Dr Andra Jayaweera

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Andra Jayaweera on 02 September 2015. Specifically, we found the practice was good for providing safe, responsive, caring and well led services. They were rated as requires improvement for effective services. For all the population groups we inspected the practice was also rated as good.

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

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

- Staff knew and carried out their obligation to raise concerns, and to report safety incidents. Information about safety was recorded, monitored, and appropriately reviewed to identify trends or recurring themes.
- Risks to patients were also assessed, well managed and reviewed to identify any trends or recurring themes.
- Patients' needs were considered and care was planned and provided in a way that followed both best practice and recommended current clinical guidance.
- Staff had received the necessary training applicable to their roles and further training had been recognised and planned though the appraisal system.
  - Patients told us they were treated with consideration, dignity and respect and they were involved in their care and decisions about their treatment.
- Information regarding how to complain about the practice was available to patients and easy to understand.
- The staff members had received training about safeguarding children and vulnerable adults and knew how and who to contact with any concerns.
  - Patients indicated in the National GP Patient Survey published in July 2015 that they found it easy to make an appointment.
  - The practice was adequately equipped to treat patients and meet their requirements.

Summary of findings

- The practice had a newly formed Patient Participation Group (PPG) that had made suggestions for practice changes.
- The practice sought feedback from patients annually to gain their views regarding their services.

- There was a well-defined leadership structure and staff told us they felt supported in their work roles.

However there were areas of practice where the provider needs to make improvements.

Importantly the provider should

- Ensure the practice procedure to check patient treatment reviews are documented consistently to reflect fully when reviews or patient contacts had taken place.

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?

Good

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report safety incidents. Information about safety was recorded, monitored and considered. Lessons learnt were communicated to staff during practice meetings to support improvement. Patients and staff told us there were enough staff working to help keep people safe. Medicine management checks, incidents and complaints were all reviewed. Safety risks to patients and staff were also assessed and reviewed to identify any trends or recurrent themes. Infection control procedures were completed to a satisfactory standard and documentation was up to date. The practice fire equipment was appropriate and fire drills were carried out to ensure staff knew how to act and keep people safe in the event of a fire. There was an infection control policy in place and staff had received update training.

Are services effective?

Requires improvement

The practice is rated as requires improvement for providing effective services. Data showed patient outcomes were above average in most cases and comparable with those in the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Staff had received appropriate training to carry out their roles. Training was identified, planned and evidenced in appraisals and personal development documents for staff. We found staff worked with multidisciplinary teams evidenced in meeting minutes. When the practice recognised there were areas they could improve they used both clinical and non-clinical audit to identify them. Patients' care and treatment needs were assessed and care was planned using current clinical guidance and legislation. This included assessing capacity and promoting good health.

We found patient treatment reviews were not always recorded consistently to reflect when patient contact had taken place.

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for most aspects of care. Patients told us they were treated with compassion, dignity and respect and they were involved with their care and treatment. Information about the services available for patients was easy to understand and accessible in the waiting room. We also saw that staff treated patients with kindness and respect, and

Summary of findings

maintained their confidentiality. Patient reviews about the practice, on the NHS choices website,were positive in regards to the caring aspects of patient care, and the 'Friends and Family' test showed 100% of the respondents would recommend the practice.

Are services responsive to people's needs?

Good

The practice is rated as good for responsive services. Patients on the day of our inspection told us they could get an appointment with a named GP, this enabled continuity of care, and urgent appointments were available on the same day they were requested. The practice had adequate facilities and was suitably equipped to treat patients and could meet their needs. Information about how to complain was available and easy to understand, and the practice responded in line with the timescales quoted in their policy when issues were raised. Learning from complaints was shared with staff during practice meetings.

The practice reviewed the needs of its local population and engaged with the Clinical Commissioning Group (CCG) monthly to secure improvements to services when these were identified.

Are services well-led?

Good

The practice is rated as good for being well-led. It had a clear vision and strategy and staff knew their responsibilities in connection with this. There was a clear leadership structure and staff told us they felt supported. The practice had a number of policies and procedures to govern activities at the practice. The practice used their quarterly meetings to discuss issues. There were systems in place to monitor and identify patient and staff risks. The practice sought feedback from staff members during appraisals and meetings, which it acted on. Staff had received inductions, regular performance reviews during their appraisals and attended staff meetings, and training. The practice employed a human resources company to provide this service to staff members and support the registered manager.

