

Dr Y Thankey & Dr A Kachhia (Riversley Road Surgery)

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Y Thankey & Dr A Kachhia (also known locally as Riversley Road Surgery) on 14 September 2016. Overall the practice is rated as good.

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

- The practice had a suitable system to report and record significant events. We saw that these were fully investigated and patients affected were notified and supported.
- Procedures were in place for monitoring and managing risks to patient and staff safety, and there were arrangements to deal with emergencies and major incidents. Although we were told that fire alarm tests and drills had been carried out the practice's log book was not up to date to confirm this.
- The practice delivered care in line with relevant and current evidence based guidance and standards. Systems were in place to keep all clinical staff up to date with current guidelines.
- The practice held annual staff appraisals meetings to review professional development and identify learning needs. Staff we spoke with during the inspection told us they had access to appropriate training to cover the scope of their work.
- We spoke with eight patients who we met in the waiting area during the inspection. All were satisfied with the overall standard of care and felt their privacy and dignity was respected by staff at the practice. We also received a high comment card return rate with similarly high patient satisfaction.
- Information for patients about the services available was easy to understand and accessible.
- Improvements were made to the quality of care as a result of complaints and concerns.

Summary of findings

- Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was higher than local and national averages.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

- The practice had invited a local PPG which had won a PPG of the Year award to share learning with their members.

The area where the provider should make improvement is:

- Maintain an up to date fire safety log book to ensure that procedures are followed and equipment is safe to use.

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



- The practice had a suitable system to report and record significant events. We saw that these were fully investigated and patients affected were notified and supported.
- Lessons learned as a result of significant events were shared with practice staff and reviewed annually to confirm that action had been taken to improve safety in the practice.
- There were systems in place to safeguarded patients from abuse. All staff had received training on safeguarding children and vulnerable adults relevant to their role and demonstrated they understood their responsibilities.
- Procedures were in place for monitoring and managing risks to patient and staff safety, and there were arrangements to deal with emergencies and major incidents. Although we were told that fire alarm tests and drills had been carried out the practices log book was not up to date to confirm this.
- The practice had a system for managing and circulating safety alerts received from external agencies.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Quality and Outcomes Framework (QOF) data showed that patient outcomes were in line with or above average compared to local and national averages. The most recently published results at the time of the inspection were 100% of the total number of points available.
- The practice delivered care in line with relevant and current evidence based guidance and standards. Systems were in place to keep all clinical staff up to date with current guidelines.
- The practice conducted clinical audits and participated in benchmarking. We saw examples that evidenced quality improvement.
- The practice worked with other services and health and social care professionals to share relevant information and assess and meet the needs of patients. Multidisciplinary care team meetings were held at the practice every three months.
- The practice held annual staff appraisals meetings to review professional development and identify learning needs. Staff we spoke with during the inspection told us they had access to appropriate training to cover the scope of their work.

Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed
- We received 78 Care Quality Commission patient comment cards. 68 of these were positive about the service experienced, nine were mixed and one was negative. 23 patients specifically commented on the caring nature of staff at the practice.
- We observed staff behaving in a way that was kind and helpful toward patients, offering assistance where appropriate and treating them with dignity and respect.
- We spoke with eight patients who we met in the waiting area during the inspection. All were satisfied with the overall standard of care and felt their privacy and dignity was respected by staff at the practice.
- Information for patients about the services available was easy to understand and accessible.
- Staff told us that if families had suffered a bereavement, their usual GP contacted them by telephone to prompt an appointment and to give advice on how to find a support service.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was higher than local and national averages.
- The practice held an open day in June 2016 to meet with patients and the wider community. During the day the practice provided information about health related services available to patients and health living.
- Facilities and protocols were in place to meet the needs of patients with a range of conditions.
- The practice had a lead staff member for dealing with complaints and we saw that these were properly managed and lessons were learned. The practice took action to improve the quality of care as a result of concerns raised.

Good



Are services well-led?

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

Good



Summary of findings

- The practice aimed to provide healthcare that was available to the whole population, and to create a partnership between patients and healthcare professionals which ensured mutual respect, holistic care and continuous learning and training. Staff we spoke with during the inspection were aware of the vision and values of the practice and worked in a way that supported them.
- The leadership structure helped to ensure that staff were adequately supported by management. There were quarterly team meetings involving all staff which provided an opportunity to raise any issues.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged an open, family focused culture.
- The practice encouraged and valued feedback from patients, the public and staff.
- There was a focus on continuous learning and improvement within 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.

