

# Molla and Kesani

## 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?

Requires improvement 

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 Molla and Kesani's practice on 15 March 2016. Overall the practice is rated as good although the safe domain requires improvement.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed, although the systems for dealing with safety alerts and patients on specific medications should be reviewed to make them more robust.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Patients said they could get an appointment with a GP, but sometimes experienced difficulties. They reported that there was continuity of care, with urgent appointments available the same day.
- The practice had adequate facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider should make improvement are:

- Improve the system for dealing with safety alerts to ensure there is evidence that appropriate actions are always taken and discussed at practice meetings.
- Implement a system for ensuring the follow up of children who do not attend hospital appointments.
- Improve the system in place to ensure that all patients on medicines which require monitoring have the appropriate tests prior to prescribing.

# Summary of findings

- Continue to implement the carers strategy and develop a more accurate register of carers.
- Consider displaying a poster showing patients how to complain.
- Continue to try to re-establish the patient participation group and address the lower than average satisfaction scores in the national patient survey.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as requires improvement for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons learnt were shared to make sure action was taken to improve safety in the practice.
- Safety incidents were dealt with appropriately and patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in most areas to keep patients safe and safeguarded from abuse. A system was required to ensure children who did not attend hospital appointments were followed up.
- Risks to patients in the main were assessed and well managed, although the system for checking patients taking certain medicines which required regular monitoring needed reviewing. A system for dealing with safety alerts was in place but required review to include discussion at practice meetings and documentation of all actions taken.

Requires improvement



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were above average for the locality and the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance and we saw evidence of care plans and reviews for a range of long term conditions.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- We saw good evidence of work with multidisciplinary teams 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 slightly lower than others for several aspects of care, but the comments patients left at the surgery expressed that they found the practice caring and compassionate .
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Some patients said they found it difficult at times to make an appointment but the practice had taken steps to address this and continued to review their appointment system. Patients did report that if they needed to see a GP urgently then they could always be seen.
- The practice had adequate facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available, although a poster in reception would provide more details for patients. Evidence showed the practice responded within appropriate timescales to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

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

Good



# Summary of findings

- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken, although this system could be improved to include discussion of actions at practice meetings.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was not currently active due to members health issues but the practice were actively seeking additional members and carrying out their own survey to gain patient views.
- There was a focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice offered flu and shingles vaccines.
- They held regular meetings to discuss patients at high risk of admission to hospital and also those who were receiving proactive care.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- They were flexible in their approach during consultations and had adopted an holistic approach to care.

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.
- The practice nurse held joint clinics with the specialist diabetes nurse and worked closely with the dietician.
- 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.

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 A&E attendances. Immunisation rates were high for all standard childhood immunisations.

Good



# Summary of findings

- 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.
- 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 and health visitors.
- Child health checks and postnatal checks were available and contraception services.

## 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. This included extended hours and telephone appointments.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

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 homeless people and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- 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.
- We noted that the practice did not have a system to follow up children who had not attended hospital appointments.

Good





# Summary of findings

## 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).

- Patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months as well as those with other mental health conditions.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia and we saw evidence of this.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice carried out memory screening for patients to identify problems early.
- The practice carried out post-natal depression screening at post-natal checks.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing below the local and national averages in several areas. There were 392 survey forms distributed and 99 were returned which represented 2.7% of the practice's patient list and a return rate of 25%.

- 51% found it easy to get through to this surgery by phone compared to a CCG average of 71% and a national average of 73%.
- 71% were able to get an appointment to see or speak to someone the last time they tried (CCG average 76%, national average 76%).
- 61% described the overall experience of their GP surgery as fairly good or very good (CCG average 84%, national average 85%).
- 45% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 76%, national average 79%).

The practice was disappointed at the lower than average satisfaction in these areas and were considering ways of improving this and were carrying out their own survey to gain more feedback.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 33 comment cards which were all positive about the standard of care received. Patients commented how they had been treated compassionately and that reception staff were always helpful and respectful.

We spoke with four patients during our inspection. Patients said they were happy with the care they received and thought staff were approachable, committed and caring but that they sometimes had difficulty accessing an appointment.

