

Dr Dhanumjaya Rao Chunduri

Quality Report

The Balaji Surgery,
Sparkbrook Community and Health Centre,
34 Grantham Road,
Birmingham,
West Midlands,
B11 1LU
Tel: 0121 334 0200
www.thebalajisurgery.co.uk

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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 the Balaji Surgery on 24 June 2015. Overall the practice is rated as good.

Specifically, we found the practice to be good for providing safe, effective, caring, responsive and well-led services. It was also good for providing services for older people; people with long-term conditions; families, children and young people; working age people; people whose circumstances may make them vulnerable and people experiencing poor mental health.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed, including those relating to recruitment checks.

- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Information about services and how to complain was available and easy to understand.
- Most patients we spoke with and from patient feedback in CQC comment cards and patient satisfaction survey information told us that patients felt they were able to make an appointment with a named GP, there was continuity of care and urgent appointments available the same day. They also told us that they felt they were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment. This did not fully align with the national GP patient satisfaction survey (January 2015) which indicated that some patients had experienced difficulty making appointments and did not always feel involved in decisions about their care.

Summary of findings

- The practice was above average for most areas of the quality outcomes framework (QOF) for 2014, however they were below average in relation to some diabetes indicators and cervical screening. We saw that the practice had taken steps to address this.
- 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.

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

Importantly the provider should:

- Provide more detailed information for carers to ensure that all avenues of support are open to them.

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. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. There were enough staff to keep patients safe. Patients' needs were assessed and care was planned and delivered following best practice guidance. The practice had a number of risk assessments and further plans in place with regards to emergency equipment such as oxygen and infection control prevention including legionella risk.

Good



Are services effective?

The practice is rated as good for providing effective services. Data showed that patient outcomes were mostly in line with averages for the locality, however for some indicators such as diabetes and chronic obstructive pulmonary disease, we found that the practice was below average for the locality. We saw that the practice had taken steps to address these areas for improvement. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Good



Are services caring?

The practice is rated as good for providing caring services. Patients we spoke with and feedback in completed CQC comment cards told us that they felt they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We found that the principal GP was knowledgeable about their patient population and patients gave us examples where the principal GP had demonstrated caring for them 'over and above' what they anticipated. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It 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. Most patients told us that they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. NHS Choices patient feedback January 2015 showed that accessing appointments had been an issue for some patients. We saw that that the practice had taken action to improve this. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

The practice is rated as good for being well-led. Staff gave positive feedback about working at the practice and were clear about their responsibilities to provide a patient centred service. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings and events.

Good



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. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

Flu vaccination rates for the over 65s were 91.43% which was above the national average and at risk groups were 41.35% which were comparable to the national average of 52.29%.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Data showed that the percentage of patients with hypertension having regular blood pressure tests was 73.36% and similar to the national average of 83.13%. We found that 95% of patients with diabetes had received an annual review and a medication review in 2014/2015. There were areas for improvement for patients with diabetes for example, in relation to foot examinations, however we saw that the practice had employed a new healthcare assistant to address this issue.

Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances, for example, children and young people who were identified at risk of abuse. Immunisation rates were variable for all standard childhood immunisations. For example, half of childhood immunisation rates for the vaccinations given to under two year olds were above the CCG average and half were below. For five year olds, the childhood immunisation rates were above the CCG average. Patients told us that children and young people were treated in an age-appropriate

Good



Summary of findings

way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice offered extended hours on a Monday evening from 6.30pm until 8pm for working patients who could not attend during normal opening hours.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients who had a learning disability and 19 out of 25 of these had received an annual health check so far this year. The practice also offered longer appointments for people with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). We found that seven out of eight patients with dementia had received an annual health check. We saw that performance for mental health related indicators was above the Clinical Commissioning Group (CCG) and national averages. For example, the patients with mental health illnesses such as bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 90% compared to the national average of 86.09%. Also the dementia diagnosis rate at the practice was 0.91% and above the CCG and national average of 0.54%.