Good



- Care was tailored to meet the needs of the older people in the practice population.
- GPs made home visits to older patients who had difficulty attending the practice.
- Same day appointments were available for older people who required an urgent consultation.
- The practice offered the flu vaccination to patients aged over 75, as well as pneumococcal and shingles vaccinations where appropriate. The practice had a high flu immunisation rate and had been approached by the CCG to share good practice.
- Male patients over the age of 65 were offered abdominal aortic aneurysm (AAA) screening which was carried out at the practice.

People with long term conditions

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

Good



- The practice maintained registers of patients with long-term conditions. These were used to monitor the patients' health and ensure they were offered appropriate services.
- The nursing team had lead roles in chronic disease management.
- Performance for diabetes related indicators was similar to or higher than CCG and national averages. For example, 90% of the practice's patients with diabetes had a blood pressure reading within the target range in the preceding 12 months compared with the CCG average of 78% and the national average of 78%. Exception reporting was 5% for this indicator, compared with the CCG average of 7% and the national average of 9%. 93% of patients with diabetes had a record of a foot examination in the preceding 12 months compared with the CCG average of 89% and national average of 88%. Exception reporting was 6%, in line with the CCG average of 7% and the national average of 8%.
- The practice ran specialist clinics and offered longer appointments for patients with long term conditions.
- Clinical staff engaged with healthcare professionals to provide a multidisciplinary package of care. Multidisciplinary team (MDT) meetings were held every three months.

Summary of findings

Families, children and young people

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

Good



- Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under one year olds were all 100%, which was comparable to the CCG average of 97% to 99%. Rates for five year olds from 91% to 94%, which was lower than the CCG average of 94% to 99%.
- Same day appointments and appointments outside of school hours were available for children.
- The premises were suitable for children and babies. For example a baby changing room and a breast feeding room were available.
- There was a lead GP for children's safeguarding who liaised with health visitors to discuss any concerns. The practice used an alert system to ensure staff were aware of any safeguarding concerns regarding children.

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).

Good



- The practice offered appointments at the end of the day after 5pm to accommodate working age people.
- The practice offered online access to appointment booking and repeat prescription ordering.
- Telephone consultations were available for patients who did not feel they required a physical consultation or who had difficulty in attending the practice during opening hours.
- Patients over the age of 45 were offered a cardiovascular disease check when they registered with the practice.

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of vulnerable patients. There were 91 patients on the register at the time of the inspection. The practice used this information to monitor and improve care for these patients, and liaised with social services regarding their needs.

Summary of findings

- The practice did not have any homeless patients registered when we carried out the inspection, but had provisions in place to treat homeless patients. The practice told us they would always try to obtain some form of contact for homeless patients so that they could continue to monitor their health.
- Longer appointments were available for patients with a learning disability. The practice had also recruited a second practice nurse with a background in learning disabilities who would shortly take up the post. The practice hoped to be able to offer extended appointments with the GP lead for learning disabilities and the new nurse so that patients could attend with their carer for a full review, a flu vaccination, and any other needs.
- There was disabled access, a hearing loop and information about available translation services was displayed in the patient waiting area.
- Staff had received safeguarding training and knew how to recognise signs of abuse in children and adults.

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

- The practice held a register of vulnerable patients. There were 91 patients on the register at the time of the inspection. The practice used this information to monitor and improve care for these patients, and liaised with social services regarding their needs.
- The practice did not have any homeless patients registered when we carried out the inspection, but had provisions in place to treat homeless patients. The practice told us they would always try to obtain some form of contact for homeless patients so that they could continue to monitor their health.
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- There was disabled access, a hearing loop and information about available translation services was displayed in the patient waiting area.
- Staff had received safeguarding training and knew how to recognise signs of abuse in children and adults.