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

Good

The practice is rated as good for providing safe, responsive, caring and well-led services and this includes for this population group. The practice is rated as requires improvement for effective services. The concerns which led to these rating apply to everyone using the practice, including this population group.

Nationally reported data showed that outcomes for patients were above those nationally for conditions commonly found in older people.

The practice offered proactive, personalised care to meet the needs of the older people in the practice population and had a range of services, for example; senior health checks, developing care plans as part of the admission avoidance enhanced service for people at risk of an unplanned hospital admissions, multi-disciplinary meetings (MDT) with a neighbouring practice and provision of a named GP for all patients in this population group. The practice offered older people home visits, and urgent appointments to meet their needs.

People with long term conditions

Good

The practice is rated as good for providing safe, responsive, caring and well-led services and this includes for this population group. The practice is rated as requires improvement for effective services. The concerns which led to these rating apply to everyone using the practice, including this population group.

Patients with a long-term condition and those at risk of a hospital admission were identified for longer appointments or home visits when needed. The practice offered a number of specialist clinics for asthma, diabetes, chronic obstructive pulmonary disease (COPD), hypertension and dressings. All patients with a long term condition had a named GP and a structured annual review to check their health and medicine requirements were met. For those people with more complex needs, the named GP worked with relevant health and care professionals for example the community and secondary care diabetic clinics to deliver a multidisciplinary care package.

Those patients on the palliative care register in need of care were discussed at the monthly multidisciplinary team meetings.

Summary of findings

Families, children and young people

Good

The practice is rated as good for providing safe, responsive, caring and well-led services and this includes for this population group. The practice is rated as requires improvement for effective services. The concerns which led to these rating apply to everyone using the practice, including this population group.

Immunisation rates were relatively high for the standard childhood immunisations and HPV vaccine for teenage girls. Children at risk, for example, children and young people who had a high number of A&E attendances were followed up.

Appointments were available outside school hours for families with school age children and young people. The practice worked closely with midwives, and health visitors. They provided antenatal checks and support for mothers during pregnancy, with baby checks and post-natal checks after confinement. The practice also provided family planning services, signposted young people towards sexual health clinics, chlamydia, and sexually transmitted disease (STD) screening.

Working age people (including those recently retired and students)

Good

The practice is rated as good for providing safe, responsive, caring and well-led services and this includes for this population group. The practice is rated as requires improvement for effective services. The concerns which led to these rating apply to everyone using the practice, including this population group.

The needs of the working age population, those recently retired and students had been identified and the practice had adjusted their services offered. Extended hours were provided to ensure opening hours were accessible to patients in this population group, and could offer continuity of care. The practice was proactive in offering online appointments and prescriptions as well as a full range of health promotion, screening, and health checks that reflected their needs.

Appointments were available within the practice extended hours for chronic disease monitoring for this group.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for providing safe, responsive, caring and well-led services and this includes for this population group. The practice is rated as requires improvement for effective services. The concerns which led to these rating apply to everyone using the practice, including this population group.

Summary of findings

The practice held a registers of patients living in vulnerable circumstances including those with a learning disability, and those patients assigned to the practice after referral from other local practices.

The practice worked with multi-disciplinary teams in the case management of vulnerable people. Signposting to third sector groups and organisations to access various support was incorporated into the care for vulnerable people.

Staff had received training and knew how to recognise signs of abuse in vulnerable adults and children. They were aware of their responsibilities regarding information sharing and the documentation of safeguarding concerns. Staff knew who the safeguarding lead at the practice was and who to contact with any concerns.

Where necessary frail patients were supported to access a social worker and or a community matrons to maintain their care which was discussed at multidisciplinary meetings.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for providing safe, responsive, caring and well-led services and this includes for this population group. The practice is rated as requires improvement for effective services. The concerns which led to these rating apply to everyone using the practice, including this population group.

Analysis of data we held showed the percentage of patients experiencing poor mental health at the practice had received a comprehensive, agreed care plan was 10% higher than the local and national averages. The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.

The practice signposted patients experiencing poor mental health to access various support groups and voluntary organisations including cognitive behaviour therapy, crisis intervention team, be-friending service and the drug and alcohol team. Patients in this population group who had attended accident and emergency (A&E) where they may have been experiencing poor mental health were followed up.

Patients receiving certain medicines for their mental health had their levels monitored and adjusted if needed.

Summary of findings

What people who use the service say

The National GP Patient Survey results published on 4 July 2015 showed the practice was performing in line with local and national averages. There were 115 responses from 359 surveys distributed giving a response rate of 32%.

