

# Dr PC Patel & Partners

## Quality Report

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Date of inspection visit: 4 May 2016  
Date of publication: 10/06/2016

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

## Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr PC Patel and Partner on 4 May 2016. Overall the practice is rated as good.

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

- Staff had confidence in reporting, recording, investigating and responding to significant events.
- Staff had received appropriate safeguarding training to undertake their roles and responsibilities.
- The practice was visibly clean and tidy and they had an appointed infection prevention control lead. Staff had received appropriate training and cleaning schedules were maintained.
- Appropriate recruitment checks had been undertaken for staff prior to employment.
- There were adequate arrangements in place to respond to emergencies and major incidents. Emergency medicines and equipment were available and continuity plans in place to minimise disruption to the service.
- The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. The practice achieved 92% of the points available and was not an outlier for any clinical data. Clinical audits had been conducted and demonstrated quality improvement.
- Staff had undertaken a comprehensive induction and assessments during their probationary period and received appropriate training and supervision
- Patients and staff told us of the compassion shown by the clinical team and how the practice manager had comforted patients visibly distressed.
- The practice management were passionate about the practice and their plans to provide a more responsive service with the extensive planned development of their premises.
- The partners were visible within the practice and actively involved in all aspects of service delivery with partners leading on clinical care and administration. They actively sought feedback from staff and patients, listened to it and considered it within the development of the practice.

# Summary of findings

However there were areas of practice where the provider should make improvements;

- Improve the timely and comprehensive documenting of significant incidents, including reviewing the actions implemented as a result of areas of improvement having been identified through analysis.
- Identify and follow up on children who fail to attend hospital appointments to check there are no safeguarding concerns.
- Discuss changes to national guidelines during their clinical meetings.

- Record all complaints to enable the identification of themes and trends.
- Improve the identification of carers and provide them with appropriate support.

**Professor Steve Field** CBE FRCP FFPH FRCGP Chief Inspector of General Practice

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- Staff had confidence in reporting, recording, investigating and responding to significant events. However, these could be documented in a more timely manner. The practice acknowledged improvements could be made in the timely and comprehensive recording and response to such incidents.
- We found staff had received appropriate safeguarding training to undertake their roles and responsibilities. However, the practice was not consistently following up on children who failed to attend hospital appointments to ensure there were no safeguarding concerns.
- The practice was visibly clean and tidy and they had an appointed infection prevention control lead. Staff had received appropriate training and cleaning schedules were maintained.
- Appropriate recruitment checks had been undertaken for staff prior to employment.
- There were procedures in place for monitoring and managing risks to patient and staff safety such as appointed fire wardens, health and safety representatives and staffing levels were monitored.
- There were adequate arrangements in place to respond to emergencies and major incidents. Emergency medicines and equipment were available and continuity plans in place to minimise disruption to the service.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- The practice clinical team maintained personal responsibility for ensuring their clinical knowledge was current.
- The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. The practice achieved 92% of the points available and was not an outlier for any clinical data.
- Clinical audits had been conducted and demonstrated quality improvement.
- Staff had undertaken a comprehensive induction and assessments during their probationary period. On confirmation of their appointment they received training and supervision appropriate with their role and responsibilities.

# Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs, formalised in their quarterly multidisciplinary meetings.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice similar to or above the national average for several aspects of care.
- Patients said they were consistently treated with compassion, dignity and respect but all practice staff and 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.
- They provided personalised care to their palliative care patients providing them with a direct contact number for the lead GP (including out of hours).

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice provided a range of services to meet individual patient needs. These included longer consultations, home visits, vaccinations and a hearing loop for hearing impaired patients.
- The practice had similar to or above national averages for patient satisfaction with opening times, patients getting through on the phones and providing convenient appointments.
- The practice experienced high rates of non-attendance for appointments. This was actively addressed by the practice and individual circumstances considered.
- The practice performed consistently well in the NHS Friends and family test with all responses received in the last year likely or extremely likely to recommend the practice.
- The practice had an accessible and responsive complaint system. However, not all concerns had been documented due to being responded to and resolved at the time of reporting.

