

Dr N Nagpal's Practice

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 N Nagpal's Practice on 8 July 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 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.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their 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.
- Patients said they sometimes found it difficult to get through to the practice by telephone but it was possible 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. However, we noted building maintenance issues were not always dealt with in a timely manner and access within the practice was potentially difficult for those with mobility issues due to the internal design of the building.
- 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.

We saw several areas of outstanding practice including:

Summary of findings

- A template had been developed and was being used by nursing staff to support patient consultations and provide the opportunity for patients to be more involved in their own care and to gain a greater understanding of how lifestyles affect their health.
- GPs would often work beyond normal appointment times to ensure all patients visiting the practice were seen.
- A GP would visit the homes of deceased patients, often outside of normal practice hours and at weekends, to provide priority support to bereaved families and enable them to act in accordance with religious beliefs.

The areas where the provider should make improvement are:

- Ensure infection prevention and control lead role and responsibilities are documented and understood to enable the effective oversight and scrutiny of associated activity.
- Ensure clinical audit activity is fully documented and supported by a quality improvement programme.
- Prioritise and address building maintenance issues.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- 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.
- 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 managed. However, we noted there was a lack of clarity and understanding of the responsibilities associated to the infection prevention and control lead role.

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 comparable to national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement. However, audit activity was not supported by a formal programme and associated documentation was not consistently maintained.
- 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.
- The practice used innovative and proactive methods to improve patient outcomes and involve patients in their own care. For example a template had been developed and was

Summary of findings

being used by nursing staff to support patient consultations and provide the opportunity for patients to be more involved in their own care and to gain a greater understanding of how lifestyles affect their health.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national 2014-2015 GP patient survey showed patients rated the practice lower than others for some aspects of care. However, we noted the practice had taken action to gain an understanding of the related underlying reasons and identify opportunities for improvement.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- GPs visited the homes of patients outside of normal practice opening hours including weekends to provide priority support to families at times of bereavement and enable them to act in accordance with religious beliefs.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients 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. However, patients also told us they often found it difficult to get through to the practice by telephone.
- The practice had good facilities and was well equipped to treat patients and meet their needs. However, we noted building maintenance issues were not always dealt with in a timely manner and access within the practice was potentially difficult for those with mobility issues due to the design of the building.
- 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



Summary of findings

- We were told GPs would often work beyond normal appointment times to ensure all patients visiting the practice were seen.

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.
- A practice information bulletin was produced and used to communicate information to staff within the practice.
- 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.
- 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. The practice supported staff personal development and advancement.

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.

- 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.
- A flexible approach was applied to consultations for older patients as they were seen if they arrived at the practice without an appointment.
- The practice proactively promoted vaccination campaigns to encourage patient uptake.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was between 80% and 97% and this was comparable to the national average range of 78% to 94%.
- 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. A comprehensive recall system was in place to support review attendance.
- 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



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 and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were comparable to local performance levels for all standard childhood immunisations.

Good



Summary of findings

- 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 percentage of patients diagnosed with asthma who had an asthma review in the last 12 months was 80% which was comparable to the clinical commissioning group (CCG) and national averages of 79% and 75% respectively.
- Cervical screening uptake data from 2014/15 for women aged 25-64 years was 80%, which was comparable to the CCG and national averages of 80% and 82% respectively.
- 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).

- 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.
- Appointments were available outside of normal working hours for those individuals unable to attend the practice during normal opening times.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including 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.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Good



Summary of findings

- 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.
- The practice had facilitated the delivery of information sessions within the practice to patients by other health and support organisations.
- The practice provided clinical support to adults and children receiving assistance from a local women's refuge.

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).

- 78% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was lower than the national average of 84%.
- 91% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in the preceding 12 months, which was comparable to the national average of 88%.
- A record of alcohol consumption was recorded for 98% of patients with mental health related conditions compared to 90% nationally.
- 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. A member of the practice staff had received training and undertook the role of dementia champion.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 January 2016 and related to responses collected from January-March 2015 and July-September 2015. The results showed the practice was performing below local and national averages. A total of 407 survey forms were distributed and 84 were returned. This was a response rate of 21% and represented approximately 1.5% of the practice's patient list.