Summary of findings

People experiencing poor mental health (including people with dementia)

Good



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

- Quality Outcomes Framework (QOF) data showed that the practice was performing above local and national averages in its care of patients with dementia. For example, 95% of patients diagnosed with dementia had a face to face care review in the past 12 months, compared with an average 84% in the CCG area and nationally. Exception reporting for this indicator was also below average at 5%, compared with the CCG average of 6% and the national average of 8%.
- Performance for mental health related indicators was higher than the CCG and national averages. For instance, 97% of patients with a form of psychosis had a comprehensive, agreed care plan documented in the preceding 12 months, compared to the CCG average of 92% and the national average of 88%. Exception reporting was 0%, significantly lower than the CCG average of 9% and the national average of 13%. 100% of the same group had also had their alcohol consumption recorded in the previous 12 months, higher than the CCG average of 93% and the national average of 90%. The practice had not exception reported any patients for this indicator, whereas the CCG average was 6% and the national average 10%.
- The practice liaised with multidisciplinary teams in the management of patients experiencing poor mental health and care plans were in place for those with dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing in line with local and national averages. 271 survey forms were distributed and 119 were returned. This represented 2.6% of the practice's patient list and a 44% completion rate.

- 77% of patients found it easy to get through to this practice by phone compared to the CCG average of 64% and the national average of 73%.
- 88% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 85% and the national average which was also 85%.
- 89% of patients described the overall experience of this GP practice as good compared to the CCG average of 84% and the national average of 85%.
- 73% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 77% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 78 comment cards, 68 of which were positive about the standard of care received. 23 patients particularly commented that staff here helpful, caring and understanding. Eight patients made positive comments about the appointment system and telephone triage. Nine of the comment cards provided mixed responses and one gave a negative response. Two negative comments included issues with using telephone appointment booking and three related to appointment availability.

We spoke with eight patients during the inspection. All eight patients said they were satisfied with the care they received and thought staff had a warm and caring approach. Patients felt that appointments were accessible and felt involved with their own care and treatment.

Areas for improvement

Action the service **SHOULD** take to improve

- Maintain an up to date fire safety log book to ensure that procedures are followed and equipment is safe to use.

Dr Y Thankey & Dr A Kachhia (Riversley Road Surgery)

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC lead inspector. The team included a GP specialist advisor and an expert by experience (a person who has experience of using this particular type of service, or caring for somebody who has).

Background to Dr Y Thankey & Dr A Kachhia (Riversley Road Surgery)

Dr Y Thankey & Dr A Kachhia, also known locally as Riversley Road Surgery, is a practice in the town of Nuneaton. The practice operates under a General Medical Services (GMS) contract with NHS England. A GMS contract is one type of contract between general practices and NHS England for delivering primary care services to local communities. The practice was established in the 1950s and currently operates from premises purpose built in 1982 with accessible facilities for patients with additional needs such as step-free access.

Riversley Road Surgery has a patient list size of 4,586, with higher than average levels of social deprivation. The patient lists age distribution is broadly in line with the national average, with the exception of a slightly higher population of older people. The practice has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of

services available to patients. For example, the practice offers minor surgery, unplanned admissions, rotavirus and shingles immunisation and risk profiling and case management.

The clinical team includes two male and one female GP partners and one practice nurse. The team is supported by a practice manager and six administrative and reception staff. Riversley Road Surgery is a training practice which has qualified junior doctors working under the supervision of the GPs. At the time of the inspection there was one trainee GP in place. The practice also has a modern apprentice working in the reception team.

Riversley Road Surgery is open from 8am to 6.30pm from Monday to Friday. The practice is closed between 12.30pm and 2pm, during which the practice telephone lines divert to an answering machine which provides a mobile number to dial if the matter is urgent. Outside of opening hours there are arrangements in place to direct patients to out-of-hours services provided by NHS 111.

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.

Detailed findings

How we carried out this inspection

Before the inspection we reviewed a range of information we hold about the practice and asked other organisations to share any relevant information they held. We carried out an announced inspection on 14 September 2016, during which we:

- Spoke with clinical and non-clinical staff.
- Made observations about the premises and staff interacting with patients.
- Reviewed CQC comment cards completed by patients in the two weeks prior to the 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?

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

The system in place supported the reporting and recording of significant events.

- Staff we spoke with said they would inform the practice manager of incidents. They told us how they were able to access the significant event recording form on the practice computer system. The form supported the recording of notifiable incidents under the Duty of Candour. The Duty of Candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- We reviewed evidence that when things went wrong with care and treatment patients were informed of the incident and received reasonable information and support. It was the practice's policy to make a verbal apology and offer to make a written apology if the patient wished.
- Significant events were thoroughly dealt with. A meeting was initially held with those involved to resolve any issues and identify areas for improvement. The practice reviewed significant events and disseminated learning at quarterly practice meetings, for which it was a standard agenda item. Significant events were also reviewed annually to confirm that learning had been implemented.