Good



## Are services well-led?

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

Good



# Summary of findings

- The practice operated a culture of openness and engagement with their staff, patients, and partner services.
- Staff understood and took pride in fulfilling their roles and responsibilities.
- The practice management were passionate about the practice and their plans to provide a more responsive service with the extensive planned development of their premises.
- The partners were visible within the practice and actively involved in all aspects of service delivery. With partners leading on clinical care and administration.
- The practice actively sought feedback from staff and patients, listened to it and considered it within the development of the practice.

# Summary of findings

## The six population groups and what we found

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

### Older people

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. This was achieved in partnership with health and social care services such as through the community care coordinator.
- Quarterly multidisciplinary meetings were held and patients with complex needs were reviewed and their care coordinated.
- Home visits were available for housebound patients or those clinically unwell to attend the surgery.
- Dosette boxes were arranged by the practice to support patients to manage their medicines.
- Vaccinations (shingles, pneumovax and flu) were available.
- Patients were invited for senior health checks.

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 were invited for regular checks and blood tests relevant to their condition. Rescue COPD packs were available for patients to assist them to self-manage their conditions.
- Patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- Palliative care patients received individualised care plans and were provided with direct contact details for the GP (including out of hours).
- Performance for diabetes related indicators were comparable with the national average. For example, Patients on the diabetic register who had the influenza immunisation was similar to the national average, achieving 93% in comparison with the national average of 94%.

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. However, we found the practice were not consistently following up on children who had failed to attend hospital appointments to check there were no safeguarding concerns.
- Immunisation rates were high for all standard childhood immunisations.
- On the day urgent appointments were available for children.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice's uptake for the cervical screening programme for 25- 64year old women was 81%, which was comparable with the national average of 82%.
- We saw positive examples of multidisciplinary working with the community midwife attending the surgery.
- Confidential family planning and sexual health advice was available for all young people.

## 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 practice acknowledged individual patient needs and would facilitate them for appointments where possible.
- The practice offered online appointments and repeat prescription services.
- A full range of health promotion and screening was available for this age group.
- Working patients were invited to attend for health screening.

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, travellers and those with a learning disability. Patients with no fixed abode were permitted to register under the practice address.
- 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.

Good





# Summary of findings

- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. For example, patients who abused substances or who were subject to domestic abuse.
- 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).

- Appointments were arranged to best facilitate an individual's needs and minimise anxiety.
- The practice regularly worked with multi-disciplinary teams in the case management (including care reviews) of patients experiencing poor mental health, including those with dementia.
- The practice achieved above the national average for their management of patients with poor mental health. For example, 88% of their patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in their records within the last 12 months and 95% had their alcohol consumption recorded.
- The practice encouraged and support patience for dementia screening and conducted advance care planning for patients. However they had slightly lower than the national average for the percentages of their patients diagnosed with dementia receiving a face to face review within the preceding 12 months. They achieved 78% in comparison with the national average of 84%.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. The practice worked with crisis teams to fast track patients to A&E.
- Staff had a good understanding of how to support patients with mental health needs and dementia. Staff were encouraged and had undertaken dementia awareness training.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. 303 survey forms were distributed and 110 were returned. This represented a response rate of 36%.

- 75% of respondents found it easy to get through to this practice by phone compared to the national average of 73%.
- 70% of respondents were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 90% of respondents described the overall experience of this GP practice as good compared to the national average of 85%.
- 75% of respondents said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 41 completed comment cards which were

overwhelmingly positive about the service they received from the clinical and non-clinical staff. They told us how the practice staff were committed, compassionate and caring. However, 14 of the 41 responses provided by patients made reference to difficulties and delays making appointments with lengthy waits of up to two weeks.

We spoke with five patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. However, they too made reference to difficulties obtaining timely appointments. They also had concerns regarding the use of locum GPs to ensure continuity of patient care, especially when they had ongoing care needs such as the review of test results.

The practice had received five responses to the NHS Friends and Family test in March 2016; all were extremely likely to recommend the service or likely to recommend to the service. We reviewed the recommendations for the last year and all the respondents commented they were likely or extremely likely to recommend the practice.

## Areas for improvement

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

- Improve the timely and comprehensive documenting of significant incidents, including reviewing the actions implemented as a result of areas of improvement having been identified through analysis.
- Identify and follow up on children who fail to attend hospital appointments to check there are no safeguarding concerns.
- Discuss changes to national guidelines during their clinical meetings.
- Record all complaints to enable the identification of themes and trends.
- Improve the identification of carers and provide them with appropriate support.

