

Dr Haridas Upendra Pai

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Haridas Upendra Pai on 26 November 2015. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and there were systems in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff had the skills, knowledge and experience to assess patients' needs and deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Patients said they found it easy to make an appointment. Urgent appointments were available for the same day as requested. Extended hours were available on Wednesday mornings from 6.45am.
- The practice worked closely with other organisations, such as Leeds South and East Clinical Commissioning Group, in planning how services were provided to ensure that they meet people's needs.
- There was a clear leadership structure and staff felt supported.
- The provider was aware of and complied with the requirements of the Duty of Candour

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.

- There were systems in place for reporting and recording significant events.
- Lessons were shared to ensure action was taken to improve safety in the practice.
- Risks to patients were assessed and well managed.
- The practice had systems, processes and practices in place to keep patients and staff safe and safeguarded from abuse.
- There were processes in place for safe medicines management.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were comparable for the locality
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence appraisals were undertaken with staff.
- Staff worked with other health and social care professionals to understand and meet the range and complexity of people's needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- National GP patient survey data showed that patients rated the practice comparable to other local practices for several aspects of care.
- Patients we spoke with said they were treated with compassion, dignity and respect and they were involved in decisions made about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness, respect and maintained confidentiality. Patients spoke very highly of the practice and the service they received.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



Summary of findings

- The practice engaged with the NHS England Area Team and Leeds South and East Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment. Urgent appointments were available for the same day as requested with a GP of their choice.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was an accessible complaints system. We were informed there were very few complaints made, however evidence showed the practice responded quickly to issues raised and learning was shared with staff.

Are services well-led?

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

- Staff told us about the vision and strategy the practice had in place to deliver high quality care and promote good outcomes for patients.
- The practice had a number of policies and procedures to govern activity, which supported the delivery of good quality care.
- The provider was aware of and complied with the requirements of the Duty of Candour. (This is a legal duty on hospital, community and mental health trusts to inform and apologise to patients if there have been mistakes in their care that have led to significant harm.)
- There was a clear leadership structure and staff told us they felt supported by the GP and practice manager. The practice ethos was one of openness and honesty.
- Staff were encouraged to raise concerns, provide feedback or suggest ideas regarding the delivery of services. The practice proactively sought feedback from patients through the use of surveys and the NHS Friends and Family Test.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

- The practice provided proactive, responsive and personalised care to meet the needs of the older people in its population. Home visits, longer appointment and urgent care were available for those patients in need.
- The practice worked closely with other health and social care professionals, such as the district nursing team, to ensure housebound patients received the care they needed.

Good



People with long term conditions

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

- All the patients had a named GP and an annual review to check that their health needs were being met. The GP and practice nurse had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The House of Care model was used with all patients who had diabetes and chronic obstructive pulmonary disease (a disease of the lungs). (The House of Care model provides proactive, holistic and patient centred care for people with long term conditions.) This approach enabled patients, in partnership with clinicians, to have a more active role in determining how their care and support needs were met.
- Longer appointments and home visits were available when needed.

Good



Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Staff told us children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Good



Summary of findings

- Childhood immunisation and cervical screening uptake rates were comparable to other practices in the locality.
- Any identified child development concerns were acted on and referrals made to relevant services as needed.

Working age people (including those recently retired and students)

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

- The needs of these patients had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- Extended hours were available on Wednesday mornings from 6.45am.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- Longer appointments were available for patients as needed.
- The practice regularly worked with multidisciplinary teams in the case management of vulnerable people. Information was provided on how to access various support groups and voluntary organisations.
- Staff 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.

Good



People experiencing poor mental health (including people with dementia)

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

- Annual health checks and individualised care plans were offered for these patients and data showed 100% had received one in the last twelve months; which was above the CCG average of 82%.

Good



Summary of findings

- The practice regularly worked with multidisciplinary teams in the case management of people in this population group, for example the local mental health team. Patients and/or their carer were given information on how to access various support groups and voluntary organisations.
- There was a system in place to follow up patients who had attended accident and emergency, where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published 2 July 2015 showed Dr Haridas Upendra Pai's performance was above average compared to other practices located within Leeds South and East Clinical Commissioning Group (CCG) and nationally. There were 437 survey forms distributed and 110 were returned. This was a response rate of 25.2%, which represented 5.82% of the practice population.

