

Dr Karim Mashayekhy

Quality Report

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Date of inspection visit: 26 August 2016
Date of publication: 30/09/2016

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 Karim Mashayekhy also known as The Village Surgery on 26 August 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 generally assessed and well managed. However, the practice had not carried out regular fire drills and fire extinguishers were not being checked annually by a recognised fire safety service, although the practice arranged for this following our visit. There was no current building electrical safety certificate and only clinical items of equipment had been electrically tested to ensure they were safe to use. The practice made arrangements for this to be completed following our inspection and we saw evidence of this.
- 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.
- The practice had adequate arrangements in place to respond to emergencies and major incidents. However, they had no supplies of emergency medication used to treat suspected meningitis and had not assessed the associated risks. Following our inspection we saw evidence that the practice purchased this medication.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Staff sought consent from patients in the majority of instances in line with legislation and guidance, however, written consent was not recorded for minor surgery as would be expected. We saw evidence following the inspection that surgery policy had been changed to obtain written consent for minor surgery.

Summary of findings

- 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 found it easy to make an appointment with the 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.
- 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:

- Maintain the new arrangements for checking fire extinguishers and undertake regular fire drills.
- Provide a current building electrical safety certificate and undertake regular testing for non-clinical equipment for electrical safety.
- Obtain and record written patient consent for minor surgery in line with current guidance.

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.
- 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 generally assessed and well managed. However, the practice had not carried out regular fire drills and equipment was checked by the GP. The practice arranged for a fire safety company to visit the practice following our inspection to check the fire extinguishers. There was also no renewed building electrical safety certificate since the surgery was built in 1997 and there was no record of PAT testing for non-electrical equipment. We saw evidence that this had been arranged following our visit.
- The practice had adequate arrangements in place to respond to emergencies and major incidents. However, they had no supplies of emergency medication used to treat suspected meningitis. The GP stated that if needed this would be available from the pharmacy nearby. We saw evidence that the surgery purchased this medication on the day following our visit.

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 although they were not formally documented in a recognised format.

Summary of findings

- Staff had the skills, knowledge and experience to deliver effective care and treatment. The practice GP had a special interest in dermatology and ran clinics for patients every week outside the practice. This helped to inform his practice at the surgery and reduced referral to hospital services.
- There was evidence of appraisals and personal development plans for all staff.
- Staff sought consent from patients in the majority of instances in line with legislation and guidance, however, written consent was not recorded for minor surgery as would be expected. Verbal consent for minor surgery procedures was recorded in the patient record. Following our inspection, we saw that surgery policy was changed to record written consent for minor surgery.
- 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



- Data from the national GP patient survey showed patients rated the practice higher than others for most aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. They also told us that they felt that they received a very personal service from the practice.
- 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.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff 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 was working with other local practices and the CCG to form a GP workforce federation to improve services for patients in the area, initially by increasing provision of services on a Thursday afternoon.
- 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.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- 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.

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.
- 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 had lapsed due to members' circumstances and illness. The practice had recruited new members and the group was to restart meetings shortly.
- There was a strong focus on continuous learning and improvement at all levels.

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.

Good



- 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 GP telephoned all patients discharged from hospital and usually visited them to ensure that their needs were met.
- A podiatrist visited the practice each month to provide a clinic for patients.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of diabetic patients who had their blood sugar levels well-controlled was 73% compared to the local average of 80% and national average of 78%. The percentage of diabetic patients with blood pressure readings within recommended levels was 87% compared to the local average of 80% and national average of 78%.
- Longer appointments and home visits were available when needed.
- All these patients had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

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.

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 practice's uptake for the cervical screening programme was 84%, which was comparable to the local average of 85% and higher than 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, health visitors and school nurses. A midwife visited the practice every other week to provide services.

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 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 reflected the needs for this age group.
- From the national GP patient survey, 83% of patients were satisfied with the practice's opening hours compared to the local average of 79% and national average of 78%.
- Patients could order repeat prescriptions online as well as by telephoning the practice.

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 receiving end of life care 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. The practice was aware of all those patients who were receiving end of life care and provided personalised and timely support.
- 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.

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).

- 100% of patients diagnosed with dementia had their care reviewed in a face-to-face review compared to the local average of 88% and national average of 84%.
- 100% of people experiencing poor mental health had a comprehensive, agreed care plan documented in the record compared to the local average of 93% and national average of 88%.
- 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 on 7 July 2016. The results showed the practice was performing generally above local and national averages. 256 survey forms were distributed and 95 were returned. This represented 7% of the practice's patient list.