# Dr PC Patel & Partners

## 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 and a practice manager specialist adviser.

## Background to Dr PC Patel & Partners

Dr PC Patel and Partners is also known as Rosevilla Surgery, is located in Pitsea, Basildon. Rosevilla Surgery has approximately 4082 patients. There is limited parking available to patients at the surgery and time restricted public parking nearby. Patients may attend Southview Park Surgery for consultations and treatments.

There are two partners, one of whom is the lead GP. They employ four permanent locum GPs who work designated days each week. Overall there are three male GPs and two female GPs supported by a practice nurse and two healthcare assistants. Their non-clinical team (receptionist, administrator medical secretaries and cleaner) consists of eight members of staff and includes their practice manager.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 8.30am to 12.30pm and 3pm to 6pm. The practice nurses have appointments available between 9am to 12.30pm and 1.30pm to 5.30pm. The healthcare assistances are available between 9.30am to 12.30pm and 3pm to 6pm. The practice does not operate extended hours. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments are also available for people that needed them. Telephone consultations are offered daily.

The practice serves a deprived community. Both male and female patients have a lower life expectancy than the local and national averages.

The practice has a clear and comprehensive website providing patients with a menu of options that includes how they contact the surgery, access to additional health services and information sites.

## 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 4 May 2016. During our visit we:

- Spoke with a range of staff (the partners, GP locums, nursing team, practice manager and administrative and reception staff) and spoke with patients who used the service.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

# Detailed findings

- 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. Staff told us they would inform the partners and/or the practice manager of any incidents. There was a recording form available for staff to complete. 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).

The practice had recorded five significant incidents within the last year, relating to medicines management, referrals, safeguarding's and patient record management. All had been investigated, discussed and learning identified and shared with staff. 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. However, the practice acknowledged improvements could be made in the timely recording of such incidents. The incident form also failed to contain all relevant details relating to persons in attendance during discussions, a comprehensive narrative of the incident, learning outcomes identified and checks conducted to ensure changes had been embedded.

We asked the practice how they managed Medicines and Health Regulatory products Agency (MHRA) alerts and patient safety alerts. The MHRA is sponsored by the Department of Health and provides a range of information on medicines and healthcare products to promote safe practice. The practice told us that they shared the alerts with their clinical team and discussed them. We checked patient records and found patients had been reviewed and actioned appropriately. The practice were intending to introduce a systematic search of the patient record system to identify those patients who may be affected.

### 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 and outlined who to contact for further guidance if staff had concerns about a patient's welfare. The practice partner was the safeguarding lead and provided reports where appropriate for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. Clinicians and the practice management have undertaken training to level 3. However, we found that the practice were not consistently following up on children who had failed to attend hospital appointments to check there were no safeguarding concerns. We checked the patient system which identified four children had not attended their hospital appointments within the last 12 months; none had entries on the file that the practice had followed up with the child's guardians. Two of the children were known to social services and on the 'at risk' register.

- Notices were displayed in the surgery advising patients that chaperones were available, if required. The practice maintained a list of all staff trained for the role and they 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 was visibly clean and tidy. The practice nurse was the infection prevention control lead. The practice had conducted an annual prevention control audit and produced an annual infection control statement dated October 2015. There was an infection control protocol in place, staff had received up to date training and daily cleaning schedules were completed.
- 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). We checked the management of high risk medicines. Processes were in place for handling repeat prescriptions and medicines audits had been conducted to inform GP prescribing behaviours. We checked patient records and found prescribing was in line with best practice guidelines for safe prescribing.
- Patient Group Directions had been adopted by the practice to allow their practice nurses to administer medicines in line with legislation. Patient Group

## Are services safe?

Directives are written instructions, from a qualified and registered prescriber for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. The healthcare assistants were overseen by the practice nurses who were teacher and assessor trained.

- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- We reviewed five staff personnel files (two GPs, one healthcare assistant and two administrative staff) 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. A managing partner was appointed the practice health and safety representative. A health and safety policy was available dated February 2015 this included guidance on reportable occupational diseases.
- The practice had up to date fire risk assessments conducted in August 2015. They had conducted checks on their fire safety equipment including emergency lighting. There were designated fire wardens appointed and all staff had undertaken fire safety training. Fire drills had been scheduled.
- All electrical equipment had been checked to ensure the equipment was safe to use in July 2015 and the clinical equipment was checked to ensure it was working properly in October 2015. The vaccination fridge had been calibrated in January 2016 to ensure the accuracy of the readings.