During the inspection we looked at records of significant events and minutes of meetings where these were discussed. The practice had logged 20 significant events during 2015. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, there had been an incident where a patient was incorrectly refused an appointment for a dressing on the same day when nurse appointments were available. It was identified that a new member of non-clinical staff was not using the appointment booking system correctly. The patient was offered an appointment that evening and received an apology for the inconvenience, and the staff members involved received training to ensure they could use the system correctly.

The practice received safety alerts issued by external agencies, for example from MHRA (Medicines and Healthcare products Regulatory Agency). These were

received by the practice manager who circulated these to the relevant staff members. Alerts were discussed at clinical meetings to ensure appropriate action had been taken, such as carrying out searches and reviewing affected patients. We checked one recent alert and confirmed that this had been dealt with accordingly.

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:

- The practice had made arrangements to safeguard children and vulnerable adults from abuse. The measures used reflected relevant legislation and local requirements. The practice's safeguarding policies were stored on the computer system as well as in hard copy format, and the staff we spoke with knew how to access these. Policies identified who to contact for further guidance if staff had concerns about a patient's welfare. There were GP leads for adult and child safeguarding, and the GPs liaised with other agencies as needed. Staff we interviewed understood their safeguarding responsibilities. All GPs had completed level 3 adult and child safeguarding training, and all non-clinical staff level 2. Some staff had additionally completed IRIS (Identification and Referral to Improve Safety) training in domestic violence, which is equivalent to child protection or child safeguarding level 3.
- A notice displayed in the waiting area advised patients that chaperones were available. We reviewed the practice's chaperone policy and spoke with non-clinical staff about how chaperoning was conducted. It was preferred for clinical staff to act as chaperones but members of non-clinical staff had also received training and a Disclosure and Barring Service (DBS) check to allow them to perform the role. DBS
- During the inspection we observed that standards of cleanliness and hygiene were appropriate, and the premises appeared visibly clean and tidy. The practice nurse and practice manager shared the role of infection control lead and liaised with the local infection prevention teams to keep up to date with best practice. The practice nurse had attended infection control training during 2015 but both lead members were booked on an external training course following the inspection. Other staff had received in-house training

Are services safe?

and this was also incorporated into the practice's induction programme. Annual infection control audits were undertaken and we saw evidence that action was taken to address improvements identified as a result of recent audits. For example an audit had been carried out in June 2016, and then a further audit in August 2016 to confirm that areas for improvement had been addressed.

- The practice had appropriate systems for dealing with repeat prescriptions. Where a patient had reached their maximum number of repeat prescriptions all requests were passed to a GP to review. All patients on repeat medicines were reviewed every six months. The practice also had a system to monitor prescriptions that had not been collected by patients.
- Staff locked clinical rooms when they were not in use and removed computer access cards when they left their computers unattended. Paper patient records were securely stored in locking cabinets. Prescription stationery was also stored securely before and during use and serial numbers were recorded to monitor their use.
- The practice had some shared care agreements in place for patients who were prescribed high risk medicines, who also received treatment from specialists in their particular illness. The practice checked the results of secondary care monitoring such as blood testing to ensure that they could be prescribed medicines safely. Any patients who had not attended for monitoring were followed up by the practice.
- The practice monitored fridge temperatures by keeping a log. Medicines were rotated frequently and two members of staff were responsible for monitoring these and ordering medicines. Appropriate action was taken if cold storage medicines deviated from the recommended temperature range.
- The practice used Patient Group Directions to allow the practice nurse to administer medicines in line with legislation. The practice did not hold any stocks of controlled drugs on the premises (medicines that require extra checks and special storage because of their potential misuse).
- During our inspection we reviewed three personnel files which contained documentation evidencing that appropriate recruitment checks had been made before