- < >% found it easy to get through to this surgery by phone compared with the CCG average of 70% and a national average of 73%.
  93% found the receptionists at this surgery helpful compared with the CCG average of 87% and a national average of 87%.
- 70% with a preferred GP usually got to see or speak to that GP compared with the CCG average of 68% and a national average of 60%.
- 86% were able to get an appointment to see or speak to someone the last time they tried compared with the CCG average of 87**%** and a national average of 85**%**.
- 99% said the last appointment they got was convenient compared with the CCG average of 93% and a national average of 92%.
- 88% described their experience of making an appointment as good compared with the CCG average of 74% and a national average of 73%.
- 90% usually waited 15 minutes or less after their appointment time to be seen compared with the CCG average of 74% and a national average of 65%.
- 85% felt they didn't normally have to wait too long to be seen compared with the CCG average of 67% and a national average of 58%.

As part of our inspection we also invited patients at the practice to complete CQC comment cards prior to our inspection. We received 39 comment cards which were all positive about the care patients received. Comments included compliments regarding the reception staff being helpful, and the practice being clean and tidy. On the day of our inspection we also spoke with six patients who gave their opinions with regards to the quality of the service provided to patients, their comments were in line with the comment cards received.

We contacted an independent healthcare professional who worked with the practice and they told us they had an excellent working relationship with the GP who referred patients for therapy. They told us the GP maintained an interest in patient's treatment and was always available to discuss patient's needs. The practice administrative staff were also commended for their hospitality and patient care.

Dr Andra Jayaweera

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist adviser.

Background to Dr Andra Jayaweera

Dr Andra Jayaweera at Downhall Park Surgery provides GP services to approximately 3265 patients living in Rayleigh, Essex. The practice holds a Primary Medical Services Contract (PMS) with the addition of enhanced services for example; 'Extended Hours access', 'Childhood Vaccination and Immunisation Scheme', 'Reducing unplanned admissions', and 'Minor Surgery'.

The practice has a team of two doctors; one full-time female GP and one male part time regular locum GP providing choice of clinician gender. There is a nurse who runs a variety of appointments for long term conditions, minor illness and family health. There is a team of four non-clinical, administrative, secretarial, and reception staff who share a range of roles. There is access to midwives, health visitors, therapists, and district nurses.

The practice is open from 8.30am to 6.30pm Monday, Tuesday, Thursday, Friday, and 8.30am to 8pm on Wednesdays. GP surgery hours are from 9am to 12 noon Monday, Tuesday, Wednesday, Thursday, Friday and from 5pm to 6.30pm Monday, Tuesday, Thursday, Friday, and 5pm to 7.50pm on Wednesday evenings.

Outside of these hours, GP services are accessed by phoning the NHS 111 service. The Out of Hour's (OOH) service delivery for this practice population is provided by 'Care UK' when the practice is closed.

Why we carried out this inspection

We carried out a comprehensive inspection of 'Downhall Park Surgery' under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The comprehensive planned inspection was to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services under the Care Act 2014.

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.

How we carried out this inspection

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?

Detailed findings

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

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

Before visiting, we reviewed a range of information that we hold about 'Downhall Park Surgery' and asked a healthcare professional that to share what they knew. We carried out an announced visit on 02 September 2015. During our visit we spoke with a range of staff from the GPs, nurse, non-clinical at reception, secretarial, and administrative staff. We also spoke with patients and their carers who used the service. We observed how people were being cared for and talked with carers and/or family members and reviewed the records and documents used to govern and treat patients at the practice. We reviewed 39 comment cards where patients and members of the public shared their views and experiences of the practice.

Good

Are services safe?

Our findings

Safe track record and learning

Staff understood and fulfilled their responsibilities to raise concerns, and to report safety incidents. Information about safety was recorded, monitored and considered appropriately. Any changes needed to procedures or policies found during a review were acted on, recorded, and evidenced in practice meeting minutes. Staff told us they would inform the senior GP that dealt with incidents or complaints received by the practice.

People affected by significant events received a timely communication from the practice stating the actions that had been taken to resolve the issue and an apology, if this was appropriate. We saw the practice had carried out a review of safety incidents and risks for patients and staff to understand trends, or recurrent themes.