- 52% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 55% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 75% of patients described the overall experience of this GP practice as fairly good or very good compared to the national average of 85%.
- 56% 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 largely very positive about the standard of care received. The comments indicated high levels of satisfaction with the standard of care provided by both clinical and reception staff. Four cards also included less positive comments related to interactions with staff and difficulties getting through to the practice by telephone.

We spoke with six patients during the inspection and three members of the patient participation group (PPG) who were also patients. All nine patients said they were very satisfied with the care they received and thought staff were approachable, committed and caring. Patients also praised the practice for the flexibility applied to making appointments available to meet individual needs but some also commented that it was occasionally difficult to get through to practice by telephone. The most recent published results of the friends and families test identified that 67% of patients who responded to the survey would recommend this practice to others.

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure infection prevention and control lead role and responsibilities are documented and understood to enable the effective oversight and scrutiny of associated activity.
- Ensure clinical audit activity is fully documented and supported by a quality improvement programme.
- Prioritise and address building maintenance issues.

Outstanding practice

We saw several areas of outstanding practice including:

- A template had been developed and was being used by nursing staff to support patient consultations and provide the opportunity for patients to be more involved in their own care and to gain a greater understanding of how lifestyles affect their health.
- GPs would often work beyond normal appointment times to ensure all patients visiting the practice were seen.
- A GP would visit the homes of deceased patients, often outside of normal practice hours and at weekends, to provide priority support to bereaved families and enable them to act in accordance with religious beliefs.

Dr N Nagpal's Practice

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector. The team included a GP specialist adviser, a practice manager specialist adviser and an Expert by Experience. An Expert by Experience is somebody who has personal experience of using or caring for someone who uses a health, mental health and/or social care services and who has received training in the CQC inspection methodology.

Background to Dr N Nagpal's Practice

Dr N Nagpal's Practice is located in a single storey building in residential area close to the centre of Blackburn. The original building was extended in 1991 and 2006 to add additional consultation rooms and a car park for patients. The internal design of the building creates potential access issues for patients with limited mobility but we were told staff assist patients as required and an additional entrance is available that can be used to provide direct access to the main consulting room corridor.

The practice delivers services under a Personal Medical Services (PMS) contract with NHS England to approximately 5400 patients, and is part of the NHS Blackburn with Darwen Clinical Commissioning Group (CCG).

Male and female life expectancy in the practice geographical area is comparable to the CCG averages but slightly below the England average for males at 74 years and 80 years for females (England average 79 and 83 years respectively). The practice population includes a higher proportion (31%) of people under 18 years of age, and a lower proportion (9%) of people over the age of 65 years, in

comparison with the national averages of 21% and 17% respectively. The practice also has a higher percentage of patients who are unemployed (17%) than both the national average (5%) and the CCG average (7%).

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

The practice is staffed by two GP partners (one male and one female) and a salaried GP (female). The GPs are supported by a practice nurse and a health care assistant. Clinical staff are supported by a practice manager, practice support manager and five administration and reception staff.

The practice is open between 8.45am to 8pm Monday, Tuesday, Wednesday, Friday and 8.45am to 6.30pm Thursday. In addition to pre-bookable appointments that could be booked up to four weeks in advance for GPs and six weeks in advance for nurses, urgent appointments are also available for people that need them. The practice was also able to offer appointments through the local Primary Care Access Centre (PCAC) hub. When the practice is closed Out of Hours services are provided by East Lancashire Medical Services and can be contacted by telephoning NHS 111.

The practice provides online patient access that allows patients to book appointments and order prescriptions.

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

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.

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 8 July 2016. During our visit we:

- Spoke with a range of staff including practice GPs, practice manager, practice support manager, nursing and administrative staff and spoke with patients who used the service.
- Observed how staff interacted with patients and talked with 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 appropriate 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 and made a significant event toolkit document available to staff to support the effective communication of supporting information.

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. For example, as a result of a significant event investigation the practice introduced a revised protocol for the checking and recording vaccine fridge temperatures and provided additional training for staff.

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. There was a lead member of staff for safeguarding. The 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 safeguarding level 3.

- Notices displayed throughout the practice 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 practice nurse was the infection prevention and control (IPC) clinical lead but we noted there was a lack of clarity and understanding of the responsibilities associated to the lead role and it was unclear who held responsibility for liaison with the local infection prevention teams to keep up to date with best practice. However, we also noted the practice nurse was allocated dedicated time for the completion of IPC activity. There was a basic 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.
- Sharps bins were available in treatment rooms but we noted these did not display dates to indicate when they were first used or prompt disposal action.
- 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 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. However, the systems did not include activity to record the distribution of blank prescription forms to printers within the practice.

