action taken to increase uptake.

- Staff encouraged and supported patients to be involved in monitoring and managing their health. We saw a range of health promotion information was available for patients in the waiting areas.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- The practice had a consent policy and clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Requires improvement

Are services caring?

Our findings

We rated the practice, and all of the population groups, as Requires improvement for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- 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.
- All of the 47 patient Care Quality Commission comment cards we received were positive about the service experienced, although the NHS Friends and Family test results showed 58% of patients would recommend the practice to a family member.

Results from the July 2017 annual national GP patient survey showed below average results for whether patients felt they were treated with compassion, dignity and respect. There had been 375 surveys sent out and 89 were returned. This represented a 24% response rate and about 2.5% of the practice population. For example:

- 62% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 54% of patients who responded said the GP gave them enough time compared with the CCG average of 85% and the national average of 86%.
- 84% of patients who responded said they had confidence and trust in the last GP they saw compared with the CCG and national average of 95%.
- 60% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared with the CCG average of 84% and the national average of 86%.
- 63% of patients who responded said the nurse was good at listening to them compared with the CCG average of 90% and the national average of 91%.
- 68% of patients who responded said the nurse gave them enough time compared with the CCG average of 90% and the national average of 92%.
- 85% of patients who responded said they had confidence and trust in the last nurse they saw compared with the CCG and national average of 97%.
- 68% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; compared with the CCG average of 90% and the national average of 91%.
- 82% of patients who responded said they found the receptionists at the practice helpful which was in line with the CCG and national averages of 85% and 87% respectively.

However, we received 47 comment cards from patients who had visited the practice recently all of which were positive about the care received. Comments referred to GPs who listened and treated them with dignity and respect and friendly and helpful reception staff. The practice were aware of the negative responses on the patient survey and shared the results with staff. They had developed an action plan to address all areas where they fell below average which involved all staff. For example, to ensure that patients who required an interpreter were identified at the time of booking to ensure better communication with the GP at consultation. The NHS Friends and Family Test results were positive and showed that 88% of respondents would recommend the practice to their friends and family.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.

Requires improvement

Are services caring?

- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers. There was a poster in reception regarding carers and the practice's computer system alerted GPs if a patient was also a carer. Patients who were carers were offered health checks and referred to a carers support agency. The practice had identified 35 patients as carers which represented 1% of the practice list size.

- Staff told us that if families had experienced bereavement, their usual GP contacted them by phone or carried out a home visit if they were well known to them. They provided information regarding bereavement support available. We noted there was information and leaflets available in the waiting area regarding bereavement services.

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

- 60% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 85% and the national average of 86%.
- 53% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared to the CCG of 80% and national average of 86%.
- 76% of patients who responded said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 90%
- 62% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared to the CCG and national average of 85%.

The practice area was one which experienced significant levels of deprivation and a high number of patients did not have English as their first language. The practice told us this may have had an impact on these results, however, they had included actions in their plan to address these lower than average results. For example, they had raised awareness of staff regarding the need to explain treatment options and provide information regarding these. They had also asked the patient participation group for their suggestions regarding how the practice could improve the patient experience in this area. The practice had placed forms in reception requesting patients to suggest how clinicians could improve provision of care.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as Requires improvement for providing responsive services across all population groups.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example, extended opening hours via the GP Alliance, online services such as repeat prescription requests and advanced booking of appointments.
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. There was a ramp to the entrance and a spacious waiting area to allow easy access for patients who used mobility aids.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP also accommodated home visits for those who had difficulties getting to the practice.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. The practice had employed nurses with specialist skills in specific long term conditions to meet patient needs.
- The practice held regular meetings with the local district nurse team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- 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.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

- The needs of this population group 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, if there were no appointments available the GP would call the patient to assess their needs.
- Extended opening hours via the GP Alliance were also available. This was available daily and nurse appointments were also available as part of this service.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice also had an alert on the system to highlight patient at risk of hospital admission which would notify reception to ensure the patient is given an appointment as soon as possible.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice could access specialist care from the mental health team and memory clinics for patients suffering with dementia. They had recently actively searched for patients at risk of dementia, carried out screening and increased their register accordingly.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was below the local and national averages in most areas. There had been 375 surveys sent out and 89 were returned. This represented a 24% response rate and about 2.5% of the practice population.

- 63% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) and national average of 76%.
- 58% of patients who responded said they could get through easily to the practice by phone compared with the CCG and national average of 71%.
- 77% of patients who responded 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 national average of 84%.
- 64% of patients who responded said their last appointment was convenient compared to the CCG and national average of 79% and 81% respectively.
- 63% of patients who responded described their experience of making an appointment as good compared to the CCG average of 71% and national average of 73%.
- 42% of patients who responded said they don't normally have to wait too long to be seen compared to the CCG average of 54% and national average of 58%.

The practice had discussed these results and included actions in their plan to improve these involving the PPG and all practice staff. For example, patients who wished to see a preferred GP would be offered a telephone consultation if they were fully booked. They had also introduced a system to call patients back if cancellations occurred when no appointments were available that day as well as include more on the day appointments. Observations on the day of inspection and completed comment cards did not align with the lower than average responses recorded in the national survey. For example, comment cards and conversations with patients demonstrated satisfaction and were positive regarding access to the service. Patients told us they were able to see a GP when they needed to and could get appointments when they needed them.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Three complaints were received in the last year. We reviewed three complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints. It acted as a result to improve the quality of care.

Are services well-led?

Good

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

Our findings

We rated the practice as good for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services and recognised where improvements needed to be made. They identified challenges and had taken some action. For example, high levels of social deprivation and challenges in staff recruitment.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region but took into account the specific population of the practice.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable care.

- Staff we spoke with told us they felt valued by the practice and that their opinions were respected.
- The practice focused on the needs of patients and were aware of the difficulties experienced by patients in the area.
- The lead GP and manager acted on behaviour and performance inconsistent with the vision and values.
- We saw that the practice dealt with incidents and complaints with openness, honesty and transparency. Examples we looked at showed that the practice had invited patients to discuss issues and achieved a positive outcome. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- The practice carried out annual appraisal which provided an opportunity for staff to identify any areas where they would like to develop. Staff were supported to meet the requirements of professional revalidation where necessary.
- The practice ensured that procedures in place assured the safety and well-being of all staff. For example, fire assessment and health and safety assessments.
- The practice actively promoted equality and diversity. Staff had access to equality and diversity training via the eLearning system.
- Staff we spoke with told us that there were positive relationships between all the practice team both clinical and administrative.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- The GP was the lead for all governance procedures. There were systems and processes established to support good governance. The joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.

Are services well-led?

Good

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

- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. Whilst these were appropriate, some of them required review and updating.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address risks including risks to patient safety.
- Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality. For example, an audit of osteoporosis had been undertaken to ensure care management was in line with recommended NICE guidelines.
- The practice had plans in place and had trained staff for major incidents. They had a business continuity plan in place which outlined how the practice would operate in the event of a major incident. A copy of this was kept off site by the GP and practice manager.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example, the practice was working with the local diabetes consultant to develop and offer care for patients with more complex diabetes in the practice.
- We spoke with the patient participation group who told us they were very satisfied with the practice and the services they offered patients. They told us they were felt the practice managed the needs of a diverse population well. They reported that the practice addressed all issues with openness and honesty and had a genuine commitment to meet the needs of the population. For example, following the latest GP national patient survey results, the practice had increased opening hours and made more appointments available.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a commitment to continuous learning and improvement at all levels within the practice.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.