- 96% of patients found it easy to get through to this practice by phone compared to the local average of 71% and national average of 73%.
- 93% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local average of 88% and national average of 85%.
- 96% of patients described the overall experience of this GP practice as good compared to the local average of 89% and national average of 85%.
- 89% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local average of 81% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 49 comment cards which were all positive about the standard of care received. Patients said that staff were kind, helpful and professional and said that they received an excellent service from the practice. Patients also praised the personal touch that they felt that the practice provided.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The practice used the friends and family test cards to receive feedback from patients. We were shown cards that commended the practice for its helpful and accessible service.

Areas for improvement

Action the service **SHOULD** take to improve

- Maintain the new arrangements for checking fire extinguishers and undertake regular fire drills.
- Provide a current building electrical safety certificate and undertake regular testing for non-clinical equipment for electrical safety.
- Obtain and record written patient consent for minor surgery in line with current guidance.

Dr Karim Mashayekhy

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 and a CQC Inspection Manager.

Background to Dr Karim Mashayekhy

Dr Karim Mashayekhy's practice otherwise known as The Village Surgery is housed in a purpose-built two storey building in the Lostock Hall area of Preston at 1 William Street, Lostock Hall, Preston, PR5 5RZ. The building was constructed in 1997 and provides patient facilities of a waiting area, treatment room and two consulting rooms on the ground floor with a minor surgery room on the first floor. The practice provides level access for patients to the building with widened entry doors. Access to first floor rooms is by using stairs. The practice offers a minor surgery clinic to patients every week on the first floor of the building. This is changed to a downstairs room if patients are unable to use the stairs.

There is parking provided for the practice in the adjoining public car park and the practice is close to public transport. There is an independent pharmacy nearby.

The practice is part of the Chorley and South Ribble Clinical Commissioning Group (CCG) and services are provided under a General Medical Services Contract (GMS).

There is one male GP partner and one practice nurse who provides clinical services and practice management support to the practice. Three administrative and reception staff also support the practice.

The practice is open from 8am to 6.30pm every day from Monday to Friday and appointments are offered every day from 9am to 10.50am and from 4pm to 5.30pm except Thursdays when the surgery is open but there is no bookable afternoon surgery. When the practice is closed, patients are able to access out of hours services offered locally by the provider Chorley Medics by telephoning 111.

The practice provides services to 1,368 patients. There are higher numbers of patients aged between 45 and 60 years of age (26%) than the national average (20%) and fewer numbers of patients aged under 15 years of age (15%) than the national average (17%).

Information published by Public Health England rates the level of deprivation within the practice population group as eight on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Both male and female life expectancy is comparable to the local and national average, 82 years for females compared to 83 years nationally and 79 years for males compared to 79 years nationally.

The practice has a higher proportion of patients experiencing a long-standing health condition than average practices (63% compared to the national average of 54%). The proportion of patients who are in paid work or full time education is higher (66%) than the CCG and national average of 62% and unemployment figures are lower, 2% compared to the CCG average of 3% and national average of 5%.

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

Detailed findings

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 26 August 2016. During our visit we:

- Spoke with a range of staff including one GP, one practice nurse and two members of the practice administration team.
- Spoke with three patients who used the service including one member of the practice patient participation group (PPG).

- 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?

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. For example, when a hospital made a prescribing error when it discharged a patient, it was noticed by the practice who acted on the patient's behalf and liaised with the hospital to rectify the error. The practice informed the patient, gave written instructions as to how to take the replacement medication and supplied the patient with an emergency contact number for the hospital cardiology specialist nurse.

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 GP 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. The GP was trained to child protection or child safeguarding level 3 and the nurse to safeguarding level 2.

- The practice advised patients that chaperones were available if required. Patients were asked to make appointments with both the GP and the practice nurse at the same time for an intimate examination. 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 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.
- 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. A member of the local clinical commissioning group (CCG) medicines management team carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing and software on practice computers helped prescribers to follow best practice. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow the nurse to administer medicines in line with legislation.
- 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

Are services safe?

appropriate professional body and the appropriate checks through the Disclosure and Barring Service. One staff member who joined the practice in July 2016, had a recent DBS check from another employer and the practice told us that they were in the process of obtaining a new DBS check for employment at the practice.

