Dr Sunil Bhalla

Quality Report

Soho Health Centre
247-251 Soho Road
Handsworth
Birmingham
B21 9RY
Tel: 0121 4654479
Website: www.DrBhallasPractice.nhs.net

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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 of Dr Sunil Bhalla on 4 August 2015. Overall the practice is rated as good.

Specifically, we rated the practice as good for providing safe, effective, caring, responsive and well led services and for the following population groups:

- 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).

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

- There were systems in place to reduce risks to patient safety for example, infection control and health and safety procedures. Safeguarding concerns were identified and appropriate actions taken to safeguard patients.
- GPs shared the results of clinical audits with each other to promote better patient outcomes. Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff promoted health education and screening to empower patients to maintain their health.
- Patient care was provided by staff who had received appropriate training. Practice staff worked with other healthcare providers to deliver co-ordinated care and regularly reviewed patient's care needs.
- Information about services and how to complain was available. The practice sought patient views about improvements that could be made to the service, including having a patient participation group (PPG).
- The practice had a clear vision which had quality of patient care and safety as its top priority. High standards were promoted and owned by all practice staff with evidence of team working across all roles.

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?

Good

The practice was rated good for providing safe services. Practice staff were able to provide evidence of a good track record for monitoring safety issues. When things went wrong, lessons were learned and improvements were made. There were effective safeguarding measures in place to help protect children and vulnerable adults. Staff recruitment processes were robust. There were enough staff allocated to ensure patient safety. Medicines and vaccines held at the practice were appropriately stored.

Are services effective?

Good

The practice was rated good for providing effective services. Patients' needs were assessed and care was planned and delivered in line with current legislation. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Data showed patient outcomes were at or above national averages. Staff worked with other health care teams and there were systems in place to ensure appropriate information was shared. Staff had received training appropriate to their roles.

Are services caring?

Good

The practice was rated good for providing caring services. Patients' views gathered at inspection demonstrated they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We saw that staff treated patients with kindness and respect, and maintained confidentiality. Staff helped people and those close to them to cope emotionally with their care and treatment. Staff were motivated towards providing patient centred care.

Are services responsive to people's needs?

Good

The practice was rated good for providing responsive services. Staff reviewed the needs of its local population and engaged with the local Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Services were planned and delivered to take into account the needs of different patient groups. There were good facilities and adequate equipment to assess and treat patients. Information about how to complain was available and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Are services well-led?

Good

The practice was rated good for providing well-led services. It had a clear vision and strategy. Governance arrangements were

Summary of findings

underpinned by a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity. There were systems in place to monitor and improve quality and identify risk. Senior staff proactively sought feedback from staff and patients, which was acted on to make improvements. Staff had received regular performance reviews and attended staff meetings and events.

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

Good

The practice was rated good for providing services for older people. Staff offered proactive, personalised care to meet the needs of this patient group. All older patients had received annual health checks and where necessary, care, treatment and support arrangements were implemented that met their individual needs. Practice staff were responsive to the needs of older people, including offering home visits and rapid access appointments for those with enhanced needs.

People with long term conditions

Good

The practice was rated good for people with long term conditions. Data informed us that the practice was above the national average for reviews of patients who had long term conditions. All patients who had appointments for health checks and reviews were contacted by phone the previous evening to remind them of the need to attend. Systems were in place to follow up on patients who were on regular prescriptions who did not attend (DNA) their review. Prescriptions were limited to a period of one week to encourage patients to attend their reviews. Practice staff made numerous attempts to contact and encourage all patients to attend their health checks or reviews. The practice did not limit itself to the number of attempts made. By sending out invitations to all patients aged 40+ year's staff had diagnosed some who had early diabetes. The community matron called at the practice on alternate days to promote prompt referrals of vulnerable patients.

Families, children and young people

Good

The practice was rated good for 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 of harm. Practice staff were proactive in promoting the benefits of childhood vaccinations with parents. Health screening services and education about healthy living were promoted and offered to patients.