Good



Summary of findings

The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The national GP patient survey results January 2015 showed that the practice was generally performing below the local and national averages. There were 50 responses from 443 surveys sent out which represented an 11% response rate. The results were as follows:

- 52% find it easy to get through to this surgery by phone compared with a local Clinical Commissioning Group (CCG) average of 73% and a national average of 72%.
- 67% find the receptionists at this surgery helpful compared with a CCG average of 85% and a national average of 87%.
- 34% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 57% and a national average of 60%.
- 67% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 80% and a national average of 85%.
- 83% say the last appointment they got was convenient compared with a CCG average of 90% and a national average of 92%.
- 54% describe their experience of making an appointment as good compared with a CCG average of 71% and a national average of 73%.
- 36% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 57% and a national average of 65%.

- 32% feel they don't normally have to wait too long to be seen compared with a CCG average of 53% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 46 comment cards which were all positive about the standard of care received. Two patients said that they sometimes had difficulty getting an appointment, however when they were seen by the GP, the care was very good. We spoke with eight patients about the service provided by the practice to them. They all told us that they felt the GP was very good, the staff were helpful and kind and the service provided was excellent.

We looked at the results of the patient satisfaction survey carried out by the practice in 2014. We found that this did not reflect the findings of the national GP patient survey January 2015. Almost all the responses were positive. For example we saw that 159 patients out of 165 who responded said that they found it very easy or fairly easy to get through to the surgery by phone. We also saw that 163 patients who responded out of 165 found the receptionists to be very helpful or fairly helpful.

Areas for improvement

Action the service **SHOULD** take to improve

- Provide access to a translation service for patients when required to ensure that their views and decisions are taken into account at all times

- Provide more detailed information for carers to ensure that all avenues of support are open to them.

Dr Dhanumjaya Rao Chunduri

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 advisor and a practice manager specialist advisor who have experience of primary care services. The inspection was observed by a chair of a Local Medical Committee following approval from the provider.

Background to Dr Dhanumjaya Rao Chunduri

Dr Dhanumjaya Rao Chunduri provides primary care services at the Balaji Surgery within Sparkbrook Medical Centre which is a large and modern health centre in Sparkbrook, an inner-city area in south-east Birmingham. The area is identified as having a higher proportion of people living there who are classed as deprived and have a greater need for health services.

The registered patient size is 2814 patients. Balaji Surgery has an inherently young population with almost twice the national average of 5 to 14 year olds (20.8% compared to 11.4%) and very low numbers of older patients. For example, the practice has 2.5% of patients aged 75 years or over registered at the practice compared to a national average of 7.6% and 0.2% of patients aged 85 years or over compared to a national average of 2.2%. The practice also has a high ethnic patient population, mainly from the Pakistani community and low levels of economic activity.

The practice has a General Medical Services contract (GMS) with NHS England. A GMS contract ensures practices provide essential services for people who are sick as well as, for example, chronic disease management and end of life care. The practice also provides some enhanced services. Enhanced services require an enhanced level of service provision above what is normally required under the core GP contract.

The practice is open from Monday to Friday each week from 8.30am to 6.30pm and appointments are available on Monday 9am to 8pm, on Tuesday, Thursday and Friday 9am to 5.30pm and on Wednesday from 9am to 1pm. The practice does not provide an out-of-hours service but has alternative arrangements in place for patients to be seen when the practice is closed.

There is a principal GP, one regular locum, a female sessional GP, a practice manager, an assistant practice manager, a business development manager and a number of administrative and reception staff.

Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal

Detailed findings

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.

This provider had been previously been inspected on 16 July 2013 and 11 October 2013. At that time we found that there was a non-compliance in relation to recruitment of staff which had subsequently been addressed.

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?

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 the practice and asked other organisations to share what they knew. We carried out an announced visit on 24 June 2015. During our visit we spoke with a range of staff including the principal GP, the locum GP, the practice manager, the assistant practice manager, the business development manager and administration and reception staff. We also spoke with eight patients who used the service. We reviewed 46 comment cards where patients and members of the public shared their views and experiences of the service.

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents. We saw that the practice carried out an analysis of the significant events to identify any possible trends and seek to address these.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, in relation to the handling of specimen collections.

Safety was monitored using information from a range of sources, including 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.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies which were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A notice was displayed in the waiting room, advising patients that chaperones were available, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring 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 patient and staff safety. There was a health and safety policy available with a poster in the reception area. The practice had an up to date fire risk assessment and regular fire drills were carried out. All

electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella.

- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The principal GP was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken (last audit seen completed on 23 January 2015) and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place 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.
- Arrangements were in place to ensure the number of staff and mix of staff were on duty at all times to meet patients' needs. Staff told us they covered each other and the practice manager, deputy practice manager and business development manager would work with the team at busy times if needed.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received basic life support training and knew the location of the emergency medicines which we saw were stored securely. The practice had a

Are services safe?

defibrillator available on the premises and oxygen with adult and children's masks. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit 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.

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 the 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 how care and treatment was delivered to meet needs. The practice monitored that these guidelines were followed through risk assessments and audits.

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. Current results were 87.8% of the total number of points available, with 2.2% exception reporting. Exception reporting relates to patients on a specific clinical register who can be excluded from individual QOF indicators. For example, if a patient is unsuitable for treatment, is newly registered with the practice or is newly diagnosed with a condition.

This practice was an outlier for two of the QOF clinical targets in relation to chronic obstructive pulmonary disease (lung disease) (COPD) and diabetes. The practice was seen to have low prevalence for COPD, i.e. only nine patients and this low number was seen to impact negatively on the data. The principal GP told us that they had recently purchased a spirometer and training was planned for staff to use this equipment. It was felt that this may improve prevalence figures for patients with COPD at the practice.

Data from the QOF for 2013/2014 showed;

- Performance for mental health related indicators was above the Clinical Commissioning Group (CCG) and national averages. For example, the percentage of patients registered with the practice who had

schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 90% compared to the national average of 86.09%.

- The dementia diagnosis rate was 0.91% and above the CCG and national average of 0.54%.
- Performance for most diabetes related indicators was worse than the CCG and national averages. For example, the percentage of patients with diabetes, on the register, with a record of a foot examination and risk classification 1 – 4 within the preceding 12 months was 69.2% compared to a CCG average of 85% and a national average of 88.38%.
- The percentage of patients with hypertension having regular blood pressure tests was 73.36% and similar to expected.

Structured annual reviews were undertaken for patients with long term conditions. The practice shared data with us which showed that 95% of their patients with diabetes had received an annual review and a medication review in 2014/2015. For other diabetes indicators which were below the CCG and national averages, the practice had employed a healthcare assistant to help carry out foot checks for relevant patients and had committed to offer educational sessions for all patients with diabetes. Staff confirmed that all eligible patients would be contacted to promote attendance at the educational sessions.

Other reviews were carried out for patients with chronic obstructive pulmonary disease (COPD). COPD is the name for a collection of lung diseases, including chronic bronchitis. We saw evidence that 100% of the practice's patients with COPD had received an annual review and a medication review in 2014/ 2015. However due to the low numbers of patients with COPD (nine patients), this had impacted on the performance of the QOF. We found that there were seven out of eight of the practice's patients with dementia who had received an annual review and a medication review in 2014/2015.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and patients' outcomes. We looked at two clinical audits which had been completed in the last twelve months and both of these were completed audits where the improvements made were implemented and monitored.

Are services effective?

(for example, treatment is effective)

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included on-going support during sessions and one-to-one meetings. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures and basic life support.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and 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 and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a quarterly basis 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 legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a

patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. The principal GP attended a health promotion clinic in the health centre each week and offered smoking cessation advice and information about local support groups to patients who attended the clinic.

The practice's uptake for the cervical screening programme according to the Health and Social Care Information Centre was 60.07% in 2013/2014, which was below the CCG average of 96.9% and the national average of 97.5%. As a result of this, the practice had developed an action plan to improve the take up figures. This included a policy to offer telephone reminders in addition to writing letters to patients who did not attend for their cervical screening test. This situation was seen to be monitored closely by the practice. Staff told us that they also encouraged their patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given at the practice were variable compared to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 84.6% to 100% and half were above the CCG average and half were below the CCG average. For five year olds, the childhood immunisation rates for vaccinations ranged from 85.7% to 100% which were above the CCG average. Flu vaccination rates for the over 65s were 91.43% which was above the national average and at risk groups were 41.35% which were as expected and comparable to the national average of 52.29%.

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. 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 conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed so that they could offer them a private room to discuss their needs.