- 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, infection control 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 enough staff were on duty. Staff worked across the two provider locations and this ensured greater resilience within their staffing structure.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available. We checked the accident book and found no entries.
- 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 dated 2015. The plan included emergency contact numbers for staff and use of alternative local premises. It was under review at the time of the inspection.

# 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. The practice clinical team maintained personal responsibility for ensuring their clinical knowledge was current. Staff had access to guidelines from the National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice acknowledged the potential benefit of discussing changes to national guidelines during their clinical discussions.

### 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 showed the practice achieved 92% of the points available. Their exception reporting was 5.2% which was 1.7% below the local average and 4% 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 not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators were comparable with the national average. For example, the percentage of patients with diabetes, on the register in whom the last IFCC-HbA1C is 64mmol/mol or less in the preceding 12 months. Patients on the diabetic register who had the influenza immunisation had similar to the national average, achieving 93% in comparison with the national average 94%.
- The practice achieved above the national average for their management of patients with poor mental health. For example, 88% of their patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in their records within the last 12 months and 95% had their alcohol consumption recorded.

- The practice had slightly lower than the national average for the percentages of their patients diagnosed with dementia receiving a face to face review within the preceding 12 months. They achieved 78% in comparison with the national average of 84%.
- The percentage of patients with hypertension having regular blood pressure tests was comparable with the national average achieving 81% in comparison with 84% nationally.

The practice had above the local average for accident and emergency admissions for ambulatory care sensitive conditions (12.73 per 1,000 of the population) but these still remained below the national average of 14.8 per 1,000 of the population. Ambulatory care sensitive conditions are those which it is possible to prevent acute exacerbations and reduce the need for hospital admission through active management, such as vaccination; better self-management, disease management or case management; or lifestyle interventions. Examples include congestive heart failure, diabetes, asthma, angina, epilepsy and hypertension. The practice told us they believed this was attributable to being located close to the accident and emergency department, that patients were experiencing delays in obtaining an appointment and the surgery did not participate in extended hours opening.

There was evidence of quality improvement including clinical audit. There had been three clinical audits completed relating to medicine management and osteoporosis. They had also conducted revalidation audits which were full cycle audits, where improvements had been implemented and monitored.

### 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 was comprehensive and covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and conduct and expectations of staff. Staff had confirmed receipt of documentation and reviewed the staff member's experience of the induction. Probationary interviews were conducted and contributed towards the staff member's appointment being confirmed.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, Staff administering vaccines and taking



# Are services effective?

## (for example, treatment is effective)

samples for the cervical screening programme had received specific training which had included an assessment of competence. 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 local nurse forum meetings.

- We reviewed five personnel files for clinical and non-clinical staff. 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 within the last 12 months. The practice were looking at systems to improve the appraisal of the practice nurses to assist with their revalidation.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules, face to face 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. We reviewed the practice records of multidisciplinary meetings. Meetings were conducted three monthly. We reviewed meetings minutes from July 2015 and October 2015. The practice meetings were well attended by the clinical team and the partner health and social services

such as the dementia crisis team, community matron, social worker. Patients with complex needs were reviewed and actions assigned. The practice had reviewed them but not entered details of their discussions or date of completion. The practice committed to improving their documenting of discussions.

### Consent to care and treatment

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

- Staff had received training and 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. The staff told us they never turned away a child requesting to see a clinician independently, but would always encourage them to involve their parent/carer.
- Where a patient's mental capacity to consent to care or treatment was unclear, the patient was referred to the GP for them to assess the patient's capacity and, recorded the outcome of the assessment.

### 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. The practice nurse told us she was passionate about promoting and supporting patients to maintain safe and healthier lifestyles (including sexual health advice for young people).

The practice reported a lower prevalence of new cancer diagnosis within their patient population than the local and national averages. They encouraged their patients to attend national screening programmes. Data from the National Cancer Intelligence Network showed the practice had comparable rates of screening for their patients when compared with the local and national averages. For example, the practice's uptake for the cervical screening programme for 25- 64year old women was 81%, which was comparable with the national average of 82%. There was a policy to offer reminders for patients who did not attend for their cervical screening test.



## Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccinations given were comparable to local and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93% to 100% and five year olds from 92% to 100%.

Patients had access to and were invited to attend 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.

# 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 they could offer them a private room to discuss their needs.
- Reception staff identified and supported patients during their attendance to reduce their anxiety.

The 41 patient Care Quality Commission comment cards we received were positive about the staff. Patients said they felt the practice provided a good service and the reception staff and practice management were committed to meeting them individual needs. They said they were consistently treated with dignity and respect.

The patients told us they were happy with the care provided by all members of the practice team. They told us their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey, published in January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was above or comparable with the national average for its satisfaction scores on consultations with GPs and nurses. For example:

- 90% of respondents said the GP was good at listening to them compared to the national average of 89%.
- 89% of respondents said the GP gave them enough time compared to the national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the national average of 95%.
- 81% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.

- 83% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 82% of patients said they found the receptionists at the practice helpful compared to the national average of 87%.

### **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 supported this.

Results from the national GP patient survey, published in January 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 88% of patients said the last GP they saw was good at explaining tests and treatments compared to the national average of 86%.
- 75% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 82% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- The practice website could be translated into a range of languages. Staff told us that translation services were available for patients who did not have English as a first language. However, this was rarely required.
- A range of information leaflets were available to patients within the waiting area or on request.

### **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.

## Are services caring?

The practice website provided details on carers support and links with useful services. Carers were identified by all members of the practice team. These were read coded to enable the practice to search patient records and invited to benefit from vaccinations services and carer assessments.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Some staff had undertaken additional bereavement training. The practice also provided additional contact details for their palliative care patients to contact them direct, including out of hours.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice provided a responsive service to meet the needs of its patients. For example;

- The practice offered an accessible appointment service. Appointments could be booked through reception, by phone or online.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Telephone appointments were available daily. These were primarily available for discussion of test results if necessary, pre-existing conditions, follow up on earlier consultations, review of progress and general advice.
- Access to WebGP, an online service where patients were guided through a series of questions about their concern and signposted to an appropriate service, such as a pharmacist or a GP.
- Online query or telephone call back request service. These were received directly by the practice. The GP called the patient back, issued a prescription or arranged an appointment with them.
- The practice offered online appointment booking and electronic prescribing for acute and repeat prescriptions. Patients were invited to submit an online request for their repeat prescriptions and could collect them at a pharmacy of their choice.
- There were longer appointments available for patients with a learning disability.
- Same day appointments were available for children and those patients with medical problems that require same day consultations.
- Patients were able to receive travel vaccinations available on the NHS.
- The practice conducted non NHS services including Heavy Goods Vehicle medical assessments, adoption and insurance reports.
- The practice had a hearing loop system for those experiencing difficulties hearing.
- Disability toilet facilities were available.
- The practice allowed persons with no fixed abode to register under the practice address.
- The practice had access to translation services but this is not regularly required.

- The practice worked with the community care coordinator to assess and meet individual patient's health and social care needs.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 12.30pm and 3pm to 6pm. The practice nurses clinics operated from 9am to 12.30pm and 1.30pm to 5.30pm. The healthcare assistant's clinics were from 9.30am to 12.30pm and 3pm to 6pm. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. A single online appointment was released per day for each GP. Telephone consultations were offered daily.

The staff told us there was high demand for appointments and they were often fully booked within 15 minutes of the phones lines opening.

Results from the national GP patient survey, published in January 2016 showed that patient's satisfaction with how they could access care and treatment was above the national averages in most areas.

- 83% of respondents were satisfied with the practice's opening hours compared to the national average of 75%.
- 75% of respondents said they could get through easily to the practice by phone compared to the national average of 73%). However, only 61% of respondents described their experience of making an appointment as good. This was despite 94% of respondents who said the last appointment they got was convenient in comparison with the national average of 92%.

People told us on the day of the inspection that they were able to get urgent appointments on the day.

The practice monitored non-attendance for clinical appointments by patients. In January 2015, 187 appointments were lost due to patients failing to attend. This had reduced to 61 appointments where patients had failed to attend in January 2016. The practice sent patients two text reminder messages, to confirm and to remind them of their appointment. However, this had proved insufficient to reduce non-attendance significantly. They also published non-attendance information and explained and supported patients to cancel no longer required appointments.

# Are services responsive to people's needs?

(for example, to feedback?)