## Areas for improvement

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

- Improve the system for dealing with safety alerts to ensure there is evidence that appropriate actions are always taken and discussed at practice meetings.
- Implement a system for ensuring the follow up of children who do not attend hospital appointments.
- Improve the system in place to ensure that all patients on medicines which require monitoring have the appropriate tests prior to prescribing.
- Continue to implement the carers strategy and develop a more accurate register of carers.
- Consider displaying a poster showing patients how to complain.
- Continue to try to re-establish the patient participation group and address the lower than average satisfaction scores in the national patient survey.

# Molla and Kesani

## 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 specialist adviser and another member of CQC.

## Background to Molla and Kesani

Dr Molla & Kesani provide primary care medical services to approximately 3,560 patients who live in Weston Favell and the surrounding areas of East Northampton. The practice provide services under a General Medical Services (GMS) contract agreed nationally. The practice population is predominantly white British, with a significant proportion of patients from black and Asian ethnic groups. Fourteen per cent of the patient population were Bangladeshi, and in addition there were other minority groups speaking a range of languages including, Urdu, Hindu, Punjabi and Gujarati. Data suggests the area is one of moderate levels of deprivation.

The practice has two male GP partners and a regular female locum GP who works one session per week. They employ two practice nurses and a practice manager who are supported by a small team of administration and reception staff. The practice operates from two storey premises which is shared with three other practices and accommodates several community facilities such as phlebotomy, x ray, dental, health visitors and midwives. The GP and nurse consulting rooms are all situated on the ground floor.

The practice is open daily Monday to Friday from 8.00am until 6.30pm except Tuesday and Wednesdays when they are open until 7.30pm. Appointments are available between these times on Mondays from 9am until 6.30pm, Tuesday and Wednesdays 9am until 7.30pm Thursday 9am until 12midday and Fridays from 9am until 6pm. When the practice is closed services are provided via the 111 service from another provider.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

## How we carried out this inspection

Before the inspection 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 inspection on 15 March 2016. During our inspection we spoke with the two GPs, a nurse, the practice manager and administration and reception staff. We also spoke with patients who attended the practice that day and observed how staff assisted them both in person and on the telephone.

# Detailed findings

We reviewed an anonymised sample of the personal care or treatment records of patients and reviewed policies and procedures used in the practice and looked at staff records. We reviewed 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

### Safe track record and learning

There was an effective system in place for reporting and recording significant events. The practice had a comprehensive template which recorded all necessary information. Staff told us they would inform the practice manager of any incidents and the template would be completed. They told us these were investigated and analysed by the practice manager and the outcomes were discussed with the relevant staff involved and at the practice meetings. Lessons learnt were shared to make sure action was taken to improve safety in the practice and we saw minutes of meetings to confirm this.

We reviewed the management of safety records, incident reports and national patient safety alerts. The practice manager received these and disseminated to all GPs and nurses and these were actioned in the three cases we looked at and actions were recorded by the practice manager. However, the practice did not have a clear protocol to explain their actions and discussion at practice meetings.

When there were any incidents we saw that patients had been contacted and received reasonable support, truthful information, a verbal or written apology and were told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. One of the GPs was the lead member of staff for safeguarding and all clinical staff were trained to an appropriate level to manage safeguarding; due to be updated in May 2016. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their

responsibilities and all had received training relevant to their role. We saw that all vulnerable children and adults had icons on their records to alert staff to this and were discussed at regular multidisciplinary meetings.

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 check (DBS check) or had had a risk assessment undertaken to determine whether this was necessary. (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 visually clean and tidy. The practice nurse was the infection control clinical lead who ensured that staff were aware of infection control procedures and had carried out an infection control audit in October 2015. There was an infection control protocol in place and staff had received up to date training and reception staff told us they had had handwashing instructions at a recent protected learning session. All staff had access to adequate personal protective equipment such as gloves, and disposable aprons.
- The arrangements in the main for managing medicines, including emergency medicines and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). However, whilst the blank hand written prescriptions were kept in a locked cabinet we noted that there was no recording system in place for recording and monitoring their use. The practice manager addressed this immediately on the day and provided evidence that a system had been put in place to rectify this. The practice carried out regular medicines audits, with the support of the local CCG medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We noted that the practice had an effective system in place for ensuring that patients on high risk medicines such as Methotrexate and Warfarin were monitored and we saw that bloods had been taken and monitored regularly prior to prescribing this medication. For

## Are services safe?

patients taking ACE inhibitor medicines, who required blood tests at specific periods we noted that there was a small number of patients (14 out of 409) whose record did not have a record of a recent blood tests. The GPs told us they would start to investigate this and note it in the records and take any appropriate action necessary following investigation. (ACE inhibitors are medicines used to treat high blood pressure).