Results from the national GP patient survey (January 2015) showed that the practice was lower than average for its satisfaction scores on consultations with doctors and nurses based on 50 out of 443 responses and an 11% response rate. For example:

- 73% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 69% said the GP gave them enough time compared to the CCG average of 85% and national average of 87%.
- 89% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%.
- 72% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.
- 76% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 90%.
- 67% patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and national average of 87%.

We spoke with the principal GP about these results. They told us that they were disappointed with this and confirmed that they would discuss the results with the patient participation group and put together an action plan to improve these results which would be closely managed by the management team at the practice.

We also looked at the results of the patient satisfaction survey carried out by the practice in 2014 which showed that patients were very happy with the care provided by the practice. For example, all of the 165 respondents said that the GP was excellent or good at listening to them and 163 patients who responded said that they were very satisfied with the care provided. Two patients said that they were fairly satisfied with the care provided by the practice.

Feedback from the 46 patient CQC comment cards we received were positive about the service experienced. We spoke with eight patients on the day of the inspection and they were complimentary about the GPs and staff at the practice. Patients said that they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We also spoke with the chair of the patient participation group (PPG) on the day of our inspection. They told us that they were satisfied with the care provided by the practice and said that the practice was proactive in listening to the group and improving services. Comment cards highlighted that staff responded positively when patients needed help and provided support when required.

Care planning and involvement in decisions about care and treatment

Results from the national GP patient survey (January 2015) we reviewed showed that responses from patients about their involvement in planning and making decisions about their care and treatment and results was below local and national averages. This was based on 50 responses from 443 surveys sent out and represented an 11% response rate. For example:

- 73% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% 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 82% and national average of 81%.

However, all of the eight patients we spoke with told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the

Are services caring?

choice of treatment available to them. Patient feedback on the 43 comment cards we received and in the practice's patient satisfaction survey for 2014 was also positive and aligned with these views.

Staff told us that they did not use translation services, however a number of staff were fluent in different languages for patients who did not have English as a first language. Staff told us that relatives also provided translation support for their family members who were patients at the practice if needed.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. For example we saw information on how to live with and support patients with a terminal illness.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers and how they were being supported, for example, by having a referral for social services support.

There was some information available for carers on the day of the inspection, however this did not include details of other support groups available to them such as voluntary sector groups.

Staff told us that if families had suffered bereavement, the GP contacted them and offered a consultation at a flexible time to meet the family's needs and/or by giving them advice on how to find a support service. Two patients we spoke with told us that the principal GP was excellent in the way that they helped and supported them and the family following the loss of their relative. Another patient told us that the GP had visited them out of hours and supported the family at their time of need when the GP could have asked the out of hours service to deal with the family.

Patients we spoke with confirmed that all the staff at the practice were supportive and kind. They told us that the principal GP was extremely caring and gave us other examples of how they had supported patients and their families 'over and above' that which was expected.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The NHS England Area Team and Clinical Commissioning Group (CCG) told us that the practice engaged regularly with them and other practices to discuss local needs and service improvements that needed to be prioritised. For example, working to reduce the number of antibiotics prescribed for patients.

Services were planned and delivered to take into account the needs of different patient groups and to ensure flexibility, choice and continuity of care. For example;

- The practice offered extended hours on a Monday evening from 6.30pm until 8pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and those that needed it.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled and baby changing facilities available.
- The practice had a lift that patients could use to support access for those with mobility issues.

Access to the service

The practice was open from Tuesday to Friday from 8am to 6.30pm and on Monday 8am to 8pm each week.

Appointments were available on Monday from 9am to 8pm, Tuesday, Thursday and Friday from 9am to 5.30pm and on Wednesday from 9am to 1pm. The practice did not provide an out-of-hours service but had alternative arrangements in place for patients to be seen when the practice was closed.

Pre-bookable appointments could be booked up to two weeks in advance for appointments from 4pm to 5.30pm every day. Pre-bookable appointments were also available every Wednesday morning specifically with the female locum GP. Urgent appointments were available for patients that needed them. In addition to this, the practice also provided a 'walk in' facility for patients from 9am to 10.30am each day which patients told us was very helpful.