Are services safe?

- Patient Group Directions 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 from a prescriber.
- 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 managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. 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 clinical equipment was checked to ensure it was working properly. 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.
- The practice had taken recent action to assess and implement actions to mitigate risks associated to legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We noted risk assessment documentation produced by the practice did not include the level of detail as recommended within national guidance published by the Health and Safety Executive but we were told additional testing activity was scheduled to be undertaken by a professional organisation in September 2016.

- 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.
- We identified issues related to building maintenance that included an unserviceable light in the disabled toilet and a loose seat and low water pressure in the patient toilet in another area of the practice. We were told the practice was aware of the issues and priority action would be taken to rectify the issues following our visit.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

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 99% of the total number of points available, with 10% exception reporting (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 clinical targets but it was noted that 2014-2015 data identified the practice had a higher level of prescribing Hypnotics when compared to clinical commissioning group (CCG) and national levels. The practice was aware of the higher rate of prescribing and had undertaken an audit of this area during 2015. As a result and with the assistance of the CCG medicines management team we were told prescribing levels had been reduced and action was ongoing to continually monitor performance.

Data from 2014-2015 showed:

- Performance for diabetes related indicators was higher than national averages. For example:
 - 97% of patients with diabetes had received an influenza immunisation compared to the national average of 94%.

- A record of foot examination was present for 95% of patients compared to the national average of 88%.
- Patients with diabetes in whom the last blood pressure reading (measured in the preceding 12 months) was within recommended levels was 80% compared to the national average of 78%.
- Patients with diabetes whose last measured total cholesterol (measured within the preceding 12 months) was within recommended levels was 84% compared to the national average of 81%.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was within recommended levels was 83% compared to the national average of 84%.
- Performance for mental health related indicators was higher when compared to national averages. For example the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record in the preceding 12 months was 91% compared to the national average of 88%.
- The percentage of patients diagnosed with dementia whose care had been reviewed face to face in the preceding 12 months was 78% compared to the national average of 84%.

There was evidence of quality improvement including clinical audit. However, we noted clinical audit activity was not supported by a formal programme and associated documentation was not consistently maintained or readily accessible within the practice.

Practice records identified six clinical audits had been completed in the last two years and we noted practice GPs made verbal reference to additional audit activity although supporting documentation related to this additional audit activity was not made available for inspection review. Audit records supplied by the practice identified one of the six clinical audits as a complete two cycle audit where the improvements made were implemented and monitored. For example diagnosis of atrial fibrillation was identified by the practice as low when compared to the national performance level and as a result of audit activity the practice identified opportunities that included increased use of assessment tools to improve and continually

Are services effective?

(for example, treatment is effective)

monitor practice performance. The practice also participated in local audits with the assistance of the CCG medicines management team and used findings to improve services.

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.
- 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.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- 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.
- 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 every six weeks 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. The practice maintained close working relationships with the local achieving self-care team and local substance misuse workers and patients were signposted to relevant services.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 80% and 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

Are services effective?

(for example, treatment is effective)

bowel and breast cancer screening. There 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 and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 79% to 97% and five year olds from 57% to 95%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 35–74. 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.

The majority of the 34 patient Care Quality Commission comment cards we received were very positive about the service experienced with four making less positive comments related to interactions with staff and difficulties getting through to the practice by telephone. 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 three 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 variable for its satisfaction scores on consultations with GPs and nurses. For example:

- 88% of patients said the GP was good at listening to them compared to the CCG average of 90% and the national average of 89%.
- 85% of patients said the GP gave them enough time compared to the CCG average of 88% and national average of 87%.
- 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.

- 80% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and 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 CCG average of 89% to the national average of 91%.
- 66% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients responses to questions about their involvement in planning and making decisions about their care and treatment were lower when compared to local and national averages. For example:

- 77% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 75% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 82%.
- 80% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 90%.
- 77% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG and national average of 85%.

The practice monitored patient feedback and told us they had worked with the PPG to identify and implement improvements. As a result we were told the practice had made changes that included introducing a new booking in system, improving the provision of information to patients, making all appointments available on-line and providing staff with name badges.