Working age people (including those recently retired and students)

Good

The practice was rated as good for the care of working age people (including those recently retired and students). The practice offered online services as well as a full range of health promotion and screening that reflected the needs for this age group. Practice staff carried out NHS health checks for patients between the ages of 40

Summary of findings

and 74 years. GPs offered advice by telephone each day for those patients who had difficulty in attending the practice. On line services were available for patients to book appointments and request repeat prescriptions.

People whose circumstances may make them vulnerable

Good

The practice was rated good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with a learning disability. Annual health checks and longer appointments were available for people with a learning disability. Staff had been trained 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.

People experiencing poor mental health (including people with dementia)

Good

The practice was rated good for people experiencing poor mental health (including people with dementia). All patients experiencing poor mental health had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. Clinical staff used screening tools to identify those patients who were at risk. All staff worked within the boundaries of the Mental Capacity Act 2005 and had appropriate skills for supporting patients with dementia.

Summary of findings

What people who use the service say

We spoke with nine patients who varied in age. Some had been registered with the practice for many years. They informed us that staff were polite, helpful and knowledgeable about their needs. Patients told us they were given enough explanations so they understood about their health status and felt they were encouraged to make decisions about their care and treatment. They all gave us positive feedback about the standards of care they received. Some said that the care they received was excellent.

Patients told us it was easy to obtain repeat prescriptions. Most patients told us they could book an appointment when they needed to. Two patients (patients in employment) commented that they sometimes experienced difficulty in making appointments. Patients told us that when they arrived they did not have to wait long before they were seen.

We looked at results of the national GP patient survey dated 2014-2015. The results were compared with the local Clinical Commissioning Group (CCG) averages. (CCGs are groups of general practices that work together to plan and design local health services in England. They do this by 'commissioning' and buying health and care services). The survey results were:

- 61% said they had a positive experience of making an appointment, the CCG average was 64%
- 52% of respondents said it was easy to get through by phone, the CCG average was 63%,
- 81% reported that they found reception staff were very helpful, the CCG average was 82%,
- 82% reported that when they were last seen by a GP they were good at treating patients with care and concern, the CCG average was 80%,
- 71% were satisfied with the opening hours, the CCG average was 72%,
- 67% of respondents would recommend the practice, the CCG average was 65%.

We received 18 comment cards which were all positive about the standard of care received. Reception staff, nurses and GPs all received praise for their professional care and patients said they felt listened to and involved in decisions about their treatment. Patients informed us that they were treated with compassion and that GPs went the extra mile to provide care when patients required extra support. We also spoke with five members of the PPG who told us they were very satisfied with the standards of care they had received.

Dr Sunil Bhalla

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 and practice nurse, specialist advisors.

Background to Dr Sunil Bhalla

Dr Sunil Bhalla provides primary medical services to approximately 4,600 patients within the local community of Handsworth.

The GP provides nine clinical sessions each week and is supported two locums who provide three more regular sessions per week. There is a practice nurse and two health care assistants (HCA). The practice manager is supported by four receptionists who work varying hours and who also carry out administration work.

The practice has a General Medical Service (GMS) contract with NHS England. A GMS contract means that patients are registered with the practice and not an individual GP but the practice will focus on delivery of quality clinical care and well managed services.

The practice opening hours are 9am until 1pm and 4pm until 6.30pm each day with the exception of Wednesdays when the practice closes for the day at 1pm. The GMS contract agreement indicates the practice should open earlier. Clinical sessions are from 9am until 12.15pm and 4pm until 6pm. Antenatal clinics are held by community midwives at an assessment centre that is convenient to the patient's own post code.

The practice has opted out of providing out-of-hours services to their own patients. However, phone calls made to the practice between 1pm and 4pm Mondays, Tuesdays, Thursdays and Fridays are responded to by practice staff.

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. This 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.