Monitoring risks to patients

Risks to patients were not always assessed or well managed.

- There were some 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 working fire alarms which were regularly tested and fire extinguishers on site. However, they had not carried out fire drills and fire extinguishers were checked regularly by the GP. There was no annual check of fire equipment by a recognised fire safety company. The practice arranged for this following our visit. All clinical electrical equipment was checked to ensure the equipment was safe to use and to ensure it was working properly. There was however no electrical safety testing for non-clinical electrical items. We saw evidence that the practice arranged for this following our visit. 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). Gas safety in the building was maintained annually, however, there was no renewed building electrical safety certificate in place since the building was erected in 1997. The practice made arrangements for this to be completed following our inspection.

- 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 the different staffing groups to ensure enough staff were on duty. The GP did not take annual leave and had only been absent for one day since 1997 when a locum GP had been recruited. The practice told us that a new local proposal for a GP federation would provide a way to manage this risk in the future.

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 not carried out a risk assessment for the drugs that it did not carry for emergency situations, for example Benzylpenicillin for first line management of suspected meningitis. They told us that if this was needed, they would go to the nearby pharmacy to get some. We saw that the practice purchased this medication to be kept in practice on the day following our inspection.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage.

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 and audits.

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 96.5% of the total number of points available. Exception reporting figures for the practice were lower than the clinical commissioning group (CCG) and national averages (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). The practice exception reporting figure overall was 5.6% compared to the CCG average of 9.9% and the national average of 9.2%.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was variable when compared to local and national averages. For example, the percentage of patients who had their blood sugar levels well-controlled was 73% compared to the local average of 80% and national average of 78% but the percentage of patients with blood pressure readings within recommended levels was 87% compared to the local average of 80% and national average of 78%.
- Performance for mental health related indicators was better than the local and national averages. For example, 100% of people experiencing poor mental

health had a comprehensive, agreed care plan documented in the record compared to the local average of 93% and national average of 88% and 100% of patients diagnosed with dementia had their care reviewed in a face-to-face review compared to the local average of 88% and national average of 84%.

There was evidence of quality improvement including clinical audit.

- We saw evidence of clinical audit completed in the last two years and further evidence of quality improvement work. Results and analysis of these audits were visible although not formally documented. We suggested that formal documentation would aid and support clinician appraisal and revalidation and the practice agreed.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, recent action taken as a result included an improvement in the appropriate prescribing of vitamin D.

Information about patients' outcomes was used to make improvements. A formal, structured system set up on the practice computer enabled the practice to review urgent referrals made to services for patients with suspected cancer. This enabled the practice to assess whether the referrals were handled appropriately within required timescales.

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. Practice administration staff received training in areas of patient record keeping.
- 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

Are services effective?

(for example, treatment is effective)

demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at clinical forum 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 external and in-house training.
- The practice GP had a special interest in dermatology and ran clinics for patients from the practice and neighbouring practices every week in nearby premises. This helped to inform his practice at the surgery and reduced referral to hospital services.
- Clinical staff were supported by a phlebotomist who visited the practice every week.

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 nurse and GP ensured that the practice most vulnerable patients had care plans in place.
- 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. The GP contacted all patients discharged from hospital to ensure that their needs were met. Due to the relatively

small size of the practice, there were no formal, regular meetings with other health care professionals but we saw how communication was maintained for example with community staff for ongoing discussion of patient care.

Consent to care and treatment

- Staff sought patients' verbal consent to care and treatment. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Verbal consent was always sought and recorded in the patient computer record. However, there was no written consent obtained for minor surgery procedures, which would demonstrate the patient's understanding of the risks and benefits of the proposed surgery. Following our inspection, the practice changed its policy for seeking consent and told us that they would always seek written consent for minor surgery procedures.
- 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 and patients who may be experiencing memory loss. Patients were signposted to the relevant service.
- A podiatrist was available on the premises each month and smoking cessation advice was available from a local support group. A midwife also visited the practice every other week.

The practice's uptake for the cervical screening programme was 84%, which was comparable to the CCG average of 85% and higher than the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test and the practice ensured a female sample taker was available. 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

Are services effective?