Are services caring?

At the time of our inspection the practice was undertaking a patient survey to gain feedback on the changes made and also identify other potential opportunities for improvement.

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 and a number of staff were also multi-lingual.
- Information leaflets were available in a variety of languages that reflected the local community and were also available in an easy read format.
- A template had been developed and was being used by nursing staff to support patient consultations and provide the opportunity for patients to be more involved in their own care and to gain a greater understanding of how lifestyles affect their health.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area and from the practice nurse 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 29 patients as carers and this represented approximately 0.5% of the practice list. Written information was available and a dedicated notice board was maintained in the reception waiting area to direct carers to the various avenues of support available to them.

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. We were also told a practice GP would visit the home of a deceased patient, often outside of normal practice hours and at weekends, to provide priority support to bereaved families and enable them to act in accordance with religious beliefs.

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. In addition a member of the practice staff was also a member of the local primary care federation and the practice received regular feedback to inform the consideration of potential improvement opportunities.

- The practice offered extended hours from 8.45am and until 8pm Monday, Tuesday, Wednesday, Friday and 8.45am and until 6.30pm on Thursday for working patients who could not attend during normal opening hours. We were also told a practice GP often worked beyond normal surgery hours to see additional patients who attended the surgery.
- 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 required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available. A hearing loop was not available but we were told reception staff would offer patients with hearing difficulties the opportunity to talk away from the reception to reduce the risk of conversations being overheard.

Access to the service

The practice was open between 8.45am to 8pm Monday, Tuesday, Wednesday, Friday and 8.45am to 6.30pm on Thursday. In addition to pre-bookable appointments that could be booked up to four weeks in advance for GPs and six weeks in advance for nursing staff, urgent appointments were also available for people that needed them.

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

- 83% of patients were satisfied with the practice's opening hours compared to the CCG and national averages of 83% and 78% respectively.
- 52% of patients said they could get through easily to the practice by phone compared to the CCG and national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them although some patients did mention it was sometimes difficult to get through to the practice by telephone.

The practice had a system in place to assess the urgency of need for medical attention and had developed a supporting flow-chart for use by practice staff. Information and actions related to both urgent and routine requests that included the option for practice staff to liaise directly with a GP as required was included within the flow-chart.

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 and the practice also published additional guidance to assist staff to understand the value and importance of recording patient feedback.

We looked at eight complaints received in the last 12 months and found these were satisfactorily dealt with in a timely way and demonstrated openness and transparency with dealing with the complaint. However, we did note one complaint response did not demonstrate adherence to the same standards evident in the other responses and we were told this occurred at a time of a change of personnel in the practice and action was subsequently taken to communicate more appropriately with the complainant.

Are services responsive to people's needs?

(for example, to feedback?)

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, additional staff training was completed when it was identified as a result of a complaint that patient information had not been communicated effectively within the practice.

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 known by staff and staff also understood the values of the practice.
- The practice had a robust strategy and were in the process of reviewing and updating supporting business plans to ensure they continued to reflect the aims and objectives of the practice.

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. Although it was noted that additional lead roles and responsibilities were not consistently supported by associated documentation that would assist staff in the completion of associated duties.
- Practice specific policies were implemented and were available to all staff.
- 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 adequate 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 appropriate 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 and we saw records that supported this statement. Communication within the practice was also supported through the use of practice bulletins that presented information to staff in a clear and effective way.
- 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 practice social events were held regularly throughout the year that enabled the practice to recognise practice achievements and reward the efforts of practice staff.
- 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. The PPG met

Are services well-led?

Good 

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

regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, as a result of PPG feedback and suggestions the practice introduced an electronic system to alert patients at the time of their appointment in the waiting area. In addition practice staff were all issued with name badges to aid communication and information leaflets were also given to patients with prescriptions to increase patient awareness and knowledge.

- The practice had gathered feedback from staff through staff social events and generally through staff meetings, appraisals and discussion. Staff told us they would not

hesitate to give feedback and discuss any concerns or issues with colleagues and management and they also told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example by sharing and considering outcomes from meetings of the local primary care federation.

We noted partners and senior managers within the practice actively encouraged the development and advancement of staff within the practice and as a result we observed a high level of morale and low staff turnover.