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

How we carried out this inspection

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

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

Detailed findings

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

• Older people

• People with long-term conditions

• Families, children and young people

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

• People whose circumstances may make them vulnerable

• People experiencing poor mental health (including people with dementia)

The inspector reviewed information available to us from other organisations e.g. NHS England. Reviewed information from CQC intelligent monitoring systems. Carried out an announced inspection visit on 4 August 2015. Spoke with staff and patients. Reviewed patient survey information. Looked at the practice's policies and procedures.

Good

Are services safe?

Our findings

Safe track record

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. The practice carried out an analysis of the significant events.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a pharmacist reported that a patient was taking the wrong insulin. A system was introduced whereby all patients attending the practice for review of their diabetes were to take their insulin with them to allow staff to check this. This showed the practice had managed these consistently over time and could show evidence of a safe track record over the long term.

Learning and improvement from safety incidents

The practice could demonstrate its safe track record through having risk management systems in place for safeguarding, health and safety including infection control, medication management and staffing. National patient safety alerts were disseminated by the practice manager to relevant staff to read and sign off. Safety alerts were discussed at practice meetings to ensure all were aware of any relevant to the practice and where action needed to be taken.

Reliable safety systems and processes including safeguarding

There were arrangements in place to safeguard adults and children from abuse that reflected relevant legislation. Local requirements and 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 relevant to their role.

Staff had recently reported concerns to the investigating authority; this demonstrated that they had appropriate knowledge and skills for this process.

A notice was displayed in the waiting room and on all clinical room doors, advising patients of their right to have a chaperone. All staff who acted as chaperones had received a disclosure and barring check (DBS). These checks identified whether a person had a criminal record or was 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 nurse or a health care Assistant (HCA) carried out chaperone duties.

Medicines management

The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and the serial numbers recorded. Each time a prescription was issued the serial number was recorded to ensure none were misplaced. The majority of prescriptions were generated electronically.

GPs may need equipment and medicines when managing medical emergencies. We were told that GPs at the practice did not carry medicines in their visit bags. A risk assessment would ensure risks to patients had been considered and actions identified to mitigate against these risks. The practice manager assured us that they would carry out a risk assessment soon.

Cleanliness and infection control

Appropriate standards of cleanliness and hygiene were followed. The practice nurse was the clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There were infection control clinical waste protocols in place and staff had received up to date training. External annual infection control audits were carried out. The last audit was dated November 2014 and the report stated that there were no actions needed to be taken.

Good

Are services safe?

The estates management carried out Legionella risk assessments and regular monitoring. Legionella is a term used for particular bacteria which can contaminate water systems in buildings.

Equipment

The clinical staff we spoke with told us they had sufficient equipment to enable them to carry out their duties including, assessments and treatments. The practice manager told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. The estates department routinely carried out all portable electrical equipment testing and we saw documentary evidence of this. We saw evidence of calibration of relevant equipment; for example testing kit for diabetes.

Staffing and recruitment

We were told that reception and administration staff covered for each other by working extra shifts to ensure continuity during periods of annual leave. When the practice nurse took leave they organised cover from the practice nurse who previously worked at the practice. Only one health care assistant (HCA) was allowed to take annual leave at a time. When the senior GP was not available the regular locums worked extra sessions and on some occasions another locum GP provided cover.

There was a low staff turnover at the practice; the latest recruitment was in 2009. Records we looked at contained evidence that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and criminal records checks via the Disclosure and Barring Service (DBS). The DBS check is a criminal records check that helps identify people who are unsuitable to work with children and vulnerable adults. All staff including non-clinical staff had DBS checks.

We saw that relevant checks were completed to ensure clinical staff were up to date with their professional registration, for example nurses were registered with the Nursing and Midwifery Council (NMC). The NMC was set up to protect the public by ensuring that nurses and midwives provide high standards of care to their patients and clients. The practice also kept a record to demonstrate that GPs were registered on the performers list with NHS England.

