

Dr Raju Raithatha

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 Raju Raithatha on 11 October 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice organised regular 'afternoon tea parties' with guest speakers and presentations about health

conditions or other issues relevant to the practice population. The practice invited patients at risk of social isolation and patients with specific conditions to these events and themes had included diabetes, diet and information for carers. The most recent event had been attended by over thirty patients.

- The practice had a process to review patient satisfaction and took steps when survey results indicated that improvements were required. The practice undertook follow-up surveys to assess the impact of any actions taken.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- The practice should consider updating the process followed when a prescription is not collected to include making contact with the patient to be assured of their welfare.

Summary of findings

- The practice should review arrangements in place to ensure a patient has access to a female GP if this is requested.
- The practice should continue to review results from the National GP Survey and take steps to improve patient satisfaction.

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



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- In addition to carrying out annual infection control audits, the practice had also undertaken an assessment to identify any risks which were not covered in a routine audit and had updated a number of practice policies and procedures as a result of this risk assessment.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice organised regular 'afternoon tea parties' with guest speakers and presentations about health conditions or other issues relevant to the practice population. The practice invited patients at risk of social isolation and patients with specific conditions to these events and themes had included diabetes, diet and information for carers.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice had responded to lower than average satisfaction for access to GPs and had undertaken a survey to assess the impact of changes made. This survey indicated significant improvements in patient satisfaction.
- Patients we spoke with on the day said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- 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 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.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Good



Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had agreed a scheme with the local library which involved GPs issuing prescriptions for books to patients diagnosed with dementia. This means that these patients and their families could go to the local library and borrow books which were important to the patient. The library had stocked a range of books with information about dementia and the practice told us these were popular with patients.

Good



People with long term conditions

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

- GPs had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was similar to the national average. For instance, 76% of patients diagnosed with diabetes had well controlled blood sugar levels compared to the CCG average which was also 76% and the national average of 78%. The exception reporting rate for this indicator was 4% (CCG average 8%, national average 12%).
- 81% of patients with hypertension had well controlled blood pressure. (CCG average 82%, national average 84%). The exception reporting rate for this indicator was 2% (CCG average 3%, national average 4%).
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Summary of findings

Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 84%, which was above the CCG average of 79% and similar to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

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 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 was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice provided telephone consultations during every GP session and had an extended hours clinic every Tuesday evening until 7:30pm.

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 patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

Summary of findings

- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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).

- 96% of patients diagnosed with dementia (68 patients) had their care reviewed in a face to face meeting in the last 12 months, which was above the national average of 84%. The practice exception reporting rate for this indicator was 0%.
- 98% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record compared to the national average of 88%. The practice exception reporting rate for this indicator was 2% compared to the national average of 12%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was comparable to local and national averages for some aspects of patient care. Three hundred and seven survey forms were distributed and 112 were returned. This represented 3% of the practice's patient list.

- 61% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 75% of patients said the last GP they saw or spoke to was good at giving them enough time compared to the local average of 84% and national average of 87%
- 84% of patients said they had confidence and trust in the last GP they saw or spoke to compared to the local average of 95% and national average of 95%

- 63% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 34 comment cards which were all positive about the standard of care received although four also mentioned difficulties in accessing appointments. Comments referred to kind and caring staff and GPs as good at listening.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Dr Raju Raithatha

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Raju Raithatha

Dr Raju Raithatha provides GP primary care services to approximately 3,700 people living in Friern Barnet, London Borough of Barnet. The practice, also known as Holly Park Clinic, has a General Medical Services (GMS) contract for providing general practice services to the local population. A General Medical Services (GMS) contract is the contract between general practices and NHS England for delivering primary care services to local communities.

The practice team is made up of two (male) GPs, both of whom work part time, and a locum practice nurse who also works part time. Dr Raju Raithatha is the lead GP and the practice is registered with CQC as a sole provider. The practice provides ten GP sessions and two nurse sessions each week.