employment. For example, references, proof of identity, qualifications, registration with the appropriate professional body and DBS checks for members of staff that required them.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- A number of procedures were in place to monitor and manage risks to staff and patient safety. For example, the last annual portable appliance test had been carried out in March 2015 for all electrical equipment to ensure it was safe to use. Clinical equipment was calibrated every year to ensure it was working properly and records showed that the most recent checks had been carried out in August 2016. There was a fire risk assessment dated December 2013 and we were told that fire alarm tests and drills had been carried out, but the practice's log book was not up to date. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella. Legionella is a term for a particular bacterium which can contaminate water systems in buildings. We were shown evidence that all staff had been offered vaccinations to protect them from a range of common viral infections.
- The practice used a rota system to ensure enough staff were on duty to meet patient needs. All non-clinical staff were multi-skilled to allow them to cover the work of colleagues during absences and annual leave.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on all the practice computers with a panic button which alerted staff to any emergency. We were told that this was tested regularly to confirm response times.
- Staff had received basic life support training and there were flow charts displayed in non-clinical staff areas of the premises explaining what to do in the event of a medical emergency.
- Emergency medicines were available and staff we asked knew where these were located.

Are services safe?

- The practice had a defibrillator available on the premises with adult and children's pads. There was an oxygen supply, and a first aid kit and accident book were available.

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 telephone numbers and had been recently updated following a power cut incident.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinical staff assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The systems in place ensured all clinical staff were kept up to date. New guidance was received directly by clinical staff via email, and where relevant the lead member of staff for the clinical area concerned was responsible for taking the required action. Staff knew how to access guidelines to inform the care they delivered and also subscribed to professional literature which looked at new guidance. The practice monitored that these guidelines were followed, for example using clinical audits. We saw examples of recent guidance received and audits undertaken which demonstrated that the system was effective.

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 at the time of the inspection were 100% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 01/04/2014 to 31/03/2015 showed:

- Performance for diabetes related indicators was similar to or higher than CCG and national averages. For example, 90% of the practice's patients with diabetes had a blood pressure reading within the target range in the preceding 12 months compared with the CCG average of 78% and the national average of 78%. Exception reporting was 5% for this indicator, compared with the CCG average of 7% and the national average of 9%. (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). 93% of patients with diabetes had a record of a foot

examination in the preceding 12 months compared with the CCG average of 89% and national average of 88%. Exception reporting was 6%, in line with the CCG average of 7% and the national average of 8%.

- Performance for mental health related indicators was higher than the CCG and national averages. For instance, 97% of patients with a form of psychoses had a comprehensive, agreed care plan documented in the preceding 12 months, compared to the CCG average of 92% and the national average of 88%. Exception reporting was 0%, significantly lower than the CCG average of 9% and the national average of 13%. 100% of the same group had also had their alcohol consumption recorded in the previous 12 months, similar to the CCG average of 93% and the national average of 90%. The practice had not exception reported any patients for this indicator, whereas the CCG average was 6% and the national average 10%.
- For atrial fibrillation (an irregular heart rhythm), 93% of patients at high risk of suffering a stroke with anti-coagulation therapy (blood thinning medicines), compared with the CCG average of 86% and the national average of 85%. The practice had exception reported 33% of patients for this indicator. This was considerably higher than the CCG average of 12% and the national average of 13%. The practice had since improved this, and we saw evidence that during the following QOF year exception reporting for this indicator had reduced to 11%, in line with the CCG average of 9% and the national average of 10%.

There was evidence of quality improvement including clinical audit.

- We looked at four clinical audits completed in the last year. One of these was a completed two cycle audit where the improvements made were implemented and monitored, and a further one was planned to be re-audited to complete a second cycle.
- The practice participated in benchmarking to monitor its performance against other practices and identify areas for improvement.
- Findings were used by the practice to improve services. For example, recent action taken as a result included implementing a new warfarin protocol to ensure that up to date INR results were received by the practice and ensure that warfarin could be safely prescribed. Warfarin is a blood thinning medicine. The test used to monitor

Are services effective?

(for example, treatment is effective)

the effects of warfarin is called the International Normalised Ratio (INR). An INR is a blood test that checks how long it takes for blood to clot. Patients are prescribed warfarin by their GP, but must attend for a regular blood test often carried out through local secondary care services to monitor their response to the medicine.

Effective staffing

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

- A mentor was appointed for each new member of staff, and new staff were guided to ask other colleagues for help in the absence of their mentor. The practice had an induction programme for all newly appointed staff which covered such topics as fire safety, health and safety, confidentiality, information governance, infection control and emergency procedures.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff using a training log and annual appraisals to identify training needs. For example, those reviewing patients with long-term conditions attended annual chronic disease update courses.
- Clinical staff who administered vaccines and took samples for the cervical screening programme had received specific training which 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. The practice nurse had last attended a cervical screening update in December 2015 and an immunisation update in March 2016.
- Staff appraisals meetings were held annually to review professional development and identify learning needs. Staff we spoke with during the inspection told us they had access to appropriate training to cover the scope of their work.
- All practice staff received training that included safeguarding, fire safety awareness, basic life support and information governance.

