

# Dr Devadeep Gupta

## Quality Report

Pennine Surgery  
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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

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10
Outstanding practice	10

### Detailed findings from this inspection

Our inspection team	11
Background to Dr Devadeep Gupta	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Devadeep Gupta on 15 December 2016. Overall the practice is rated as good.

The practice was previously inspected on 19 Feb 2015. Following that inspection the practice was rated as good for caring, effective and responsive services and required improvement in safe and well led.

Three compliance actions were issued as the practice was not meeting the legislation in place at that time for the following:

- Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision
- Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers
- Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff

Following this re-inspection on 15 December 2016 our key findings across all the areas inspected were as follows:

- The practice had reviewed the systems they had in place for communicating information within the practice. There was an open and transparent team approach where all practice issues were regularly discussed and reviewed.
- The number of staff had increased and the leadership structure had been reviewed and improved. There was a clear leadership structure and staff felt supported by management. The practice management team proactively sought feedback from staff and patients and acted on it.
- Staff had undertaken training to provide them with the skills, knowledge and experience they needed to deliver effective care and treatment.
- The provider was aware of and complied with the requirements of the duty of candour.

# Summary of findings

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored and informally reviewed and addressed.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

The areas where the provider should make improvement are :

- In relation to managing reviews of medication the practice should consider using review dates to improve the system they currently have in place.
- In relation to health and safety which is managed by NHS property services, the practice should keep a record of all up to date documentation.

We saw an area of outstanding practice :

- The practice were involved in a CCG initiative to carry out C-reactive protein (CRP) testing at the surgery. This was a blood test marker for inflammation in the body providing an early indication of whether an infection was viral or bacterial. The test enabled the practice to immediately detect and offer reassurance to their patients when antibiotics would not be effective treatment and also to reduce the number of wrongly prescribed antibiotic medicines. The practice could evidence a reduction in the number of antibiotics that were prescribed and said that feedback from patients was positive in this respect.

**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. On inspection we reviewed evidence that demonstrated how they had improved their practices in relation to the overview of safety systems and processes since the last inspection.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared with everyone at the practice to make sure action was taken to improve safety when necessary.
- When things went wrong patients 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 in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were above the local and national averages.
  - In 2014/2015 the practice attained 96% of the total points available. This was 2% above the local and national averages.
  - In 2015/2016 the practice attained 99% of the total points available. This was 4% above the local and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement and there were good systems for the call and recall of patients.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for all aspects of care. 99% had confidence and trust in the nurse.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.
- In the main, patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

Good



- The practice is rated as good for being well-led. On inspection we reviewed evidence that demonstrated how they had improved their practices in relation to the well led domain since the last inspection. The practice had reviewed the systems they had in place for communicating information within the practice. There was now an open and transparent team approach where all practice issues were regularly discussed and reviewed.
- The staff complement had increased and the leadership structure had been reviewed and improved. There was now a clear leadership structure and staff felt supported by management. The management team proactively sought feedback from staff and patients and acted on it.
- Staff had undertaken training to provide them with the skills, knowledge and experience they needed to deliver effective care and treatment.

# Summary of findings

- The practice had a number of policies and procedures to govern activity which were continually being reviewed and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken

# Summary of findings

## The 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 had a high ratio of older patients and they offered proactive, personalised care to meet those patients' needs. A member of administration staff had been given a lead role to provide a greater level of assistance to patients in this population group.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had developed good relationships with residential and nursing homes in the area and the practice nurses communicated with district nurses where the practice's patients required blood testing or medicine reviews to minimise duplication of work.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 2015/2016 indicators for diabetes and other long term conditions were 10% above local and national averages at 100%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. This was an improvement from the previous inspection where patients did not always receive this structured approach.

Good



### Families, children and young people

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

Good



# Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 82% compared to the CCG average of 80% and the national average of 82%. (2014/2015 data).
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Appointments were pre-bookable up to four weeks in advance and we saw that the next pre-bookable on-line appointment was less than two weeks away.
- On the day and urgent appointments were available Monday to Friday and patients were offered seven-day access at four different sites if they were unable to get an immediate appointment.
- GP and nurse led appointments were available until 8.00pm every Monday evening.
- 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.