Monitoring safety and responding to risk

There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and staff knew where to access it. The practice had up to date fire risk assessments and regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. There were also 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.

Arrangements to deal with emergencies and major incidents

All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a defibrillator and oxygen available on the premises. These were checked regularly to ensure they were fit for purpose.

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.

The patient leaflet and a recorded message on the telephone gave information about how to access urgent medical treatment when the practice was closed.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with the National Institute of Health and Care Excellence (NICE) best practice guidelines and had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. For example, NICE guidance for patients with Bell's Palsy (facial paralysis).

The computer system flagged patients who may be at risk or have complex or end of life needs. All staff had access to this information to ensure these patients received prompt access and assessments when required.

The senior GP and the practice nurse had attended specialist training in diabetes that provided them with appropriate knowledge and skills to care for patients with diabetes.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Patients who had long term conditions were continuously followed up throughout the year to ensure they all attended health reviews. Data for the year 2014 showed:

- 98% of patients with diabetes had been assessed; the local CCG average was 98%,
- 100% of patients with hypertension having regular blood pressure tests; the local CCG average was 97.5%
- 100% of patients with heart failure had been reviewed; the local CCG average was 96%
- 100% of patients with cancer had regular reviews; the local CCG average was 95%.

Clinical staff had reported an exception rating of 2.2% compared with the local CCG average of 8.0%. Exception reporting is the exclusion of patients from the list who meets specific criteria. For example, patients who choose not to engage in screening processes.

The practice could evidence quality improvement with full cycle clinical audits. All relevant staff were informed of the outcomes of audits and where changes needed to be made. One audit carried out concerned a medicine and this led to a further audit and six monthly checks regarding use of this medicine. Other audits concerned use of antibiotics and other medicines.

Staff told us they undertook lead roles to promote best practice within the team and to oversee the quality of care in order to drive improvements. For example, the senior GP was the lead for safeguarding and minor surgery and they had received relevant training.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. Staff received training that included: safeguarding, fire procedures, and basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in- house training.

The practice had an induction programme for newly appointed members of staff that covered such topics as fire safety, health and safety and confidentiality.

All GPs were up to date with their yearly continuing professional development requirements and all either have been revalidated or had a date for revalidation. (Every GP is appraised annually and every five years undertakes a fuller assessment called revalidation. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practice and remain on the performers list with NHS England). There were annual appraisal systems in place for all other members of staff.

Working with colleagues and other services

Discussions with staff and records showed that the practice worked in partnership with other health and social care providers such as social services, end of life care teams and district nursing services to meet patients' needs.

All practice staff worked closely together to ensure provision of an effective service for patients. They worked in collaboration with community services. The minutes of the quarterly meetings evidenced that district nurses and other community staff attended the meetings. Complex cases and patients who had extra needs were discussed.

Good

Are services effective?

(for example, treatment is effective)

Staff used a computer system to identify those who were the most vulnerable. The minutes of the meetings gave evidence of good information sharing and arrangements for integrated care for those patients.

There were systems in place to ensure that the results of tests and investigations from out of hour's services and hospitals were reviewed and actioned. These were done by a GP.

The practice received summaries for patients who had accessed the OOH service or discharges from hospital. These patients were reviewed and followed up where necessary by the GPs at the practice. Correspondence received from other services was dealt with by GPs on the day it was received.

Information sharing

The practice used electronic systems to communicate with other providers. The practice made referrals through the Choose and Book system. (The Choose and Book system enables patients to choose which hospital they will be seen in and to book their own outpatient appointments in discussion with their chosen hospital). We were told that 99% of patients were given their referral letters at the end of their appointment.

There was a system in place to ensure the out of hours service had access to up to date treatment plans of patients who were receiving specialist support or palliative care.

The practice had systems in place to provide staff with the information they needed. An electronic patient record was used by all staff to co-ordinate, document and manage patient care. All staff were fully trained on the system.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Consent forms for surgical procedures were used and scanned in to the medical records.