Coordinating patient care and information sharing

Staff were able to access the information they needed to effectively plan and deliver care and treatment through the practice's patient record system.

- This included information such as care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services by following well embedded protocols and policies. For instance, when referring patients to other services.

Clinical staff told us they worked with other health and social care professionals to understand and meet the range and complexity of patients' needs. Multidisciplinary meetings were held on a quarterly basis with the district nursing and palliative care teams. This assisted clinicians in assessing and planning ongoing care and treatment when patients were moved between services or after they were discharged from hospital.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance. This included the Mental Capacity Act 2005, Gillick competence and Fraser guidelines. Staff understood why these needed to be considered when providing care and treatment to young patients under 16. The Gillick test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions. Fraser guidelines related specifically to contraception and sexual health advice and treatment.
- Where a patient's mental capacity to consent to care or treatment was unclear the clinician assessed the patient's capacity and recorded the outcome of the assessment.
- Patients' verbal consent to treatment was recorded on the clinical system following discussion. There was a consent recording form for minor surgery procedures and written consent was stored in patient notes.

Supporting patients to live healthier lives

There were arrangements in place to identify patients who might need additional support. For example carers,

Are services effective?

(for example, treatment is effective)

vulnerable patients, patients with mental health issues, those with a learning disability and those with long-term conditions. The practice nurse offered dietary and smoking cessation advice to those patients who needed it.

- The practice's uptake for the cervical screening programme was 95%, higher than the CCG average of 83% and the national average of 82%. There were female sample takers available to encourage patient uptake, and failsafe systems were used to verify that results had been received for all samples and ensure any abnormal results were followed up. The practice had also implemented a system to ensure that patient notes were marked with reminders when patients failed to respond to an invitation for cervical screening. Exception reporting for cervical screening was high at 26%, compared with the CCG average of 7% and the national averages of 6%. The practice were aware that their exception reporting in this area was higher than average, and commented that this may have been impacted by staffing issues as they had previously had only one practice nurse and no female GP. The practice had recruited a female GP and an additional practice nurse to help improve access to cervical screening. Data subsequently published for 2015/2016 stated that exception reporting for this indicator had reduced to 19%, but this was still significantly higher than the CCG average of 8% and the national average of 7%. The practice informed us that further investigation showed some patients had been incorrectly included in exception reporting, and that after this had been

rectified the data for 2016/2017 showed their current rate of exception reporting as 13%. The practice was aware that this was still higher than average but had put additional resources in place to improve this.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The National Cancer Intelligence Network (NCIN) is a UK-wide partnership operated by Public Health England which aims to improve standards of care using information it collects. The data published by the NCIN in 2015 showed that:

- 70% of women aged 50 to 70 had been screened for breast cancer within the target period, lower than the CCG average of 76% and in line with the national average of 72%.
- 58% of patients aged 60 to 69 had been screened for bowel cancer within the target period, compared with the CCG average of 61% and the national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under one year olds were all 100%, which was comparable to the CCG average of 97% to 99%. Rates for five year olds from 91% to 94%, which was lower than the CCG average of 94% to 99%.

Appropriate health assessments and checks were available to patients, including NHS health checks for patients aged 40–74 and enhanced health checks for the over 75s.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During the inspection we saw that staff were helpful and courteous toward patients and treated them with dignity and respect.

- The consultation rooms had curtains. This helped to maintain patients' privacy and dignity during examinations and treatments.
- Clinicians ensured that doors were closed during patient consultations and treatments. We observed that conversations taking place in these rooms could not be overheard.
- Reception staff told us that when patients were anxious or upset, or needed to discuss something personal, they could offer them a private room to discuss their needs.

Of the 78 patient Care Quality Commission comment cards we received, 68 were positive about the service experienced, nine were mixed and one was negative. Patients said they found staff helpful, caring and understanding. Of the patients who made mixed or negative comments about the practice, four were critical of the care and treatment they received from GPs.