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. They did not have any homeless people on their practice list.

Good



# Summary of findings

- 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.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

## 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).

- Indicators for the years 2015/2016 showed that 100%
- Indicators for mental health were 100% which was 9% and 7% higher (respectively) than the CCG and national averages.
- The practice carried out advance care planning for patients with dementia and pro-actively undertook dementia reviews at patients' homes.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. The lead GP made and monitored their own follow up appointments for patients with mental health to ensure appropriate action was taken if the patients did not attend.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The most recent national GP patient survey results were published in July 2016. The results showed the practice was performing better than local and national averages. 228 survey forms were distributed and 105 were returned. This represented just under 3.5% of the practice's patient list.

- 95% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 89% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 92% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 86% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to 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 51 comment cards which were all positive about the standard of care received. Six cards commented that the practice went the extra mile and 12 comments were positive about the support for carers.

We spoke with seven patients during the inspection including a member of the patient participation group (PPG). All the 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 areas where the provider should make improvement are :

- In relation to managing reviews of medication the practice should consider using review dates to improve the system they currently have in place.
- In relation to health and safety which is managed by NHS property services, the practice should keep a record of all up to date documentation.

## Outstanding practice

We saw an area of outstanding practice :

- The practice were involved in a CCG initiative to carry out C-reactive protein (CRP) testing at the surgery. This was a blood test marker for inflammation in the body providing an early indication of whether an infection was viral or bacterial. The test enabled the practice to immediately detect and offer reassurance

to their patients when antibiotics would not be effective treatment and also to reduce the number of wrongly prescribed antibiotic medicines. The practice could evidence a reduction in the number of antibiotics that were prescribed and said that feedback from patients was positive in this respect.

# Dr Devadeep Gupta

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice manager adviser and an expert by experience.

## Background to Dr Devadeep Gupta

The practice had been previously inspected on 19 February 2015. Following that inspection the practice was rated requires improvement.

Dr Gupta is the lead GP at Pennine Surgery which, at the time of inspection, had a patient population of 3,016 patients within Littleborough and the surrounding areas. There is a larger than average population of patients over the age of 60 years and 50% of the patient population have a long term illness.. The practice delivers commissioned services under the Personal Medical Services (PMS) contract. The building complies with the Disability Discrimination Act 1995 (DDA). All consulting rooms are on the ground floor with corridors and doors wide enough for wheelchairs. Car parking is available on site. The practice offers an open list and welcomes new patients living in or moving to the area.

Services offered include chronic disease management, childhood vaccinations, six week baby assessments, travel vaccinations, extended hour surgeries, smoking cessation services and drug dependency and counselling services.

The practice have increased their complement of staff following the last CQC inspection. There is now a lead male GP who is supported by one male and one female salaried

GP. The female GP is currently on maternity leave. The practice have a part time female advanced nurse practitioner who is able to prescribe medicines and a female practice nurse. The medical and nursing sessions have increased and the day to day clinical management has been reviewed and apportioned so that overall responsibility is shared. The clinical staff are supported by a small number of administration and reception staff and a practice manager.

The practice opening hours are as follows :

#### Reception and telephone lines :

Monday – Friday

8:00am – 6:30pm

#### GP and nurse Consulting Sessions :

Mon - Fri

8:30am – 11:00am

Mon, Tues, Thurs & Fri

3:00pm – 5:30pm

Monday - Evening surgery

6:30pm – 8:00pm

There is no surgery on Wednesday afternoons.

This is a teaching practice and both the provider and one of the salaried GPs were mentors for junior doctors. At the time of the inspection there was a fifth year medical student.

# Detailed findings

## Why we carried out this inspection

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 15 December 2016. During our visit we:

- Spoke with a the lead GP and salaried GP, advanced nurse practitioner and practice nurse, practice manager and a number of reception staff.
- Spoke with patients who used the service and a member of the PPG.
- Observed how patients were being cared for at reception.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

- Reviewed CQC comment cards where patients and members of the public shared their views and experiences of the service.'