- We reviewed three 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.
- There were failsafe systems in place to ensure results were received for all samples sent to the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice had allocated a specific member of the staff who dealt with all cervical screening administration and follow up issues.
- We noted that there were seven children who had not attended hospital appointments in the last year. We checked three of these records and could not see that they had been followed up by the practice.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills and we saw evidence of a recent fire drill to confirm this. 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 property was the responsibility of NHS England Property Services and the practice had assurance of risk assessment of the whole building including asbestos, gas safety, air conditioning and Legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. Staff told us they covered for each other during times of 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 emergency button in each consulting room which alerted all staff if there was an emergency.
- All staff had received annual basic life support training and there were emergency medicines available in the treatment room.
- There was a defibrillator available on the premises which was shared with the whole building but the practice had its own oxygen with adult and children's masks which was kept behind the reception desk.
- 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 found to be in date.
- 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. This had been reviewed and updated in November 2015.

# 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 both nurses and GPs we spoke with confirmed this and were able to give examples of recent changes in NICE guidance, for example regarding diabetes medicines. They used this information to deliver care and treatment that met peoples' needs together with local guidance and care pathways from the CCG.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results from 2014/15 were 99.5% of the total number of points available, with 14.7% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Exception reporting was higher than the CCG average of 10.7% and this was discussed with the practice. The practice could demonstrate that in the majority of cases patients had either not responded to invitations for reviews or had dissented from the review.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed that the practice had achieved the almost maximum points in all QOF areas with the exception of blood pressure monitoring where they had achieved 88% which was less than the CCG and national averages of 99% and 98% respectively. In all other areas maximum points had been achieved which was better than the CCG and national averages. This included areas such as asthma, coronary

heart disease, diabetes, mental health and chronic obstructive pulmonary disease (COPD). The practice had robust call and recall systems for patients with long term conditions and was flexible in their approach and dealt with more than one condition at appointments. They had regular meetings with the multidisciplinary team when patients on the admission avoidance register were discussed as well as those who were vulnerable and we saw evidence to confirm this.

Clinical audits demonstrated quality improvement.

- There had been four clinical audits completed in the last two years, two of these were completed audits which demonstrated that appropriate care and treatment had been given and the practice intended to re run the audits the following year. These audits were regarding peripheral vascular disease and cervical screening. The practice also carried out audits of their minor surgery activity and infection rates as well as participation in local audits, national benchmarking and accreditation.
- We saw a significant number of examples of completed care plans for patients on the admission avoidance and palliative care registers, patients suffering with mental health problems and long term conditions such as diabetes and COPD and atrial fibrillation and we saw that accepted guidelines had been followed.

Information about patients' outcomes was used to make improvements, such as referral to the vascular clinic and invitation to a review of their condition where they had not been invited previously due to a read code error.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. The most recently employed members of staff told us they had received a comprehensive induction and shadowed other staff for periods of time before working unsupervised and had a review after three months to discuss their progress.
- Staff we spoke with demonstrated role-specific training and updating for areas such as cervical cytology and immunisation. Nurses had skills in diabetes and asthma and COPD and one nurse had identified the need to



# Are services effective?

## (for example, treatment is effective)

develop their knowledge of more complex diabetes management and arranged joint appointments with the diabetes specialist nurse and specialist diabetes dietician. Nurses administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations 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. They had also carried out audits on cervical screening in the practice which showed they had no inadequate results and that the process was effective.