We spoke with two members of the patient participation group (PPG). They said they felt valued and listened to by the practice, and were satisfied with the care provided by the practice.

We also spoke with eight patients who we met in the waiting area during the inspection. All eight patients were satisfied with the overall standard of care and felt their privacy and dignity was respected by staff at the practice.

The practice also had approximately 50 patients who were residents in a local care home. We spoke with the manager of the care home who provided excellent feedback about the practice. There were regular visits by the same GPs for continuity of care, and the practice dealt appropriately with any concerns and spoke with the people involved.

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

- 95% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) and national averages of 89%.
- 93% of patients said the GP gave them enough time compared to the CCG and national averages of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 94% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and 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 CCG average of 92% and the national average of 91%.
- 95% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with during the inspection told us they felt involved in making decisions about care and treatment they received. Those we asked said that GPs were good at listening, allowing them enough time and providing information to help them understand their options.

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

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 90% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and 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 CCG average of 87% and the national average of 85%.

Are services caring?

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

- There was a display in the patient waiting area providing information about the interpreting services available. The practice GPs also spoke Hindi and Gujarati where appropriate. Translation software on the practice website allowed users to view it in any of 65 different languages. The practice also maintained ring binder folders containing illustrated language sheets to help reception staff communicate with patients where there was a language barrier. These presented useful statements, dates and numbers in a variety of different languages, with pictures alongside to help easily locate the information needed. This allowed patients to simply point to the service they required.
- The premises were equipped with was a hearing loop to assist patients with a hearing difficulty.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 81 patients as carers (1.8% of the practice list). The practice manager had taken the lead role in supporting carers and intended to begin a support group. Written information was available to direct carers to the various avenues of support available to them. Carers were offered an annual flu vaccination and an annual review with a GP.

Staff told us that if families had suffered bereavement, their usual GP contacted them by telephone to prompt an appointment and to give advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered appointments at the end of the day after 5pm to accommodate working age people.
- The practice offered online access to appointment booking and repeat prescription ordering.
- Longer appointments were available for patients with a learning disability and those patients with complex needs. The practice used a nurse triage system to help identify where patients required longer appointments.
- The GPs made home visits to patients with clinical needs that made it difficult for them to attend the practice, including older patients.
- Consultations were bookable on the same day children and for patients who required an urgent consultation.
- The practice had disabled access and a hearing loop. Patients could access translation services for consultations, and information about this was clearly displayed in the waiting area.
- Patients could access travel vaccinations available through the NHS free of charge as well as those only issued by private prescription; the practice charged a fee for these.
- There was a suggestions box and NHS Friends and Family Test cards were displayed in the waiting area to encourage patient feedback.
- There was a Patient Participation Group (PPG) which the practice worked with to identify areas for improvement.
- The practice had recently introduced a patient newsletter to provide information about current initiatives, staffing changes and the PPG. The newsletter also included a QR code patients could scan to link to the Friends and Family Test on the practice's website to provide feedback.
- The practice held an open day in June 2016 to meet with patients and the wider community. During the day the practice provided information about health related services available to patients and health living. The practice was assisted by volunteers from local organisations and a local MP also attended. The

practice also used the day to raise money for a charity. The practice hoped to offer further open days geared towards relevant events such as flu vaccination clinics and had already invited charities to attend.

Access to the service

The practice opening hours were from 8am to 6.30pm from Monday to Friday. The practice closed between 12.30pm and 2pm daily, during which the practice telephone lines diverted to an answering machine which provided a mobile number to dial for urgent matters. Outside of opening hours there were arrangements in place to direct patients to out-of-hours services provided by NHS 111. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them.

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

- 80% of patients were satisfied with the practice's opening hours and the national average of 76%.
- 77% of patients said they could get through easily to the practice by phone compared to the CCG average of 64% and the national average of 73%.
- 80% of patients usually wait 15 minutes or less after their appointment time to be seen, significantly higher than the CCG average of 67% and the national average of 65%.
- 72% of patients feel they did not normally have to wait too long to be seen, higher than the CCG and national averages which were both 58%.
- 81% describe their experience of making an appointment as good, compared with the CCG average of 71% and the national average of 73%.

All eight patients we spoke with during the inspection told us they were able to get appointments when they needed them, and on the same day if the matter was urgent.

