

# Dr Uday Kanitkar

## Quality Report

Moss Side Medical Centre  
16 Moss Side Way  
Leyland  
Lancs  
PR26 7XL

Tel: 01772 623954

Website: [www.mosssidemedicalcentre.com](http://www.mosssidemedicalcentre.com)

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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 Kanitkar (also known as Moss Side Medical Centre) on 17th June 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about the services provided 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 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.
- 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 improvements :

- Ensure that the recruitment policy is updated to include Disclosure and Barring Service checks (DBS) for clinical staff and those in the role of chaperone.

# Summary of findings

- Consider the introduction of easy read material for patients with learning disabilities.
- Ensure that patients in caring roles are identified and given appropriate support.

We found one area of outstanding practice:

- Staff were awarded a Quality Teaching Practice Gold Award from the University of Manchester for excellence in teaching students.

**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 and within the federation.
- 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 well managed.

### Are services effective?

The practice is rated as good for providing effective services.

Good



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

# Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Staff reviewed the needs of the practice population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example a review of patient access led to the introduction of a new telephone system, telephone triage by the GP's, a third telephone line devoted to patients who were at risk and pre-booking of appointments up to 8 weeks ahead.
- 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.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

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

Good



## Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was very active.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

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.
- Practice staff visited care homes to provide health checks and reviews, confer with staff and managers and review medication. Staff referred patients to the primary care team and palliative care teams including District Nurses, Macmillan nurses and Community matrons. Monthly multi-disciplinary meetings were held to discuss patient needs.
- The practice worked as part of the integrated neighbourhood team to support vulnerable older people living at home.
- Extended hours were available for appointments in the evenings and on Saturdays. This improved access for people who worked and who also had caring responsibilities.
- A care coordinator managed the admission avoidance register. These patients were discussed with the GP and a management plan was put in place. A dedicated telephone line was available for patients on the admission avoidance register.
- All patients aged over 75 years were offered a health check at the surgery or in their own home.

### 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 such as chronic obstructive pulmonary disease, chronic kidney disease, diabetes and chronic heart disease
- Performance for diabetes related indicators was better than the national average. A Diabetic Foot Screening Clinic was held twice a month at the surgery and patients preferred to attend the surgery rather than the hospital as they felt it was a less stressful experience.
- Longer appointments and home visits were available when needed.

# Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- All patients at risk of hospital admission had an agreed care plan to try to avoid that eventuality.
- A monthly meeting was held with the Community Matron, District Nurse, Community Physio, Health Visitor, GPs, Practice Nurse, Health Care Assistant and the Practice Manager. If there were concerns regarding patients with a long-term condition these were discussed and an action plan was put in place to support the patient.

## 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 high for all standard childhood immunisations. Immunisation clinics were held at the surgery on Wednesday mornings.
- 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.
- 81% of women aged 25-64 were recorded as having had a cervical screening test in the preceding 5 years. This compared to the national average of 82%. These appointments were available early in the morning, evenings or Saturday morning.
- Appointment times were flexible around school attendance such as same day urgent appointments that were bookable after 3pm.

The practice offered combined baby and post-natal appointments for new mothers.

Good



## Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

Good





# Summary of findings

- 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 including electronic prescriptions and access to online appointments as well as a full range of health promotion and screening that reflects the needs for this age group.
- A repeat prescription scheme was available which helped working age people, who found it difficult to contact the surgery during working hours.
- A wide range of appointment times were available including extended hours and Saturday mornings. Telephone consultations were available as appropriate.
- All patients over 40 years were offered an NHS Health Check at the surgery.

## 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 homeless people, travellers and those with a learning disability. These patients were reviewed annually by the GP and staff liaised with the community learning disability team.
- Alerts were placed on notes to structure care around needs for example when a vulnerable patient was attending the surgery a longer amount of time was allocated for their appointment.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients including hospice staff, Macmillan nurses and district nurses.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Vulnerable patients who repeatedly did not attend appointments were reviewed at practice meetings.

Good



# Summary of findings

## 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).

- 92% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is higher than the national average of 84%.
- 95% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months. This compared to a national average of 88%.
- 89% of patients with mental health conditions had their smoking status recorded in the preceding 12 months. This compared to a national average of 93%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia and provided personalised medicine management.
- 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.
- Care plans were reviewed with patients. The telephone number of the Crisis Team was always offered. Urgent appointments were also offered if patients felt unable to cope.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published on January 2016. The results showed the practice was performing above or comparatively to local and national averages. 288 survey forms were distributed and 119 were returned. This represented 2.7% of the practice's patient list.

- 77% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 85% of patients were able to get an appointment to see or speak to someone the last time they tried, compared favourably to the national average of 76%.
- 84% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 74% 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 ten comment cards which were all positive about the standard of care received. One person referred to difficulty in booking an appointment over the telephone early in the morning. Patients commented that staff were helpful, patient and caring, the environment was clean and the doctors provided excellent medical care. We spoke with six patients during the inspection. All six patients said they were satisfied with the care they received and thought staff were excellent and provided care quickly and efficiently. Patients told us they did not feel rushed in consultations and staff provided home visits whenever required. All said they would recommend the surgery to others.