- 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 during sessions, one-to-one meetings and appraisals. Nursing staff told us they were well supported at all times and had received ongoing support from the GPs and other staff since joining the practice. All staff had had an appraisal within the last 12 months with the exception of one nurse, however, they had received their pre-appraisal form and this was due to be completed in the following week. Following our inspection the practice manager submitted evidence to confirm that this had been completed.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of 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. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

### Consent to care and treatment

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

- Discussions with staff demonstrated that they 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 practice had a process for seeking written consent for procedures such as minor surgery and we saw that these were scanned and entered into the patient's record and audited annually.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet. The practice nurse was exploring the possibility of organising an education group in collaboration with the dietician for patients in the practice who would benefit from this. Patients were signposted to various support groups and local services as necessary, for example smoking cessation.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 82% 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 also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.



## Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccinations given were above the CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 77% to 100% and five year olds from 91% to 100%. The practice offered medical health checks for new babies and post-natal checks for mothers at eight weeks after birth and postnatal depression screening was carried out at that time. The practice also referred to the mental health crisis team when

necessary. They provided a contraceptive service and signposted to sexual health clinics when necessary. The practice had a poster in the waiting room advertising that a confidential service was available for young patients.

Flu vaccinations were offered to all patients over 65s and those in the at risk groups and patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74 years. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff and how they assisted patients who attended the practice during our inspection and noted that they were courteous and 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 told us that if patients needed to discuss issues in private or a patient appeared distressed they would check to find a room which was vacant at that time.

The majority of the 33 patient Care Quality Commission comment cards we received were positive about the service experienced. Two patients commented that the appointment system could be frustrating at times. Patients commented on all three GPs at the practice and said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Some patients expressed a preference for a specific GP.

We spoke with four patients during our inspection. They told us they were treated with respect and dignity but two told us that they found it difficult to get an appointment. However, they told us if they needed to see a GP urgently then they could be seen. 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 although the practice was slightly lower than average for its satisfaction scores on consultations with GPs and nurses. For example:

- 65% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 69% said the GP gave them enough time (CCG average 85%, national average 87%).
- 89% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%).

- 72% said the last GP they spoke to was good at treating them with care and concern (CCG average 84%, national average 85%).
- 90% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 91%).
- 85% said they found the receptionists at the practice helpful (CCG average 86%, national average 87%).

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

Patients reported they felt involved in decision making about the care and treatment they received and felt listened to and supported by staff. They told us they had sufficient time during consultations to make an informed decision about the choice of treatment available to them although satisfaction scores were below the CCG and national average. Patient feedback on the comment cards we received was positive.

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, although in some areas the responses were slightly below the CCG and national averages, but not significantly. For example:

- 73% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 62% said the last GP they saw was good at involving them in decisions about their care (CCG average 79%, national average 82%).
- 81% said the last nurse they saw was good at involving them in decisions about their care (CCG average 85%, national average 85%).

There was a high number of patients who did not have English as their first language, specifically speaking languages such as Bengali, Urdu and Gujarati. The GPs were able to speak most of the more used languages to assist in communication, but staff told us that translation services were available for patients who needed them.

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations. The practice had identified 378 patients as potential carers, but

## Are services caring?

at the time of inspection were not sure of the accuracy of the register, as information had been inserted as free text into patient records and not read coded. The practice manager told us they were reviewing the practice's approach to identifying carers, and submitted a plan of how they were going to bring the carers register up to date. This involved actions such as, identifying a dedicated member of staff to oversee this process, a review of the carers protocol, updating patient information and agreeing a code for carers to be used at registration. This showed a

clear strategy of how they intended to achieve accurate information in the future regarding carers and offer the appropriate support. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP would be informed and would contact the family and offer appropriate support dependent on the circumstances and knowledge of the family.

# 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 provided a range of enhanced services such as unplanned admission avoidance, learning disabilities health checks and minor surgery to promote health and reduce the need to attend the local hospital.

Patients who had been identified and added to the register for avoiding unplanned admissions scheme were encouraged to use the 'message in the bottle' system in their homes which informed any professionals or carers in attendance of important details affecting their health. These patients were reviewed at monthly meetings as well as those patients who were receiving proactive care from the multidisciplinary team.