We reviewed minutes of meetings where safety incidents and complaints were discussed; these showed that lessons learnt were shared to make sure action taken to improve safety in the practice was maintained. For example; a member of staff tidied away the medicines and nebules held at the practice. It was evident that when needed by the GP they could not be readily located. This raised the issue that if changes were made regarding where essential medicine or equipment was stored it must be communicated to all staff members immediately.

Safety was monitored using information from a range of sources, including the National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. Alerts from the medicines and healthcare products regulatory agency (MHRA) were received and acted upon and there was an up to date procedure outlining the process.

Overview of safety systems and processes

The practice had systems, processes and procedures to keep people safe, these included:

- Arrangements in place to safeguard adults and children from abuse that reflected relevant legislation and locally agreed requirements, these procedures were accessible to all staff. The procedures outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a GP lead for safeguarding that provided reports where necessary for meetings and other agencies. Staff members demonstrated they understood their responsibilities and had received training appropriate for their role.
- A notice was displayed in the waiting room, advising patients that chaperones were available if required. All staff who acted as chaperones had been trained for the role and had received a disclosure and barring check (DBS). 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.
- There were procedures in place for monitoring and managing risks to patients and staff safety. There was a health and safety policy available for staff guidance and a poster showing the practice met health and standards. The practice had an up to date fire risk assessment, and fire equipment had been checked and a record of fire drill rehearsals were maintained. These drills ensured staff knew how to act and keep people safe in the event of a fire.
- We were shown evidence that all electrical equipment was checked to ensure the equipment was safe to use. We also saw clinical equipment was checked by an accredited company to ensure it was working properly. The practice had a variety of other assessments in place to monitor the safety of the premises such as control of substances hazardous to health, and infection control.
- Appropriate standards of cleanliness and hygiene were followed. We saw the practice premises was clean and tidy. The senior GP was the infection control clinical lead who had received extra training to stay current with best practice procedures. Annual infection control audits were undertaken and we saw evidence that actions when required had been carried out. There was an infection control policy in place and staff had received update training. During our inspection we saw reception staff followed the practice policy to use disposable gloves when handling patient specimens for the laboratory.
- The arrangements for managing medicines included emergency drugs, nebulising solutions and vaccinations. The practice kept patients safe by following the policy relating to obtaining, prescribing, recording, handling, and the secure storage of medicines. Regular medication audits were carried out

by the practice to check they were prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there was a record kept to monitor their use.

- Recruitment checks were carried out and the four staff files we reviewed showed that 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 when needed.
- Arrangements were in place to ensure that enough staff were on duty to meet patients' needs.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation treatment rooms and administration areas of the practice which alerted staff to any emergency that arose. 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 defibrillator delivers a therapeutic dose of electrical energy to the heart; this allows a normal heart rhythm to be re-established. There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the treatment room and staff knew the location. All the medicines we checked were in date and safe for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and the arrangements they had with a local 'buddy' practice.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment 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 ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop care and treatment plans to be delivered for patient needs. The practice monitored these guidelines through audits and random checks of patient records.

Owing to the GPs familiarity with patients registered at the practice, not all patient contacts and treatment reviews were consistently recorded on patient medical records; for example telephone calls to patients after hospital discharge. This was discovered when the full-time GP showed the GP specialist advisor within the inspection team the checking and monitoring actions taken by the practice for patients taking high risk medications. This was discussed and acknowledged by the GP who told us for the future all patient contacts would be recorded and a process would be put into place. The new process would record all patient contacts and a consistent approach to treatment review recording to ensure this did not occur in the future.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. This practice was not an outlier for any QOF (or other national) clinical targets. Overall QOF exception reporting for the practice was 1.5%. Patients can be exception-reported from individual indicators for various reasons, for example if they are newly diagnosed or newly registered with a practice, if they do not attend appointments or where the treatment is judged to be inappropriate by the GP (such as medication cannot be prescribed due to side-effects).

Data from 2013-2014 showed:

- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 91.04% and the national average was 88.35%.
  - The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding nine months was 150/90mmHg or less was 83.97% and the national average was 83.11%.
  - The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 92.86% and the national average was 86.04%.
  - The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 75% and the national average was 83.82%.

  Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved in improving care and treatment and people's outcomes. We were shown two clinical audits completed in the last two years, these were completed audits that showed improvements to treatment had been made, were implemented, and monitored. The practice participated in local medicines management team audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, a recent re-audit showed; all the patients on the practice register affected by a neurological condition had been reviewed to ensure they had continued to take their medication in line with current best practice and had remained symptom free.