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

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

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

# Are services safe?

## Our findings

### Our findings

During the inspection on 19 February 2015 we found within the key question safe that there were areas that were identified as requires improvement, as the practice was not meeting the legislation at that time. At this inspection we found that the necessary improvements had been made.

### 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 and there was a recording form available on the practice's computer system. 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).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example there was evidence in the notes taken at the presentation of learning outcomes from significant events. In addition, there were a number of searches for MHRA alerts and all had been signed off as having been seen and actioned by the clinicians where appropriate.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements.

Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GP attended safeguarding meetings when. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3 and the advanced nurse practitioner and practice nurse were also trained to level 3. The clinicians were also trained in Mental Capacity Act 2008 and Deprivation of Liberty Safeguards (DoLS). We saw several examples of good practice where children had been identified and followed up, involving community nurses, health visitors and subsequently school nurses.

- 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).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice used the number of repeat prescriptions to highlight when a medicine review. We discussed a more appropriate method of reminder for reviews such as a specific date, as this would be more effective.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. One of the nurses who was an advanced nurse

## Are services safe?

practitioner had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available but there was no display in the reception office identifying local health and safety representatives. 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 was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The arrangements in place for planning and monitoring the number of staff and mix of staff needed to meet

patients' needs had much improved since our previous inspection. There was a rota system in place for all the different staffing groups to ensure there were enough staff on duty and also that work was apportioned appropriately. Staff had been given individual lead roles and areas of responsibility and there was a team-wide approach to workload.

### Arrangements to deal with emergencies and major incidents

The practice had good 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 received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. This equipment was shared and looked after by another surgery on the premises. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. One of the GPs did not have a copy of the business plan outside of the practice and we highlighted the need for this during discussions.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. For example they had completed an audit of records to ensure a note of the examination had been written in the clinical record by staff who had chaperoned the procedure.

### 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 (2015/2016) were 99% of the total number of points available. This was 4% higher than the CCG and national averages. The clinical exception rate was 8% which was the same as the CCG and 2% below the national average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was an outlier for one of the QoF clinical targets at the last inspection and again at this inspection.

- In 2014/2015 the percentage of patients with asthma on the register who had had an asthma review in the preceding 12 months, including an assessment of control using the 3 RCP questions, was only 31% compared to the CCG average of 74% and the national average of 75%. The practice had identified the shortfall and the new nursing staff were concentrating on this area of performance. In 2015/2016 there was evidence of an increase to 81%. We saw evidence the improvement was continuing.

Other data for 2015/2016 QoF clinical targets showed that the practice were performing well.

- Performance for diabetes related indicators in 2015/2016 was 100% which was 10% higher than the CCG and national averages.
- Performance for mental health related indicators in 2015/2016 was 100% which was 9% above the CCG average and 7% above the national average.

There was evidence of quality improvement including clinical audit.

- There had been a number of clinical audits completed in the last two years and we reviewed two completed audits in detail where the practice could demonstrate that improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example the practice nurse had recently noticed that the process for patients coming to the practice for reverse spirometry was not time-effective. The nurse discussed this with all staff at a practice meeting and the then created a "do's and don'ts list" for patients and receptionists. This ensured that the patient undertook all the pre-appointment tests before they were seen by the nurse and a 45 minute appointment was then given and used effectively.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. In addition the practice had increased their complement of staff and had given existing staff lead roles and areas of responsibility to ensure that the workload was appropriately shared.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Both the advanced nurse practitioner and

# Are services effective?

## (for example, treatment is effective)

the practice nurse were mentors in this area. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through 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. All staff had received an appraisal in the last twelve months or had an appraisal booked.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. The practice had recently purchased an on-line training tool and staff had access to e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. We saw evidence of effective communication between the practice and district nurses, health visitors and school nurses and examples where this communication had identified children or adults at risk so that effective care could be put in place.

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- 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 and carers. Patients were signposted to services where they were not available at the practice.
- The practice nurse offered advice on smoking cessation advice.