We reviewed the results of Family and Friends Test feedback across 2015/16 and noted 83% of patients were extremely likely to recommend the practice to others.

## Areas for improvement

### Action the service **SHOULD** take to improve

The areas where the provider should make improvements :

- Ensure that the recruitment policy is updated to include Disclosure and Barring Service checks (DBS) for clinical staff and those in the role of chaperone.
- Consider the introduction of easy read material for patients with learning disabilities.
- Ensure that patients in caring roles are identified and given appropriate support.

## Outstanding practice

We found one area of outstanding practice:

- Staff were awarded a Quality Teaching Practice Gold Award from the University of Manchester for excellence in teaching students.

# Dr Uday Kanitkar

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

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

## Background to Dr Uday Kanitkar

Moss Side Medical Centre is located on the corner of Moss Side Way in Leyland, Lancashire. The modern medical centre is near to the centre of the Moss Side area of the town. There is easy access to the building and disabled facilities are provided.

The practice holds a General Medical Services (GMS) contract with NHS England and is part of Chorley and South Ribble Clinical Commissioning Group.

There is a principal GP and two salaried GP's working at the practice. The principal is male and there are one female and one male salaried GP working full time between them. There is a total of 2.0 whole time equivalent GPs available. There is one part time nurse and one part time health care assistant both female. There is a full time practice manager, a medicines coordinator and a team of administrative staff.

The practice opening times are 8am until 6.30pm Monday to Wednesday and Friday. The practice is open 8am to 1pm Thursday. Appointments are available 8.40am to 11.30am and 3.30pm to 5.50pm each day. There are also extended opening hours from 6.30pm to 7.45pm Monday and Tuesday and 10am-1pm Saturday.

Patients requiring a GP outside of normal working hours are advised to call the 111 service who will transfer them to the Out of Hours provider Chorley Medics.

There are 4361 patients on the practice list. The majority of patients are white British with a high number of people aged 40-64 years. The practice population scores six on the Index of Multiple Deprivation which means it is in the fifth less deprived decile in England. This practice has been accredited as a GP training practice and has qualified doctors attached to it training to specialise in general practice. Staff were awarded a Quality Teaching Practice Gold Award from the University of Manchester for excellence in teaching students.

## Why we carried out this inspection

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 17th June 2016. During our visit we:

- Spoke with a range of staff (GP's, practice manager, practice nurses and reception staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.

# Detailed findings

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

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

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, a significant event occurred when a patient suffered a severe allergic reaction the risk of which had not been alerted on the patients notes. The new patient registration form was amended so that patients could report such allergies and this information flagged up on their records. A safety alert about home monitors of blood pressure had led to patients being identified who were affected and the equipment being changed.

### 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 protection or child safeguarding level 3 and nurses' to level 2.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses was the infection control clinical lead and 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). The practice carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The Health Care Assistant was trained to administer vaccines and medicines against a patient specific prescription or direction from the practice nurse.
- The practice held no stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse).
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken

## Are services safe?

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 (DBS). The recruitment policy did not include the importance of undertaking a DBS check and should be updated.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and 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 and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. 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 showed the practice had attained 99.8% of the total number of points available. This is 2.8% above the CCG average and 4.8% above the England average.

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 better than the national average. For example the practice achieved 99% regarding patients with diabetes who had an influenza vaccination in the preceding August 14-March 2015. (National average 94%).
- Performance for mental health related indicators was better than the national average for example 95% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the preceding 12 months (National average 88%).

There was evidence of quality improvement including clinical audit.

- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

- There had been regular clinical audits completed in the last two years such as a two cycle audit of patients with atrial fibrillation (AF) and their management.
- Findings were used by the practice to improve services. For example, patients with AF were flagged for review for anticoagulation and a patient information leaflet was produced explaining the risk of stroke.

### 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 topics such 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, the health care assistant (HCA) had received training in vaccination, ECG and ear care, the practice nurse received regular updates in diabetic care, cervical cytology and spirometry.
- 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



# Are services effective?

## (for example, treatment is effective)

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

### 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 were supported by the team. The practice held regular meetings to discuss patients newly identified as nearing the end of life, practice staff ensured they became familiar with the

patient and relatives, the district nursing team was involved and anticipatory drugs prescribed when appropriate. The practice had close contact with the local hospice. Following a bereavement GPs made contact with the family, visited if necessary and referred to other support agencies.

- We were told of an instance when a carer presented to a GP and it was noted that they were tired and stressed. The carers lead spoke with the patient and discussed options to relieve pressure on them and involved the community matron in order to provide additional support.
- Patients who attended the learning disability review service had their physical health check, were screened for breast, cervical and testicular cancer and received healthy lifestyle advice. These patients were given longer appointments and their needs flagged up on the care records.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. 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.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening and conducted screening on the premises.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 100% and five year olds from 88.5% 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.

Staff told us of a patient who had to be admitted to hospital immediately after a consultation and practice staff took them home to collect personal belongings before taking them to hospital.