  Effective staffing

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

- The practice had an induction programme for newly appointed members of staff that covered learning in safeguarding, fire safety, health and safety and patient confidentiality.
- The learning needs of staff were identified through their appraisals, and practice meetings.

Requires improvement

Are services effective?

(for example, treatment is effective)

- Staff had access to appropriate training to meet their learning needs and to cover the range of their work. This included on-going support at practice training days, clinical supervision, facilitation, and support for the revalidation of doctors. All staff records seen had received an appraisal within the last 12 months.
- Longer serving staff members had also received training that included: safeguarding, fire procedures, basic life support and patient confidentiality awareness.

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 computer patient record system and the practice intranet system. This included care plans, medical records communications from other healthcare providers and test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together with other health and social care services to understand and meet the range and complexities of people's needs. Multidisciplinary work also supported care planning and ongoing care and treatment. This ensured that when patients moved between services, including when they were referred, or after they were discharged from hospital they were tracked for follow-up. We saw evidence that multi-disciplinary team meetings took place on a monthly basis in conjunction with a buddy practice and that care plans were routinely reviewed and updated.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with the practice policy, legislation and guidance. Staff understood the relevance of consent and decision-making requirements, legislation, and guidance including the Mental Capacity Act 2005. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of that assessment.

Health promotion and prevention

Patients who were in need of extra support were identified and offered health promotion information and preventative treatments on an ad hoc basis whilst visiting the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition, those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to a variety of services that were relevant for their needs and these services were promoted in the waiting for patients to self-access.

The percentage of women aged 25 to 64 years whose notes record that a cervical screening test had been performed in the preceding five years from data collected relating to 2013-2014 was 88.92% which was above the national average of 81.88%. There was a practice process to offer patients telephone reminders for those 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 and these were also promoted on the notice board in the waiting room.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 100% to 90.9% and five year olds from 100%% to 94.9%. Flu vaccination rates for people with diabetes, who had influenza immunisation in the preceding 01 September to 31 March of 2013-2014, were 100% and this was above the national averages of 93.46%.

Patients had access to appropriate health assessments and checks. These included; health checks for new patients, senior health checks, assessments for those patients that had not attended the practice for five years and appropriate follow-ups on any outcomes, abnormalities or risk factors identified.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection day that members of staff were courteous, responsive and helpful to patients both when arriving at the reception desk and on the telephone. We saw staff members also treated people with dignity and respect and respected their privacy. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that the 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 privacy to discuss their needs. This service was identified in a notice in the waiting room.

All the 39 patient CQC comment cards we received were positive about the service patients experienced. Patients said they felt the practice offered an excellent service and staff were extremely helpful, caring, and treated them with dignity and respect. We also spoke with six patients on the day of our inspection. They also told us they were more than satisfied with the care provided by the practice and told us their dignity and privacy were respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when requested.

Results from the National GP Patient Survey published in July 2015 showed patients were less positive than average for the CCG and national percentages for many of the data results with the manner in which they were treated. They felt they were treated with compassion, dignity and respect. The practice was below average for some of its satisfaction scores on consultations with doctors and above average for the nurses and reception staff. For example:

- 64% said the GP was good at listening to them compared to the CCG average of 83%and national average of 89%.
- 64% said the GP gave them enough time compared to the CCG average of 83% and national average of 89%.
- 83% said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and national average of 95%.
- 68% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and national average of 85%.
- 99% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92%and national average of 90%.
- 93%patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and they felt involved in any 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 on the comment cards we received was also positive and supported these opinions. The GP told us they used the feedback within the GP survey to improve their service provision.

Results from the National GP Patient Survey published in July 2015 showed patients did not respond so positively to questions about their being involvement in planning and making decisions about their care and treatment. For example:

- 61% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and national average of 86%.
- 64% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and national average of 81%.

Staff told us that translation services were available for patients who did not have English as a first language, and there was a notice available in the reception area informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Good

Are services caring?

Notices and leaflets in the patient waiting room told patients how to access a number of various support groups and organisations.

The practice computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers and they were offered health checks and a referral for social services support. Written information and pamphlets were available for carers to ensure they understood the various avenues of support available to them.