There is also a practice manager, two administrative and five reception staff. The practice is registered with the Care Quality Commission to provide the regulated activities of maternity and midwifery services, surgical procedures, treatment of disease, disorder or injury, diagnostic and screening procedures and family planning.

The practice opening hours are 8:30am to 1:00pm and 2:00pm to 6.30pm on Mondays, Thursdays and Fridays, 8:30am to 1:00pm and 2:00pm to 7:30pm on Tuesdays and 8:30am to 1.00pm on Wednesdays. The practice had

arrangements in place to answer telephones between 8:00am and 8:30pm daily and between 1:00pm and 6:30 on Wednesdays. The practice is closed on Saturdays and Sundays.

The out of hours services are provided by an alternative provider. The details of the out-of-hours service are communicated in a recorded message accessed by calling the practice when it is closed and on the practice website.

Patients can book appointments in person, on-line or by telephone. Patients can access a range of appointments with the GPs and the nurse. Face to face appointments are available on the day and are also bookable up to four weeks in advance. Telephone consultations are offered where advice and prescriptions, if appropriate, can be issued. Home visits are offered to patients whose condition means they cannot visit the practice.

The practice provides a wide range of services including clinics for diabetes, weight control, asthma, contraception and child health care and also provides a travel vaccination clinic. The practice also provides health promotion services including a flu vaccination programme and cervical screening.

Information published by Public Health England rates the level of deprivation within the practice population group as six on a scale of one to ten. Level one represents the very highest levels of deprivation and level ten the lowest.

The practice is located in a purpose built, single storey building

The practice was inspected in May 2014 using our previous inspection methodology and was found to be meeting the required standards in place at the time.

Detailed findings

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 11 October 2016. During our visit we:

- Spoke with a range of staff including two GPs, practice manager and members of the reception and administration team and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

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

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. The practice had recorded five significant events in the previous twelve months.

For example, an incident occurred where an urgent patient referral was sent to a hospital using the postal system when an electronic referral system was available. When the patient complained that an appointment had not been received after several weeks, the hospital could not trace the referral letter and the practice found that their own copy had been attached to the record of a different patient with a similar name. The practice had reviewed the incident and identified that the locum pack provided to locum GPs did not make it clear that urgent referrals should be made using electronic mail whenever this was available. A new protocol was developed and placed in the locum pack and reception staff were given refresher training around administrative procedures.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The lead GP was the lead for safeguarding and they were also the safeguarding lead for the local CCG. In this capacity, they provided safeguarding training to doctors and staff from other practices in the borough. GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3. There was a process in place to check that an appropriate level of child safeguarding training had been undertaken by locum nurses and we saw evidence that these checks had been carried out consistently for every locum nurse that had been engaged over the previous twelve months and that each had been trained to level 2 or above. The practice manager as well as reception and administration staff had been trained to level 1.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The lead 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 and we saw evidence that action was taken to address any improvements identified as a result. In addition to the infection control audit, the practice had also undertaken an assessment

Are services safe?

to identify any risks which were not covered in a routine audit and had updated a number of practice policies and procedures as a result of this risk assessment. For instance, the practice had identified a risk when a patient with an infectious condition attended the practice and had updated the medical emergency policy to include instructions about guiding the patient to an isolation area.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice had a process for ensuring that when a prescription was not collected by a patient after one month, the prescription was destroyed and a note to this effect recorded on the patient record. However, there was no procedure to ensure the patient was contacted or enquiries made about their welfare. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction (PSD) from a prescriber. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis).
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and we saw that that checks had been undertaken annually for the past three years. We saw evidence that clinical equipment had been checked to ensure it was working properly, the most recent checks having been undertaken within the previous twelve months. 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).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks and there was a process to ensure that these were checked monthly. Records of these checks were maintained. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

Are services safe?

- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and copies were stored offsite.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97% of the total number of points available. The practice exception reporting rate was lower than local and national averages for all clinical indicators. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

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

- Performance for diabetes related indicators was similar to the national average. For instance, 76% of patients diagnosed with diabetes had well controlled blood sugar levels compared to the CCG average which was also 76% and the national average of 78%. The exception reporting rate for this indicator was 4% (CCG average 8%, national average 12%).
- Performance for mental health related indicators was above local and national averages. For example, 98% of patients with schizophrenia, bipolar affective disorder and other psychoses had an agreed care plan in the record. (CCG average 91%, national average 88%). The exception reporting rate for this indicator was 2% (CCG average 7%, national average 13%).

- 81% of patients with hypertension had well controlled blood pressure. (CCG average 82%, national average 84%). The exception reporting rate for this indicator was 2% (CCG average 3%, national average 4%).

There was some evidence of quality improvement including clinical audit.

- There had been two clinical audits carried out in the last two years, one of these was a completed audit where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, the practice had undertaken an audit of patients at risk of developing cardiovascular disease. The practice had used a recognised assessment tool to identify cardiovascular disease risk using risk factors already recorded in primary care electronic medical records. During the first audit, the practice had identified 26 patients with an assessment score which indicated a high risk of developing the disease. Twenty two of these patients were prescribed medicine to reduce the risk and four declined medicines. The practice undertook a second audit after a period of six months and found that the twenty two patients had continued to take the medicine and one of the four who had originally declined had also since started. The practice had also identified that some recently registered patients had high risk assessment scores and these patients had been invited to make appointments to discuss the assessment.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- There were locum packs in place for locum GPs and nurses, these were reviewed regularly and we saw evidence that changes had been made to the GP locum pack following a significant event that had occurred within the previous six months. This had involved an urgent referral letter a doctor had sent to a hospital. The letter had not been received by the hospital and the

Are services effective?

(for example, treatment is effective)

patient's appointment was delayed as a result. The GP locum pack had been updated to include the email address for the specialist team in question and an instruction was added to the effect that referrals should be done electronically where this was an option.

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- The practice had been employing locum nurses since the previous full time practice nurse had retired. There was a process to ensure that locum nurses administering vaccines and taking samples for the cervical screening programme had received specific training and regular updates. We saw evidence that proof of training was requested and checked before locum nurses began working at the surgery.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months and we saw copies of personal development plans for all staff.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients

moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

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, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients who requested support to cease smoking were signposted to a local support group.
- GPs supported patients who wished to include complimentary therapies as part of their personal healthcare and helped patients to identify therapists suited to their medical needs and in the past had helped patients to find acupuncturists, chiropractors and hypnotherapists.

The practice's uptake for the cervical screening programme was 84%, which was above the CCG average of 79% and similar to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There

Are services effective?

(for example, treatment is effective)

were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 84% to 87% and five year olds from 60% to 91%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 34 patient Care Quality Commission comment cards we received were positive about the service experienced although four also referred to difficulties accessing appointments. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with four members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 77% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 75% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.
- 84% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 70% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.

- 77% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 70% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

The practice were aware of the results of the national GP Survey and in partnership with the PPG, had developed and implemented an action plan in place to address concerns. Actions taken had included external customer care training for all staff, improved communications around the appointment system and a basic triaging system for patients requesting urgent appointments when all slots had been filled. The practice had subsequently undertaken a follow-up survey to measure the impact of the changes and had used the same or similar questions as those used in the national GP survey. The practice had distributed a similar number of survey forms to the national GP Survey (over 300) and had received 129 responses. This represented 3% of the practice's patient list (compared to 3% represented in the national GP Survey). Results had been analysed by members of the PPG and demonstrated a significant improvement in patient satisfaction scores. When asked about confidence and trust in the GP most recently seen, 91% of patients had responded with good, very good or excellent and when asked about the quality of care provided by GPs, 92% had answered good, very good or excellent.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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:

Are services caring?