- 93% said they could get through easily to the surgery by phone compared to the CCG average of 71% and national average of 73%.
- 97% found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%
- 87% said they were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 83% and the national average of 85%
- 99% said the last appointment they got was convenient compared to the CCG average of 91% and the national average of 92%
- 91% described their experience of making an appointment as good compared to the CCG average of 71% and national average of 74%.
- 87% said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 71% and national average of 65%.
- 89% feel they didn't have to wait too long to be seen compared to the CCG average of 60% and the national average of 58%
- As part of the inspection process we asked for CQC comment cards to be completed by patients. We received 50 comment cards, which were all positive about how they were treated by staff. Many of the comments stated that all staff were always polite, the service they received was good, it was easy to get an appointment and they were happy with the care and treatment they received.
- During the inspection we also spoke with two patients. Both patients we spoke with had been offered appointments within 24 hours, which were convenient to them. They told us they didn't usually wait more than 15 minutes after their appointment time before they were seen by a clinician. They felt they were involved in decisions made about their care and treatment. They both cited how much confidence and trust they had in the GP in providing the care and treatment they might require.

Dr Haridas Upendra Pai

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP advisor and a practice manager advisor.

Background to Dr Haridas Upendra Pai

Dr Haridas Upendra Pai's practice is a small single handed practice. The practice is located within the Cottingley estate of Leeds and is part of Leeds South and East Clinical Commissioning Group (CCG). The premise is a single storey building and is leased from the local church. There is one male GP and at the time of our inspection there was a female locum practice nurse supporting them. They are supported by a practice manager and two reception/admin staff.

The practice opening hours are between 7.50am and 6pm Monday, Tuesday, Thursday and Friday. On Wednesday they open between 6.45am to 12 midday and are closed in the afternoon.

The appointment times are 8am to 10.30am and 3.30pm to 5.30pm Monday, Tuesday, Thursday and Friday. On Wednesdays appointments are between 6.45am to 10.30am. Out of hours care is provided by local care direct and is accessed by telephoning the practice or NHS 111.

The practice provides services for 1889 patients under the terms of the locally agreed NHS General Medical Services (GMS) contract. They are registered with the Care Quality Commission (CQC) to provide the following regulated activities; diagnostic and screening procedures and

treatment of disease, disorder or injury. They also offer a range of enhanced services such as extended hours, influenza, pneumococcal, shingles and childhood immunisations.

Thirty seven per cent of their patients are in paid work or full time employment, compared to 60% nationally. They have higher than national averages for the following factors:

- Patients who are aged 45 years or below.
- Patients who have a long standing health condition (67% compared to 54% nationally).
- Patients who have a health related problem which affects their daily life (63% compared to 49% nationally).
- Patients who claim disability allowance (76% compared to 50% nationally).
- Patients who are unemployed (26% compared to 6% nationally).

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations, such as NHS England and Leeds South and East CCG, to share what they knew about the practice. We reviewed the latest 2014/15 data from the Quality and Outcomes Framework (QOF) and the national GP patient survey (July 2015). We also reviewed policies, procedures and other relevant information the practice provided before and during the day of inspection.

We carried out an announced inspection at Dr Haridas Upendra Pai on the 26 November 2015. During our visit we:

- Spoke with a range of staff, which included the GP, the practice manager, a member of administration/reception and a locum practice nurse.
- Spoke with two patients who used the service
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Observed how people were being spoken to in the reception area.
- Looked at templates and information the practice used to deliver patient 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 are provided for specific groups of people and what good care looks like for them. The population groups are:

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents. The practice also reported to Leeds South and East clinical commission group any incidents through an electronic recording system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, it had been noted that a small number of out of date samples bottles had been used for some tests. The patients who were affected were contacted, apologies given and a repeat of the test had been offered. The actions and learning identified had been discussed with all staff.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients and staff safe and safeguarded from abuse, which included:

- Arrangements to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements. Policies were in place and accessible to all staff. Contact details were available for staff to obtain further guidance if they had concerns about a patient's welfare. The GP acted in the capacity of safeguarding lead and had been trained to the appropriate level. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A notice was displayed in the waiting room, advising patients that a chaperone was available if required. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure.) All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS). These checks identify whether a person has a criminal record or is on an official list of people barred from

working in roles where they may have contact with children or adults who may be vulnerable. The GP recorded in the patient's records when a chaperone had been in attendance.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. We saw up to date cleaning schedules in place. The GP and practice manager were the infection prevention and control (IPC) leads who liaised with the local IPC teams to keep up to date with best practice. There was an IPC protocol in place and staff had received up to date training. Annual infection prevention and control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- There were arrangements in place for managing medicines, including emergency drugs and vaccinations, to keep patients safe. These included obtaining, prescribing, recording, handling, storage and security. Prescription pads and blank prescriptions were securely stored and there were systems in place to monitor their use. Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed the personnel file of the most recently recruited staff and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the relevant professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment

Are services safe?

was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and legionella.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Administration and reception staff worked flexibly to cover any changes in demand, for example annual leave, sickness or seasonal. A GP locum was used on the infrequent times the GP was on annual leave.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff had received basic life support training. The practice had equipment to deal with medical emergencies, such as a defibrillator and oxygen, and there were emergency medicines available in the treatment room. There was also a first aid kit and accident book in place.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice had systems in place to ensure all clinical staff had access to up-to-date guidelines from the National Institute for Health and Care Excellence (NICE), Leeds South and East CCG and local disease management pathways. Clinicians carried out assessments and treatments in line with these guidelines and pathways to support delivery of care to meet the needs of patients. For example, the local pathway for patients who have chronic obstructive pulmonary disease (a disease of the lungs).