(for example, treatment is effective)

referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Patient uptake of these programmes was higher than local and national averages. For breast screening, the practice uptake was 79% compared to the CCG and national average of 72% and for bowel screening it was 67% compared to the CCG average of 57% and national average of 55%.

Childhood immunisation rates for the vaccinations given were generally higher when compared to CCG averages. For

example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 85% to 100% compared to the CCG rates of 90% to 98% and five year olds from 95% to 100% compared to CCG rates of 89% to 98%.

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 49 patient Care Quality Commission comment cards we received were positive about the service experienced. 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 one member 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. Patients said that they felt valued by the practice.

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

- 97% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 95% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 93% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 85%.

- 86% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.
- 94% of patients said they had confidence and trust in the last nurse they saw compared to the CCG and national average of 97%.
- 89% of patients said the nurse gave them enough time compared to the CCG average of 93% and the national average of 92%.
- 94% 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. 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 generally above local and national averages. For example:

- 96% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 91% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 82%.
- 90% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and the national average of 90%.
- 82% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and 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. The practice had access to online translation services.
- Information leaflets were available in easy read format.

Are services caring?

- Staff had access to an information sheet that detailed schedules of child health vaccinations and immunisations in other countries so that parents from those countries could be clear about what childhood vaccinations were needed.

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. The practice did not have its own website and information about support groups was available through the practice NHS Choices website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 21 patients as carers (1.5% of the practice list). All carers were invited for annual influenza vaccinations. Written information was available 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 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 was in discussion with neighbouring practices and the CCG to provide services collaboratively from a central hub. The first aim of the project was to offer patient GP surgeries on a Thursday afternoon.

- 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, a hearing loop and translation services available.
- The practice offered a minor surgery clinic to patients every week on the first floor of the building. This was changed to a downstairs room if patients were unable to use the stairs.
- The GP telephoned all patients discharged from hospital and usually visited them to ensure that their needs were met.
- The practice had arranged consent with two deaf patients to share health information with their family member so that communication could be maintained.
- At the time of inspection, the practice had four patients who were receiving end of life care. The GP had produced care plans for these patients and they were all known to everyone in the practice. This ensured that they received personalised, timely care when needed.

Access to the service

The practice was open from 8am to 6.30pm every day from Monday to Friday and appointments were offered every day from 9am to 10.50am and from 4pm to 5.30pm except on Thursdays when there was no bookable afternoon surgery. The practice remained open on Thursday

afternoons and the GP was available for patient urgent appointments. 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.

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

- 83% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 76%.
- 96% of patients said they could get through easily to the practice by phone compared to the CCG average of 71% 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.

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.

Patient requests for home visits were listed in the doctor's communication book and given to the GP to assess the urgency of need. The GP usually contacted the patient first before visiting. 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, the GP, who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system and patients demonstrated that they knew how to complain.

The practice had only had one complaint in the last year. We looked at this complaint and found it had been dealt with in a timely way and with openness and honesty. The practice had only received seven complaints since 1997.

Are services responsive to people's needs? (for example, to feedback?)

Lessons had been learnt from individual concerns and complaints and action was taken to as a result to improve the quality of care. For example, staff had been updated in best practice when delivering patient care.

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 and staff knew and understood the values of the practice.
- The practice was working with other neighbouring practices to ensure that there was continuity of care for patients in the local area. They were looking to provide a full GP service to patients on Thursday afternoons by forming a GP federation. The practice had no formal succession plan and was aware that as a single GP practice it was vulnerable to possible disruption if the GP was unavailable. They hoped that the GP federation would provide a way to manage this risk in the future.

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.
- 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 good arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the GP demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, personal, high quality and compassionate care. Staff told us the GP was 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 GP 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. There were whole practice meetings quarterly and frequent clinical meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues and felt confident and supported in doing so.
- 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. They used the friends and family test cards to receive feedback from patients. The PPG had lapsed within the last year owing to membership difficulties and the practice had recruited new members to restart the group. They planned the first new group meeting shortly after the inspection.
- The practice had gathered feedback from staff 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

Are services well-led?

Good 

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

management. Staff told us they felt involved and engaged to improve how the practice was run. For example, a new staff member suggested a better way of storing information about other health and social care services which was adopted by the practice.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and worked with other services to improve outcomes for patients in the area. They were working with other practices in the area to improve patient access to GP services on Thursday afternoons and potentially to offer better provision of patient care in times of GP unexpected absence.