- 71% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 84% of patients said they had confidence and trust in the last GP they saw or spoke to compared to the national average of 95%.
- 70% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 75% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

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 50 patients as carers (2% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

The practice had worked with the PPG to organise afternoon social gatherings for patients who were carers, patients with long term conditions and those experiencing or at risk of experiencing, social isolation. We were told that over 30 patients had attended each of two recent 'Afternoon Tea Party' events at the practice. The first of these was themed around 'Supporting Carers' and the practice had arranged a guest speaker from The Carers Association who talked about the demands placed on carers and outlined the range of support available to carers. The second event had been themed around 'Living with Diabetes' and the practice as well as organising a guest speaker had ensured that catering arrangements reflected the needs of patients with diabetes.

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

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 an extended hours clinic on a Tuesday evening until 7.30pm for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. The practice website had a link to a downloadable form which patients were encouraged to complete with details of their travel plans prior to attending for travel vaccinations. This was to allow clinicians time to review the patients record and ensure that the correct vaccinations were provided and that relevant useful advice could be made available to the patient at their vaccination appointment.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had agreed a scheme with the local library which involved GPs issuing patients diagnosed with dementia with prescriptions for books so that patients and their families could go to the local library and borrow either specific dementia related books or books which were important to the patient.

Access to the service

The practice was open between 8:30am and 1:00pm and from 2:00pm and 6:30pm on Monday, Thursday and Friday, between 8:30am and 1:00pm and from 2:00pm and 7:30pm on Tuesdays and 8:30am and 1:00pm on Wednesdays. Extended hours appointments were offered at the following times on Tuesday evenings between 6:30pm and 7:30pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent

appointments were also available for people that needed them. The practice had specific arrangements in place with an out of hours provider to provide cover when the practice was closed.

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

- 70% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 61% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

We asked the practice how they had responded to the GP survey results. The practice told us they had added an extra two GP sessions each week, provided additional emergency appointments every morning and following positive feedback from patients, increased the number of telephone consultation slots from six to nine in each GP session. We were told that the telephone system had been reconfigured so that if an incoming call was not answered within a certain number of rings, the call would transfer to the extensions of staff who did not routinely answer telephones as part of their duties. These staff understood the practice computer system and could help patients to book appointments. The practice had undertaken its own survey to assess the impact of the changes it had made and recorded significant improvements in patient satisfaction for the same questions that were asked in the national GP survey. For instance, when asked about 'ease of getting through on the phone' following the change to the telephone system, 83% (106 out of 127 patients) had answered good, very good or excellent. When asked about satisfaction with opening hours, 83% (107 out of 127 patients) had also responded good, very good or excellent.

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

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.

Are services responsive to people's needs?

(for example, to feedback?)

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. 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.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, for instance,

information about the complaints system was displayed in the waiting area and the practice website included a section where patients could make complaints or provide other feedback online.

We looked at three complaints received in the last 12 months and found these were handled in line with the practice policy. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, we saw a record of a complaint where a prescription had been requested on behalf of a patient by a local pharmacist but the practice had not responded to the request. When the patient complained, the practice had investigated and had identified that human error had led to the request not being fulfilled. The practice had corrected the mistake immediately and had written to the patient to apologise and staff were reminded to read all prescription requests carefully before processing them.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

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. There was a systematic approach to ensuring that policies were regularly reviewed and interim updates made when circumstances arose which made this necessary, for instance when contact details for external agencies were changed or as a response to a significant event or complaint.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of

candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted the practice organised social events for staff two to three times each year and staff we spoke with told us this was appreciated.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice 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) and through surveys and complaints received. Following some lower than anticipated results in the national GP survey, the practice had developed an action plan and had undertaken its own survey to assess the impact of the action plan. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team.

Are services well-led?

Good 

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

- The practice had gathered feedback from staff through staff meetings and the appraisal system. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.
- The practice published a quarterly newsletter and provided copies in the waiting area for patients to take away. The newsletter was used to make announcements about changes in surgery personnel, publicise seasonal clinics and health promotion programmes and to provide information about the patient participation group and feedback from patient surveys.

Continuous improvement

The PPG had worked with practice management to organise 'afternoon tea parties' for patients and had helped to organise guest speakers to talk about aspects of self-help including diet, heart disease, diabetes and issues of concern to patients who were also carers. The impact of these events on patient outcomes had not yet been measured.