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). This is a process intended to improve the quality of general practice and reward good practice. Information collected for the QOF and performance against national screening programmes was used to monitor outcomes for patients. Current results were 92.5% of the total number of points available, with 6.8% exception reporting. (Exception reporting allows practices not to be penalised where, for example patients do not attend for review or a medication cannot be prescribed due to a contraindication or side-effect.) This Data from 2014/15 showed:

- Performance for diabetes related indicators was 58%, which was lower than the local CCG average of 84.1% and the national average of 89.2%. The practice had identified two issues regarding the low numbers; firstly, incorrect coding on the computer system and secondly, poor attendance for reviews by some patients. The practice was addressing how they could improve both the recording and poor attendance.
- Performance for hypertension related indicators was 100%, which was higher than the local CCG average of 97.7% and the national average of 97.8%
- Performance for mental health related indicators was 100%, which was comparable to the local CCG average of 93% and the national average of 92.8%.
- Performance for dementia related indicators was 100%, which was higher than the local CCG average of 90.5% and the national average of 94.5%.

The GP had undertaken some clinical audits, however, not all were written up formally. The GP had recently undergone appraisal and revalidation. As part of this process GPs are required to demonstrate that they have completed clinical audits. We were shown two audits relating to breast cancer referrals and minor surgery, which were discussed with the GP specialist advisor. The practice undertook the required CCG audits and also did a monthly check of disease-modifying antirheumatic drugs (DMARDs), which are a group of medications commonly used in patients with rheumatoid arthritis.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. Evidence we reviewed showed:

- Staff had received mandatory training that included safeguarding, fire procedures, basic life support and information governance awareness. The practice had an induction programme for newly appointed staff which also covered those topics.
- Individual training needs had been identified through the use of appraisals, meetings and reviews of practice development needs. Staff had access to, and made use of, e-learning training modules. All staff had received an appraisal in the previous 12 months.
- Staff told us they were supported by the practice to undertake any training and development. The locum practice nurse gave us examples where they had been given details of training they might be interested in and supported to attend if required.
- The GP was up to date with their revalidation and appraisals.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to clinical staff in a timely and accessible way through the practice's patient record system and their intranet system. This included risk assessments, care plans, medical records and test results.

Staff worked with other health and social care services to understand the complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, such as when they were

Are services effective?

(for example, treatment is effective)

referred or after a hospital discharge. We saw evidence multidisciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

Staff understood the relevant consent and decision-making requirements of legislation and guidance, such as the Mental Capacity Act 2005. Patients' consent to care and treatment was sought in line with these. Where a patient's mental capacity to provide consent was unclear, the GP or nurse assessed this and, where appropriate, recorded the outcome.

When providing care and treatment for children 16 years or younger, assessments of capacity to consent were also carried out in line with relevant guidance, such as Gillick competency. This is used in medical law to decide whether a child is able to consent to his or her own medical treatment, without the need for parental permission or knowledge.

Health promotion and prevention

The practice's uptake for the cervical screening programme was 91%, which was higher than the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer.

Childhood immunisation uptake rates for the vaccinations offered were comparable to the national averages. For example, uptake rates for children aged 24 months and under ranged from 94% to 100% and for five year olds they ranged from 91% to 100%.

The seasonal flu vaccination uptake rate for patients aged 65 and over was 76%. Uptake for those patients who were in a defined clinical risk group was 57%. These were both comparable to the national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40 to 74. Where abnormalities or risk factors were identified, appropriate follow-ups were undertaken.

The practice provided additional support to patients who required it, for example those patients who were at risk of developing a long term condition or required healthy lifestyle advice such as dietary, smoking and alcohol cessation. There was a variety of useful health information and details of local support groups displayed in the patient reception area and also available in leaflets. For example, drug and alcohol support, smoking cessation advice and healthy eating.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and those spoken with on the telephone. We were informed how patients' privacy and dignity were maintained during examinations, investigations and treatments. We noted consultation and treatment room doors were closed during patient consultations and that conversations taking place in these rooms could not be overheard.

On the day of our inspection we spoke with two patients. They both told us that staff were friendly, caring and courteous, they were treated with dignity and respect and would recommend this surgery to friends and family. Both the patients we spoke with, and some of the comments received on the CQC cards, stated how caring Dr Pai was and how satisfied they were with the practice overall.