The GP told us that if families had suffered bereavement, the GP visited them to provide personal comfort. There was advice within information held in the waiting room about how to find a support service.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The GP worked closely with the local Clinical Commissioning Group to plan local services and to improve outcomes for patients in the area. Services at the practice were designed and provided to take into account the needs of different patient groups and to help provide and give choice, and continuity of care. For example;

- There were longer appointments available for older people, and those with a learning disability or dementia.
- Home visits were available for older patients and those who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were accessible facilities including a consultation room and treatment room on the ground floor with sufficient space for pushchairs, prams or wheelchairs.
- Online appointment booking, and prescription ordering was available for patients.
- The practice worked closely with multidisciplinary teams to improve the quality of the service provided to vulnerable and palliative patients. Meetings were minuted and their care was discussed and recorded into patient records.

Access to the service

The practice was open from 8.30am to 6.30pm Monday, Tuesday, Thursday, Friday, and 8.30am to 8pm on Wednesdays. GP surgery hours were from 9am to 12 noon Monday, Tuesday, Wednesday, Thursday, Friday and from 5pm to 6.30pm Monday, Tuesday, Thursday, Friday, and 5pm to 7.50pm on Wednesday evenings.

Outside of these hours, GP services are accessed by phoning the NHS 111 service. The Out of Hour's (OOH) service delivery for this practice population is provided by 'Care UK' when the practice is closed.

Results from the National GP Patient Survey published in July 2015 showed that patient satisfaction with how they could access care and treatment was above local and national averages and people we spoke to on the day were able to get appointments when they needed them. For example:

- 84% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 96% patients said they could get through easily to the surgery by phone compared to the CCG average of 70% and national average of 73%.
- 88% patients described their experience of making an appointment as good compared to the CCG average of 74% and national average of 73%.
- 90% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 74% and national average of 65%.

Listening and learning from concerns and complaints

The practice recorded and reviewed any compliments, complaints, and concerns it received. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The GP was the designated responsible person who handled all complaints at the practice. We noted they were received and dealt with in a timely fashion and within their own policy stated timescales.

We saw there was information available to assist patients understand the practice complaints procedure. We were told the practice had not received any complaints in the last few years. Their policy to deal with complaints showed that lessons would be learnt from concerns and complaints and action taken to improve the quality of care for patients would be discussed and recorded. Patients we spoke with told us they would ask at reception if they had any concerns or complaints or write to the GP. Staff members were aware of the complaints procedure and could support patients and advise them of the procedure. The complaints procedure was published in the practice leaflet and gave further contact details for patients unhappy with their complaint resolution.

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 gave us their vision and strategy which outlined their aim to deliver high quality care and promote good outcomes for patients. The practice had a practice charter which staff knew about, understood and was published in the practice leaflet. The practice had a robust strategy and supporting business continuity plan. The GP was positive about the involvement of their recently formed patient participation group. They intended them to be active and critical friends providing contributing to the practices proposals.

Governance arrangements

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

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff for guidance.
- The practice understood its performance which was discussed at staff practice meetings.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing patient safety, and effectiveness issues and the practice could evidence implementation of mitigating actions with signed documents to show all staff members understood.

Leadership, openness and transparency

The GP at the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care.

The GPs working at the practice were visible and staff told us they were approachable and always took the time to listen to them. The GPs encouraged a culture of openness and honesty, and staff told us there was a no blame culture.

Staff told us that regular team meetings were held and they had the opportunity to raise any issues at those meetings and felt supported and confident to do so. Staff said they felt respected, valued and supported, particularly by the GPs in the practice. All staff were involved in discussions about how to run and develop the practice. The GP encouraged 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 gained patients' feedback through the friends and family test (FFT), the NHS Choices website, and the national patient survey. Feedback from each of these sources showed the practice scored similar to national averages in patient satisfaction. The GP told us they would address the areas the practice was below CCG and National average with the support of the newly formed patient participation group (PPG). The PPG told us were very keen when we spoke to them to support the practice in all areas of the practice service.

The practice had also gathered feedback from staff through staff meetings, appraisals and ad hoc discussions. Staff told us they would not hesitate to give feedback or discuss any concerns, issues, with colleagues and the GP. Staff told us they felt involved and participated in developing improvements regarding how the practice was run.

Innovation

There was a focus on continuous learning and improvement at all levels within the practice. The full-time GP was aware of future challenges for the practice in the local area, and told us they intended to continue to work with local practices to improve outcomes for patients in the area and sustain a quality service at the practice.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: Maintenance accurate, complete and contemporaneous records in respect of each service user, including a record of the care and treatment provided to each service user and of decisions taken in relation to the care and treatment provided. Regulation: 17.2c