Health promotion and prevention

New patients were offered a health check and those who had previously received prescribed medicines elsewhere were seen by a GP to check the appropriateness of the medicine. Patients were asked about their cultural and social factors, such as occupation and lifestyles to enable clinical staff to carry out comprehensive assessments.

Patients who had appointments for health checks or reviews were contacted by phone the evening prior to their appointment to remind them. Those patients who did not attend (DNA) for their appointments were contacted and encouraged to attend. The practice did not limit the number of attempts they made.

Patients aged 40+ years were invited to attend for a health check. Clinical staff provided patients with advice about balanced diets and healthy living. We saw evidence that patients were referred to health promotion professionals.

Cervical screening uptake by female patients was 99.7%; the local CCG average was 96.8%.

Childhood health checks were encouraged by practice staff. There had been an uptake of 100% for childhood vaccinations.

A range of tests were offered by practice staff including spirometry (breathing test) blood pressure monitoring and cervical smears to regularly monitor patient's health status. The practice nurse told us they gave advice to patients about healthy lifestyles when they visited the practice.

The practice web site and leaflets in the practice advised patients about long term conditions and how to treat minor conditions such as a cold.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

All of the 18 patient 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 also spoke with five members of the PPG on the day of our inspection. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. Notices in the patient waiting room told patients how to access a number of support groups and organisations. The practice's computer system alerted GPs if a patient was also a carer. Written information was available for carers to ensure they understood the various avenues of support available to them.

We looked at results of the national GP patient survey dated 2014-2015 where 426 surveys had been sent out. Patients had returned 64 completed surveys, this equated to 15% returned. The results were:

- 82% of respondents stated that the last time they saw or spoke with a GP they were good at treating them with care and concern; the local CCG average was 80%,
- 88% of respondents stated that the last time they saw or spoke with a GP they were good at explaining tests and treatment; the local CCG average was 86%
- 95% reported that they had confidence in the GP; the CCG average was 92%.

Some patients confirmed they knew their rights about requesting a chaperone. They told us this service was offered to them by clinical staff.

Care planning and involvement in decisions about care and treatment

Clinical staff supported patients to understand their care and treatment options including the risks and benefits to enable them to make informed decisions. Patients were given the time they needed and were encouraged to ask questions until they understood about their health status and the range of treatments available to them. They told us they were able to make informed decisions about their care and felt in control.

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment they wished to receive. Patient feedback on the comment cards we received was also positive and aligned with these views.

Patients we spoke with confirmed they had been given advice and choices about where they could be referred to assist them in making decisions for secondary assessment and care.

Patient/carer support to cope emotionally with care and treatment

The practice's computer system alerted GPs if a patient was also a carer. Written information was available for carers to ensure they understood the various avenues of support available to them. Reception staff told us they were observant about recognising patients who had carers.

The practice manager phoned and sent a letter of sympathy to bereaved families. The letter included information about registration and counselling services. They also offered families an appointment with a GP.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

At the start of our inspection the GP and practice manager gave a presentation to us about the practice. This included information about the needs of the practice population which were clearly identified and understood. The practice delivered services to meet the needs of the patient population. For example, the culture of patients had been taken into account for those who required guidance regarding their treatment. Some patients arrived at the practice without an appointment and if willing to wait they were seen by a GP.

The practice worked with the local CCG to improve outcomes for patients in the area. Enhanced services that the practice had agreed to deliver included avoidance of unplanned hospital admissions. Patients who were at risk were identified, contacted and their care needs reviewed. Enhanced service also included dementia care and diabetes.

Home visits were available for elderly patients. Urgent access appointments were available for children and those with serious medical conditions.

There was an active PPG which met on a regular basis and submitted proposals for improvements to the practice management team. One recent proposal was to increase the telephone access to the practice and this had been implemented. Staff acknowledged that further work in this area was needed and they were looking at ways to make more improvements.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services and had made arrangements for meeting their needs.