The practice's uptake for the cervical screening programme (2014/2015 data) was 82% compared to the CCG average of 80% and 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 demonstrated how they encouraged uptake of the screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. They had strongly promoted abdominal aortic aneurysm (AAA) screening. (An abdominal aortic aneurysm (AAA) is a swelling (aneurysm) of the aorta). Because of their input 100% of their eligible population had been screened.

# Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged were 100% and five year olds (with the exception of 3 indicators) were also 100%.

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

The practice were involved in a CCG initiative to carry out in-house C-reactive protein (CRP) testing at the surgery. This was a blood test marker for inflammation in the body providing an early indication of whether an infection was viral or bacterial. The test enabled the practice to immediately detect and offer reassurance to their patients when antibiotics would not be effective treatment and also to reduce the number of wrongly prescribed antibiotic medicines.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed and could offer them a private room to discuss their needs.

All of the 51 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with one member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They said the practice provided a holistic approach and this was evidenced during the inspection. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 92% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 92% of patients said the GP gave them enough time compared to the CCG average of 87% 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%.

- 92% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 85%.
- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.
- 96% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

These figures were significantly higher than in previous years.

The practice work together with the local food bank and currently have a programme to collect items to give to individuals and families for Christmas.

### 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 positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above the local and national averages. For example:

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 89% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 82%.
- 91% 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 national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language but

## Are services caring?

they did not have many patients in that category. There were no leaflets or signs for patients who did not speak English to show them that this information was available.

There were many leaflets available for patients in the waiting areas. Reception staff had received advice and guidance on how to assist patients who were unclear about care, treatment or support and voluntary organisations that were available to them.

### **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. The practice had identified areas where CCG-wide support groups had ceased, specifically those for elderly patients and those with dementia and raised this issue during discussions with Community Voluntary Services and also with the CCG to ensure they were aware.

The practice's computer system alerted GPs if a patient was also a carer. The practice had created a role of carers' champion and they were continually monitoring and asking every patient when they attended if they were a carer or were cared for. The information was then coded on the patient record and the practice were able to identify and offer assistance to these patients. Written information was available to direct carers to the various avenues of support available to them. Each carer had a care plan and the practice were able to evidence how these documents had come in to their own, by identifying areas that the patient and/or carers could be helped.

The practice had created a new template letter of condolence to be sent to bereaved families. Patients who were deceased were discussed at staff meetings and the information was minuted and distributed so that all staff were aware. Bereavement services were available for patients, carers or families of those who had passed and they were signposted to these subject to their wishes.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. They also met with the Community Volunteer Services to discuss areas where support was no longer available, for example to older patients and those with dementia.

- The practice were involved in a CCG initiative to carry out in-house C-reactive protein (CRP) testing. This was a blood test marker for inflammation in the body providing an early indication of whether an infection was viral or bacterial. The test enabled the practice to immediately detect and offer reassurance to their patients when antibiotics would not be effective treatment and also to reduce the number of wrongly prescribed antibiotic medicines.
- The practice provided weekly nursing home visits and fast track UTI (urinary tract infections) triage and treatment to reduce hospital attendance.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Health campaign messages were sent via text message, for example with regard to smoking cessation.
- Longer appointments were available when required for patients with a learning disability and those with multiple long term conditions.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- Out of hours services and seven day day access was available through the HUB extended hours programme. This is a group of four surgeries where services are available between 8am and 8pm, seven days a week.
- Family planning, contraception and sexual health clinics were offered.

### Access to the service

The practice building, reception and telephone lines were open every weekday from 8am until 6.30pm. GP and nurse consulting sessions took place as follows:

Monday - Friday 8:30am – 11:00am

Monday, Tuesday, Thursday and Friday - 3:00pm – 5:30pm

Monday - Evening surgery - 6:30pm – 8:00pm

There was no surgery on Wednesday afternoons and this non clinical time was used to carry out administration, make sure that workloads were up to date and undertake training sessions.