Results from the national GP patient survey (January 2015) showed that patient's satisfaction with how they could

access care and treatment was lower than local and national averages. This was based on the results of 50 completed surveys out of 443 surveys sent out and represented an 11% completion rate. For example:

- 59% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 75%.
- 52% patients said they could get through easily to the surgery by phone compared to the CCG average of 72% and national average of 73%.
- 54% patients described their experience of making an appointment as good compared to the CCG average of 71% and national average of 73%.
- 36% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 57% and national average of 65%.

We spoke with the principal GP about the national GP patient survey results. They told us that they were disappointed with this and could not explain the low figures. They highlighted that the national GP patient survey included questions about the services provided by a nurse at the practice. For example, the results showed that 76% of respondents said that the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 90%. The practice did not have a nurse employed at the time of the inspection. The principal GP informed us that they had tried to recruit and retain a nurse on several occasions in the past, however this had not been successful and they did not have a nurse last year at the time of the survey. However, they confirmed that they would discuss the results with the patient participation group and see if they could find a way to improve these results.

We looked at the results of the last patient satisfaction survey carried out by the practice in 2014. We saw that 164 patients out of 165 said that they could get an appointment the same day and 159 patients said it was very or fairly easy to get through to the practice on the phone.

All of the eight patients we spoke with on the day of the inspection were able to get appointments when they needed them. Two out of 46 patients who completed the CQC comments cards said that they sometimes had a problem getting an appointment on the same day. All other feedback was seen to be positive in relation to making and attending the practice for an appointment.

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The practice manager was the designated responsible person who handled non clinical complaints in the practice and the principal GP handled any clinical complaints.

We saw that a complaints leaflet was available to help patients understand the complaints system. Patients we spoke with were aware of the process to follow if they wished to make a complaint. We looked at the one complaint received by the practice in the last 12 months and found that it had been satisfactorily handled and dealt with in a timely way.

Lessons were learned from concerns and complaints and action was taken as a result to improve the quality of care. For example, we saw that the complaint had been made to the Local Area Team about the non availability of an appointment for the patient. This complaint had been passed to the practice. The principal GP called the patient the same day as receiving information about the complaint and records showed that the patient was happy with the explanation. The patient was also asked to complain directly to the practice in the future to ensure that the practice could address any issues immediately. The patient agreed to do this if the need to complain arose in the future.

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

Staff we spoke with were aware of the culture and values of the practice to put the patient at the heart of the service and to ensure patient centred care was actively promoted and supported. As part of this, we saw that the practice had an action plan to increase the numbers of patients attending for cervical screening and to improve the outcomes for patients with diabetes. This plan had been shared with staff and agreed with the Patient Participation Group (PPG).

We did not see a business plan for future arrangements to develop the practice, however the principal GP told us that they were actively looking for a GP partner to join the practice. They said that they had secured another partner last year but unfortunately this arrangement had not continued. After the inspection, the principal GP told us that they had interviewed a person for this position and were awaiting their decision regarding the partnership. They also confirmed that they had appointed a healthcare assistant to assist with their plan to improve outcomes for patients.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- All staff had a comprehensive understanding of the performance of the practice
- Clinical and internal audits were used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership, openness and transparency

The principal GP in the practice had the experience, capacity and capability to run the practice and ensure quality, patient centred care. They prioritised safe, high quality and compassionate care. The principal GP was

visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. The principal GP and practice manager encouraged a culture of openness and honesty.

Staff told us that regular team meetings were held. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so. Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice and were encouraged to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the PPG and through surveys and complaints received. There was an active PPG which met to discuss the outcome of patient surveys and agreed actions for improvements to the service provided by the practice. For example, minutes seen from the last PPG meeting in March 2015 showed that following a discussion with the principal GP and other staff, the PPG had agreed actions for the practice to take forward. These were seen to include increasing the number of patient appointments available, to provide education sessions for patients with cardiovascular disease and to promote Well Women's Health to improve the cytology uptake. Minutes from the March 2015 meeting showed that the PPG would meet with staff again in June or July 2015 to review the results of these actions. Records seen following the inspection showed that action had already been taken to address these issues.

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

Innovation

Staff told us that they worked together as a team and supported each other when needed. We saw that staff attended a range of training sessions which was appropriate for their role. We found that there was a strong commitment for shared learning and continuous

Are services well-led?

Good 

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

improvement within the practice. We saw examples of this from minutes of meetings held which included staff meetings, an annual review of complaints and PPG meetings where actions for improvements to the service were agreed.