- The practice offered a later appointments on Tuesday and Wednesday evening until 7.30pm for working patients and those who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and long term conditions.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions and telephone consultations were also available.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities, a hearing loop and translation services available and several of the staff spoke many of the more popular Asian languages to help patients with communication.
- The practice was in a large health centre and there was ample space for wheelchairs and mobility aids and all consultation rooms were on the ground floor. There was also a wheelchair within the centre which the practice used to assist patients with mobility problems.

### Access to the service

The practice was open between 8am and 6.30pm Monday, Thursday and Friday and from 8am until 8pm on Tuesdays and Wednesdays. Appointments were from 9am until 6pm

Mondays and Fridays, 9am until 7.30pm Tuesdays and Wednesdays, and 9am until 12 midday on Thursdays. In addition to pre-bookable appointments the practice released book on the day appointments at 8am every day which were also accessible online. Urgent appointments were also available for people that needed them and staff told us they would offer these as required as extras following discussion with the GP or nurse.

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

- 59% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 51% patients said they could get through easily to the surgery by phone (CCG average 71%, national average 73%).
- 64% patients said they always or almost always see or speak to the GP they prefer (CCG average 54%, national average 59%).

We noted that the practice had taken steps to address this during 2014/15 as a result of patient feedback by installing a new telephone system and had employed another member of the nursing staff and an additional session undertaken by a locum GP. This had resulted in an additional number of appointments being released. The practice had also introduced online booking during this time to promote ease of access for patients.

People told us on the day of the inspection that they did find it difficult to get appointments sometimes although they were always able to get appointments if they needed to see a GP urgently.

### Listening and learning from concerns and complaints

The practice had a 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. The practice manager was the designated person responsible who handled all complaints in the practice. We saw that they had updated the complaints leaflets and these were available from the receptionist staff but there was no poster or leaflet in the reception area informing patients about how to complain.

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

There had been three complaints received in the last 12 months and we found that all three cases had been satisfactorily handled, dealt with in a timely way, with openness and transparency and patients had been invited into the practice for a meeting to discuss their complaints

more fully. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, there were changes in procedures when GPs went on leave to ensure there were no delays in referrals to other agencies.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a vision to deliver high quality care and promote good outcomes for patients. The GPs and all staff were aware of this and told us that individualised patient care was always the priority. The GPs told us they had development plans in place which reflected their vision but which were still in the discussion stages, although they were anticipating this would materialise in the next six months.

### Governance arrangements

The practice had a 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
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice was maintained
- Clinical and internal audit was used to monitor quality and to make improvements
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, although the system for checking safety alerts and monitoring patients on certain medicines required a review and some amendment.

### Leadership and culture

The partners in the practice were committed to running the practice to ensure high quality, safe and compassionate care was a priority. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

We saw from the response to complaints and from significant events that the provider was aware of and complied with the requirements of the Duty of Candour and the partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents, but needed adding to make more robust.

There was evidence that following safety or any other incidents the practice gave affected people reasonable support, truthful information and a verbal and written apology and kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings which were held monthly and felt confident in doing so. We noted evidence of this in minutes of a recent meeting. We also saw that staff were kept up to date with plans for the future of the practice.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice told us they encouraged and valued feedback from patients, the public and staff. However, whilst it proactively sought patients' feedback and engaged patients in the delivery of the service, they told us that recently, the patient participation group had experienced significant change due to bereavement and ill health of some members and as a result meetings with the members had not been able to take place. The GPs told us they had kept in contact with the five members of the group but formal meetings were not able to take place and it was decided that they needed to recruit new members. We saw there were posters in the surgery advertising for patients to join the group and the practice were carrying out their own survey to gain patient views. They had also decided to actively ask patients who they considered may be interested in participating but this work is ongoing.

The practice had acted on previous patient survey results from last year and introduced a new telephone system which had improved access significantly. They had also introduced online appointment booking and the GPs were looking at why the responses to satisfaction with their treatment of patients were lower than other GPs locally.

# Are services well-led?

Good 

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

The practice had gathered feedback from staff through daily discussion and staff meetings and staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and supported and encouraged staff to develop and improve in their role to help improve outcomes for patients in the area.