We reviewed the appointment system with one of the reception staff and saw that it would be possible to make a pre-bookable appointment on-line within seven days. There was availability for “on the day” appointments and when all these appointments had been taken, patients could access a clinician at any one of four other sites via the seven day access scheme.

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

- 85% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and the national average of 76%.
- 95% of patients said they could get through easily to the practice by phone compared to the CCG average of 59% and the national average of 73%.
- 71% of patients said they didn't have to wait too long to be seen compared to the CCG average of 56% and national average of 58%.
- 77% of patients said they usually waited 15 minutes or less after their appointment time to be seen compared to the CCG average of 64% and national average of 65%.
- 83% described their overall experience of making an appointment as good, compared to the CCG average of 67% and national average of 73%.

Feedback from the CQC comments cards about appointments was positive. 17 cards contained comments that the appointment system was easily accessible and efficient. Five cards had comments about difficulty making appointments.

There was a system to identify when a home visit was required and a policy for reception staff to follow.

### Listening and learning from concerns and complaints

# Are services responsive to people's needs?

(for example, to feedback?)

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- 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 although this was behind the reception counter and we asked the practice to make this more accessible to patients as not all patients we spoke to knew about the complaints process.

We looked at two complaints received in the last 12 months and saw that the responses to patients were very clear, informative and offered apologies. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example we saw that discussions took place at practice meetings following a complaint, about how to make improvement and all staff were involved when new protocols were put in place.

# Are services well-led?

Good 

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

## Our findings

### Our findings

During the inspection on 19 February 2015 we found within the key question well led that there were areas that were identified as requires improvement, as the practice was not meeting the legislation at that time. At this inspection we found that the necessary improvements had been made.

### Vision and strategy

The practice had a vision to move forward and improve, and to be safe, effective, caring, responsive and well led. We found that vast progress and improvement had been made since our last inspection and it was evident that more relevant training and better communication was in place. The vision was shared by all the staff at the practice.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Practice specific policies were implemented and were available to all staff. We saw these were updated when required. For example the advanced nurse practitioner was in the process of updating and making changes to policies for chronic disease management, ensuring they were following best practice guidelines.

### Leadership and culture

There was a newly embedded leadership structure with lead roles for most members of staff. The salaried GP had taken on the lead role for safeguarding and was also leading in staff training. They also shared management responsibility which alleviated the pressure of sole responsibility for the lead GP.

On the day of inspection the GPs and other staff in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. It was evident that they prioritised safe, high quality and compassionate care. Administration and nursing staff told us the lead members of staff were approachable and always took the time to listen and help any of the staff who required assistance.

The provider was aware of and had systems in place 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 leaders encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- People who were affected received reasonable support, truthful information and a verbal and written apology
- Written records were kept of verbal interactions as well as written correspondence.

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

- Regular staff meetings had been introduced. We saw minutes from those meetings which showed that open and honest discussions took place. All staff at the practice told us that communication had improved since these meetings had been taking place and the practice was operating much more like a team.
- 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.
- Staff said they felt respected, valued and supported, particularly by the leaders of the practice and by each other. All staff were involved in discussions about how to run and develop the practice and were encouraged to put forward ideas to improve the service delivered by the practice.

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

# Are services well-led?

Good 

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The practice manager chaired the meeting and the PPG met regularly. A member of the group told us that they had been put forward for a role in the PPG by the GP and being involved had prevented them from becoming socially isolated. We were told that all members are able to make recommendations about service improvement and recommended changes have been implemented if appropriate. At a recent meeting a wheelchair user highlighted disabled access issues and these had been resolved. Complaints were not currently shared at the PPG meeting.

- The practice had gathered feedback from staff through regular staff meetings, appraisals and discussions. All staff said that they would not hesitate to feedback to any of their leaders or peers and this was a vast improvement since our previous inspection. Staff now felt as if they were working as a team and felt fully involved and engaged to improve how the practice was run.

## Continuous improvement

The practice had made substantial improvement since our previous inspection and 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 such as CRP testing which offered reassurance for patients and reduced the amount of unnecessary antibiotic prescribing.