The practice had received five responses to the NHS Friends and Family test in March 2016; all were extremely likely to recommend the service or likely to recommend to the service. We reviewed the recommendations for the last year and all the respondents were likely or extremely likely to recommend the practice.

The practice invited patients to provide written feedback throughout the year and invited them to participate in their practice survey. The responses were regularly reviewed although the practice acknowledged that they had a poor response rate. Nevertheless, the practice had acted on concerns raised and installed an additional phone line in direct response to patient comments. This was to be reviewed in the future to establish whether patient satisfaction had improved.

## **Listening and learning from concerns and complaints**

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.
- A managing partner was responsible for handling all formal complaints in the practice. The reception staff told us they tried to resolve matters as they arose, where practicable.
- We saw that information was available to help patients understand the complaints system.

Two written complaints were received within the last year. We reviewed both complaints and found they had been acknowledged and investigated. Concerns and complaints had been discussed amongst the practice team to identify trends and learning shared. However, not all enquiries or responses sent in relation to the complaints had been documented. The practice had acknowledged this as an area for improvement and the managing partner and practice manager had recently undertaken external complaints management training. They told us they had found it valuable for professionalising the service.

# 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 were committed to delivering high quality care and promoting good outcomes for patients.

- The objective of the practice was to give the very best contemporary standards of medical and personal care. This was to be achieved by empowering patients to manage their conditions with support by way of regular check-ups as and when required. All staff we spoke with understood and shared this objective.
- The practice had a business plan in place to extend their premises to meet the growing patient demand for services. The proposal had been submitted to NHS England and was awaiting approval. The plans were displayed in the patient waiting area and patients were encouraged to engage in the consultation, inviting comments. All responses had been considered and resulted in some amendments to the proposals.

### Governance arrangements

The practice was managed as a partnership with a partner overseeing clinical matters and the other leading on administrative matters such as contracts. The practice manager shared their time between the provider's two locations and was responsible for the day to day management of the service.

There was a clear staffing structure and that staff were aware of their own roles and responsibilities.

- Practice specific policies were implemented and accessible to all staff.
- The practice maintained a comprehensive understanding of their clinical and administrative performance.
- Staff acknowledged their strengths and limitations and commissioned external experts where appropriate to advise them.
- A programme of internal audit was used to monitor quality and to make improvements especially to their appointment system.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

The partners demonstrated they had the commitment, experience, capacity and capability to run the practice and

ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff and their patients.

The practice acknowledged their strengths and limitations and identified areas where improvements could be made. For example, strengthen their administrative systems and maintaining a single data system to mitigate duplication.

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 supporting training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment affected patients received reasonable support, truthful information and an apology.

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

- Staff told us the practice held regular informal discussions, team meetings and nurse meetings. We reviewed meeting minutes from November 2015 and March 2016. These lacked detail of the discussion, actions taken and dates of completion. However, we found that the practice had responded to all concerns raised. We also reviewed joint clinical practice meetings for April 2016 and February 2016 they were well attended by the clinical team and covered a range of issues including safeguarding incidents, significant events, training and appraisal, management of referrals.
- 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 partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged and supported their staff to identify opportunities to improve the service delivered by the practice.

# Are services well-led?

Good 

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

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

The practice encouraged and valued feedback from patients, the public, partner services and staff. They regularly spoke with patients at the time of them voicing their concerns to resolve matters in a timely and effective manner.

The practice regularly gathered feedback from patients through their practice survey, the NHS Friends and Family Test, National Patient Survey, complaints and their Patient Participation Group (PPG). The PPG met quarterly. We reviewed meeting minutes for the PPG for April 2016, March 2015 and November 2015. The meetings were well attended during 2015 with 6-7 patients and both practice partners. Discussions included general business issues such as the appointment of clinical staff, complaints and

general feedback from patients captured through national surveys and the practice own systems and the proposed developments for the practice. However, actions were not assigned and the meetings not reviewed and agreed from the previous meeting.

The practice had gathered feedback from staff through daily informal discussions, many of the staff had worked for the partners or practice for many years and often in different roles. Staff told us they felt respected and valued by the partners and enjoyed coming to work. They told us they had appraisals conducted but would not hesitate to give feedback and discuss any concerns or issues with colleagues and management at any time. Staff told us they felt involved and engaged to improve how the practice was run.