Data from the July 2015 national GP patient survey showed respondents rated the practice comparable to the local CCG and national averages but above average for some questions with regard to how they were treated. For example:

- 84% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 90% said the GP gave them enough time compared to the CCG average of 85% and national average of 87%.
- 93% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%.
- 77% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.
- 79% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 90%.
- 91% said they could get through easily to the surgery by phone compared to the CCG average of 71% and national average of 73%.
- 93% said they found the receptionists at the practice helpful compared to the CCG average of 85% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Data from the July 2015 national GP patient survey showed respondents rated the practice below or comparable to the local CCG and national averages with regard to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 81% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 74% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 81%.

However, the patients we spoke with on the day of our inspection, and comments we received on the CQC cards, did not align with the survey responses. They informed us they felt listened to, involved in the decisions made about their care they received and had explanations of treatment available to them. Patients spoke highly of Dr Pai and how he cared for them.

We saw examples of templates and care plans the practice used with patients to support management of their condition, such as those relating to diabetes and asthma.

Patient and carer support to cope emotionally with care and treatment

There was a register of carers in place and the computer system alerted clinicians if a patient acted in the capacity of a carer. We saw there were a variety of notices informing patients and carers how to access further support through several groups and organisations.

Patients who were on end of life care were identified, a monthly meeting was held to discuss these patients. The GP had regular contact with the local hospice to ensure information was shared, to reduce any distress to patients and their families/carers.

We were informed that if a patient had experienced a recent bereavement the GP would contact the family and offer support as required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example:

- The practice offered extended hours from 6.45am on Wednesdays for patients who could not attend during normal opening hours. The GP was also available on other weekday mornings should a patient require an early appointment.
- There were longer appointments available for patients who required one.
- Home visits were available for patients who could not physically access the practice.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities and a hearing loop in place.
- Translation services were available for patients who did not have English as a first language.

Access to the service

The practice was open between 7.50am and 6pm Monday, Tuesday, Thursday and Friday. On Wednesday they opened between 6.45am to 12 midday and were closed in the afternoon.

Appointments could be pre-booked up to two weeks in advance and urgent appointments were available.

Appointments could be made in person at the practice, over the telephone or online via the practice website. Same day appointments were available to book from 8am every weekday.

The patients we spoke with on the day had made their appointment no more than 24 hours previously.

Data from the July 2015 national GP patient survey showed that respondents' satisfaction with how they could access care and treatment was above the CCG and national averages for many questions. For example:

- 80% were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 75%.
- 93% said they could get through easily to the surgery by phone compared to the CCG average of 71% and national average of 73%.
- 91% described their experience of making an appointment as good compared to the CCG average of 71% and national average of 73%.
- 87% said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 71% and national average of 65%.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. There was a designated responsible person who handled all complaints in the practice. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The complaints policy outlined the timescale the complaint should be acknowledged by and where to signpost the patient if they were unhappy with the outcome of their complaint.

Information how to make a complaint was available in the waiting room, the practice leaflet and on the practice website.

We were informed the practice had not received any written complaints in the past 12 months, therefore we were unable to assess whether the practice had adhered to their complaints policy at the time of the inspection. However, we were assured the practice manager dealt with any written complaints in line with the policy. We were informed verbal complaints were dealt with at the time they were raised and that these were more a comment rather than a complaint. We advised the practice to record these to support them in identifying any themes or particular patients who were making the comments. We were assured this would be done in future.

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

Staff told us about the vision and strategy the practice had in place to deliver high quality care and promote good outcomes for patients. This was supported by the practice's statement of purpose. The GP was going to commence discussions with the CCG regarding succession planning for the practice.

Governance arrangements

The practice had the following governance arrangements in place:

- There were a number of policies and procedures to govern activity, which supported the delivery of good quality care, and were available to all staff.
- There was a clear staffing structure and staff were aware of their own roles and responsibilities
- A good understanding of practice performance
- Robust arrangements for identifying, recording and managing risks
- Priority in providing high quality care

Leadership, openness and transparency

We were informed there was an open and honest culture within the practice. The GP and practice manager were visible, approachable and took the time to listen. Systems were in place to encourage and support staff to raise concerns and a 'no blame' culture was evident. Staff said they felt respected, valued and appreciated.

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

At the time of our inspection there was no patient participation group in place. We were informed there had previously been one but members had dwindled considerably. They had proactively tried to recruit new members without success. However, the practice gathered feedback from patient surveys, the NHS Friend and Family Test, comments and complaints received. We were shown examples of the many compliments the practice had received through letters and thank you cards.

Staff were encouraged to provide feedback on a daily basis and through the use of meetings and appraisals. We were told they felt involved and engaged in the practice to improve service delivery and outcomes for patients.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.