All of the ten 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, patient and caring. We spoke with six patients during the inspection. All six patients said they were satisfied with the care they received and thought staff were excellent and provided care quickly and efficiently. Patients told us they did not feel rushed in consultations.

We spoke with four members of the patient participation group (PPG). They told us they felt the practice team did things well. One patient commented he could not praise them highly enough for the care offered to his house bound wife.

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

- 87% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.

- 91% 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%.
- 82% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 88% 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 and did not feel rushed 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 responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were broadly in line with local and national averages. For example:

- 84% 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%.
- 75% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 92% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. However this was very rare.

We did not see any information leaflets or posters available in easy read format suitable for patients with learning disabilities.

## Are services caring?

### **Patient and carer support to cope emotionally with care and treatment**

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 13 patients as carers. This could possibly indicate that even with the relatively low proportion of older people on the register some patients with caring responsibilities had not been identified. Identified carers were coded on the system so

that staff could monitor their health and wellbeing in relation to their caring responsibilities when they attended for a consultation or health check. The practice had a carer's lead who made contact with identified carers and discussed their needs with them. Written information was available in leaflets and posters in the reception 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 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.

- There were longer appointments available for patients with a learning disability or complex issues which were determined by the explicit needs of the patient.
- Home visits were available for older patients and patients who had clinical needs which resulted in them having difficulty attending the practice. This included three care homes where the GP visited monthly to do patient reviews, physical health checks and advise staff about medicine management. They also had met with home managers to discuss the demand for home visits and helped them to liaise with the CCG medicine optimisation team. Weekly ward rounds and case conferences were held for patients with complex needs.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines.
- Other reasonable adjustments were made and action was taken to remove barriers when patients found it hard to use or access services such as the early morning and evening appointments for working age people and after school appointments for young families.
- One of the GP's ran a musculo-skeletal clinic at the surgery. This considerably reduced patients wait for an appointment and treatment. They were referred to secondary care or physiotherapy if appropriate.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Wednesday and Friday, Thursday 8am to 1pm. Appointments were from 8.40am to 11.30am every morning and 3.30pm to 5.50pm Monday, Tuesday, Wednesday and Friday. Extended hours appointments were offered at 6.30 to 7.45pm Monday and Tuesday and 10am to 1pm Saturday. In addition to pre-bookable appointments that could be booked up to eight weeks in advance. Urgent

appointments were available for people that needed them on the same day and some appointments were not released until 3pm to allow better access to immediate care.

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

- 87% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 77% of patients said they could get through easily to the practice by phone which compared favourably to the 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 GP triaged patients by telephone to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

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.
- The practice manager was the designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system which included posters and a guidance leaflet in the reception area. We noted three complaints in 2014/15 and reviewed three more in 2015/16. We found they were satisfactorily handled, dealt with in a timely way, and responses demonstrated openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. These

# Are services responsive to people's needs?

(for example, to feedback?)

were discussed at staff meetings. For example, concerns about access to doctors had led to greater access to appointments and the duty doctor undertaking telephone triage.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The practice was forming a federation called Unity Health comprising five local practices. They met together monthly to consider joint arrangements for the future such as employing a phlebotomist who spent time in each practice.
- Staff told us that future plans for the surgery included expanding the space available at the surgery and introducing more external clinicians to reduce the burden on secondary care.

### 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 through monthly practice meetings which reviewed complaints, serious events, safeguarding and complex patient management issues.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. Staff told us a quality improvement plan was under development across the federation and GP's supported each other with peer review.
- There were robust arrangements for identifying, recording and managing risks and implementing mitigating actions.

### Leadership and culture

On the day of inspection the provider 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 lead GP was very approachable and always took the time to listen to all members of staff. For example, he held a debriefing session for trainees at the end of each surgery.

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

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

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

- Staff told us the practice held regular team meetings and we saw the minutes of these.
- 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 that social events were held regularly.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. Senior staff were involved in discussions about how to run the practice, and were encouraged to identify opportunities to improve the service.

### 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 regularly, carried out patient surveys in conjunction with

# Are services well-led?

Good 

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

the practice team and submitted proposals for improvements to the practice management team. For example, surveys had been carried out in January/February 2016 and the PPG had been consulted over the results and proposed actions. This included putting a sign up in reception regarding car parking, promoting online services and improving the telephone system.

- The practice had gathered feedback from staff through training afternoons, 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. They were actively consulted in changes to the staff rota to ensure their personal circumstances were respected. Staff 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 federation scheme to improve outcomes for patients in the area.

- The lead GP met monthly with the practice team to monitor the impact of new initiatives, the progress of new staff, QOF results, CCG & CQC visits and action required, and listen to feedback from other meetings and education sessions.
- Action plans were produced following any surveys carried out. Improvements introduced included the introduction of a new telephone system and a restructured appointment system.
- An audit of the number of patients who did not attend appointments was done. A new protocol was developed and promoted via letters and the information board in the waiting room. The number of missed appointments had greatly reduced.
- The GP's met weekly to discuss clinical care and gain continuous professional development from external speakers.
- The practice had monthly meetings with the Clinical Commissioning Group (CCG) and engaged with the NHS England Area Team.