Senior staff told us that some patients who were registered at the practice were from Asia, Iraq, Afghanistan and India. Staff spoke a range of languages to assist patients in understanding their health and care needs. Staff told us that a face to face translation service was available for patients who did not speak English as a first language.

The premises were accessible to patients who had restricted mobility.

Access to the service

Results from the National GP Patient Survey from 2014-2015 showed that patient's satisfaction with opening hours was 71% compared to the CCG average of 72% and national average of 75%.

The practice opening hours were 9am until 1pm and 4pm until 6.30pm each day with the exception of Wednesdays when the practice closed at 1pm. Clinical sessions were from 9am until 12.15pm and 4pm until 6pm. Telephone lines remained open between 1pm and 4pm and if patients phoned between these times staff arranged appointments or gave advice.

There were arrangements in place to ensure patients received urgent medical assistance when the practice was closed. Details of the out of hours provider was available on the practice phone and in the patient leaflet. There was also a local walk-in centre that patients could access.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. Information about how to make a complaint was available in the waiting room and in the practice leaflet. The

complaints policy clearly outlined a time framework for when the complaint would be acknowledged and responded to. In addition the complaints policy outlined who the patient should contact if they were unhappy with the outcome of their complaint.

The practice kept a complaints log for written complaints. There had been five formal complaints in the previous twelve months which had been appropriately dealt with.

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. There was an undated brief business plan on the practice web site. It included a mission statement that stated the practice would deliver excellent accessible care and continually develop to meet new challenges. Staff knew and understood the values. They told us they felt an integral part of the team and were actively encouraged to make suggestions for making further improvements.

Governance arrangements

The practice had a clear governance structure designed to provide assurance to patients and the local CCG that the service was operating safely and effectively.

Responsibilities regarding care, safeguarding, infection control, complaints and management were shared amongst the senior GP, practice nurse and the practice manager.

Leadership, openness and transparency

We saw that there was a clear leadership structure which had named members of staff in lead roles. For example, there was a lead GP for safeguarding. Staff were aware that there were lead roles and knew who to speak with if they needed any guidance or had concerns. Staff we spoke with were clear about their own roles and responsibilities and said that the practice manager and GPs were approachable and offered assistance if required. We were told that staff worked well as a team and also that they felt appreciated for the work that they did.

Practice seeks and acts on feedback from its patients, the public and staff

The practice had an active Patient Participation Group (PPG). PPG's work with practice staff in an effective way that may lead to improved services. The PPG member we spoke with told us they held meetings every three months with the practice manager in attendance. They told us they could contribute to agenda items before the meetings and suggest improvements. For example, improvements had been made to telephone access and senior staff were working towards ways of making further improvements.

We saw the action plan from the patient survey. It was dated December 2014. Actions included improvement in telephone access and to improve information for patients. Staff told us these improvements had been actioned.

The practice was participating in the 'Friends and Family' survey where patients were asked to record if they would recommend the practice to others. The practice manager submitted monthly reports to the local Clinical Commissioning Group (CCG). We looked at the results for July 2015. There were 35 responses and 86% of patients said they would recommend the practice to others.

The practice staff held monthly practice meetings and all staff were invited to attend. Staff told us they could make suggestions for improvements and that they would be listened to by senior staff. For example, a health care assistant reported that patients were waiting for appointments. The practice manager opened up more appointments to address the problem.

Management lead through learning and improvement

GP's held regular meetings to discuss each patient who had been admitted to hospital to monitor their progress and to determine if there were any lessons to be learnt.

The practice had completed reviews of significant events and other incidents and shared them with staff through meetings to help improve outcomes for patients. For example, a Pharmacy reported that they had dispensed incorrect medicines. The patient was asked to attend the practice for a review and to check again in two weeks later. A change was made that in future all patients would be asked to take their medicines with them when they had reviews.