The practice had approximately 50 patients who were residents in a local care home. We spoke with the care home manager who gave positive feedback about patient access. The practice carried out regular weekly visits to the care home and these were made by the same GP as far as possible for continuity of care. The practice was available responsive to requests for same day visits and available to provide telephone advice and discuss any issues.

Are services responsive to people's needs?

(for example, to feedback?)

The practice had a system in place to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. Patients requesting a home visit were added to the day book. Further details were added if the patient disclosed them or was distressed to allow the GP to prioritise these effectively. The GP then phoned each patient to confirm the reason for the visit and to assess the level of need and order visits accordingly. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. The practice had an emergency protocol phone chart for telephone calls, which reception staff could refer to for guidance in dealing with an urgent call. Both clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

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.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system in the practice's patient information leaflet and on the practice website.

We looked at two complaints received in the last 12 months and found they had been dealt with satisfactorily. Complaints had been analysed and preventive measures identified and implemented. For example, following a complaint regarding a delay in visiting a patient in a care home, the practice held a meeting with the care home manager to discuss communication and procedures for arranging visits.

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 aimed to provide healthcare that was available to the whole population, and to create a partnership between patients and healthcare professionals which ensured mutual respect, holistic care and continuous learning and training. The practice had a mission statement which was displayed in staff areas of the building as well as in the patient waiting area. Staff we spoke with during the inspection were familiar with the mission statement and worked in a way that supported it.

The practice had identified challenges it was facing and areas for improvement in the future. For instance, the practice hoped to extend the premises to accommodate further patients and GP training.

Governance arrangements

The practice had governance arrangements in place which supported the delivery of the practice's aims. For example:

- Staff we spoke with were aware of their own roles and responsibilities and were able to identify clinical and non-clinical leads in the practice.
- The practice had implemented its own specific policies and all staff had access to these.
- The practice monitored its performance and used this information to make improvements.
- Arrangements were in place to identify and manage risks, and these were safe and effective in protecting staff and patients.

Leadership and culture

On the day of inspection the GP partners demonstrated that they had the knowledge and experience to run the practice to a good standard. They told us they prioritised proactive, person-centred care. The practice was keen to stay abreast of modern technology and best practice, while retaining a family practice ethos. Staff we spoke with told us the partners and the practice manager were open and approachable.

The practice had systems in place to ensure they complied 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.

The practice had systems in place to ensure that when things went wrong with care and treatment any people affected would be given reasonable support, full information and a verbal and written apology.

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

- The practice held a range of meetings to support communication between staff. For example there were quarterly whole practice meetings and weekly GP partner and practice manager meetings. There was also an open door policy.
- Staff described a family culture where they felt they could approach and rely on their colleagues. They told us they felt respected and valued by the practice.
- Staff were involved in extracurricular activities organised by the practice, such as charity fundraising events and social activities. For example staff had attended a quiz night, and the practice had made plans for a boat trip.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG), as well as through surveys and complaints received. The PPG met with the practice every two to three months and submitted proposals for improvements. For example, the practice had introduced new exterior signs following feedback from the PPG. The PPG told us they felt the practice listened to them and appreciated their contribution. The PPG also had a virtual meeting group with additional members who were not able to attend in person. PPG membership was advertised in the practice information leaflet, in its newsletter and on the website.

Are services well-led?

Good 

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

- The practice leadership team had a WhatsApp group for discussion of non-confidential topics relating to the management of the practice.
- The practice gathered feedback from staff through quarterly practice meetings and formally via appraisals. Staff said they were able to raise concerns with colleagues and give feedback to the practice. There was an open door policy and staff were encouraged to engage with the GP partners and practice manager.

Continuous improvement

There was a focus on continuous learning and improvement within the practice. For example, the GP partners had jointly started a GP Innovators Group to engage with other local practices regarding succession planning and improvement, after noting a number of practices struggling to attract medical students and new GPs.

The practice had invited a local PPG which had won a PPG of the Year award to share learning with their members.

The practice had also recruited a second practice nurse with a background in learning disabilities who would shortly take up the post. The practice hoped to be able to offer extended appointments with the GP lead for learning disabilities and the new nurse so that patients with learning disabilities could attend with their carer for a full review, a flu vaccination, and any other needs.

The practice was keen to use up to date systems and technology to improve ways of working as well as the standard of care provided. For example, the GPs had been trialling working with dual computer screens to streamline access to documents and updating patient files.