

Dr Chidananda Barua

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



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 previously carried out an announced comprehensive inspection at Dr Chidananda Barua on 17 May 2016. The ratings for each of the key questions for the previous inspection was inadequate for 'safe' and 'well-led', requires improvement for 'effective' and 'caring' and good for 'responsive'. The overall rating for the practice was inadequate and the practice was placed in special measures. The full comprehensive report on the May 2016 inspection can be found by selecting the 'all reports' link for Dr Chidananda Barua on our website at www.cqc.org.uk.

This inspection was undertaken following the period of special measures and was an announced comprehensive inspection on 13 March 2017. Overall the practice is now 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 a system in place for reporting and recording significant events.
- The practice was lacking effective systems to minimise risks to patient safety such as performing risk assessments.
- The practice did not have a robust system in place to ensure all clinical staff received patient safety and medicine alerts.
- Staff were aware of current evidence based guidance.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with 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.

Summary of findings

- 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 the requirements of the duty of candour.

The areas where the provider must make improvement are:

- The service must assess the risks to the health and safety of service users by ensuring relevant risk assessments are in place and a robust system to disseminate patient safety and medicine alerts.

The areas where the provider should make improvement are:

- Cleaning schedules should be completed after cleaning has been performed.
- The practice should keep a copy of all training records for staff.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

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 requires improvement for providing safe services.

Requires improvement



- The practice did not have a robust system in place to ensure all staff were aware of patient safety and medicine alerts.
- Although some risks to patients were assessed the practice was lacking a health and safety risk assessment.
- Staff understood their responsibilities to raise concerns, and to report incidents and near misses.
- The practice now had adequate arrangements in place to communicate and share lessons with staff relating to investigations and significant events.
- Staff demonstrated that they understood their responsibilities and all staff had now received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents but the policy was lacking information such as staff contact details.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were in line or local and national averages.
- The practice now had adequate care plans in place for patients on the palliative care register.
- Staff were aware of current evidence based guidance.
- The practice had made significant improvements that clinical audits now demonstrated quality improvement.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

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 which was an improvement from the previous year.

Summary of findings

- Survey information we reviewed showed that 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 accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice understood its population profile and had used this understanding to meet the needs of its population.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with 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 evidence from two examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Are services well-led?

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

Good



- The practice had made some improvements in relation to leadership and now 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 held regular governance meetings.
- The practice had not always managed to monitor and identify risk such as health and safety.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The practice encouraged a culture of openness and honesty. The practice was lacking a robust system for being aware of notifiable safety incidents and sharing the information with staff.

Summary of findings

- The practice had made improvements to proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a 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 services to older people.

Good



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- Where older patients had complex needs, the practice shared summary care records with local care services.
-

People with long term conditions

The practice is rated as good for the services to people with long-term conditions.

Good



- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- All these patients had a named GP and there was a system to recall patients for 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.

Families, children and young people

The practice is rated as good for services to families, children and young people.

Good



- From the sample of documented examples we reviewed we found there were systems 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 accident and emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.

Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group.

Working age people (including those recently retired and students)

The practice is rated as good for services to working age people.

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours and Saturday appointments.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for services to people whose circumstances make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for services to people experiencing poor mental health.

Good



Summary of findings

- The practice carried out advance care planning for patients living with dementia.
- 75% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 84%.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2017. The results showed the practice was mostly performing in line with local and national averages. 324 survey forms were distributed and 107 were returned. This represented 3% of the practice's patient list.

- 83% of patients described the overall experience of this GP practice as good compared with the CCG average of 87% and the national average of 85%.
- 80% of patients described their experience of making an appointment as good compared with the CCG average of 77% and the national average of 73%.

- 69% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 79% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 22 comment cards which were all positive about the standard of care received. Some patients commented that it could be sometimes difficult to get an appointment.

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

Areas for improvement

Action the service **MUST** take to improve

- The service must assess the risks to the health and safety of service users by ensuring relevant risk assessments are in place and a robust system to disseminate patient safety and medicine alerts.

Action the service **SHOULD** take to improve

- Cleaning schedules should be completed after cleaning has been performed.
- The practice should keep a copy of all training records for staff.

Dr Chidananda Barua

Detailed findings

Our inspection team

Our inspection team was led by:

The inspection was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice nurse specialist adviser and a practice manager specialist adviser.

Background to Dr Chidananda Barua

Dr Chidananda Barua is a GP practice situated in the Farnworth area of Bolton and is within the Bolton Clinical Commissioning Group area. At the time of this inspection 3,300 patients were registered with the practice.

The practice population experiences much higher levels of deprivation than the practice average across England. There is a higher proportion of patients above 65 years of age (17%) compared to the practice average across England (17%). The practice has a similar proportion

of patients under 18 years of age (24%) than the practice average across England (21%). 72% of the practice's patients have a longstanding medical condition compared to the practice average across England of 53%.

The two partner GPs (both male) and salaried GP (male) provided primary medical services to patients registered at the practice. The GPs are supported in providing clinical services by two practice nurses, a phlebotomist and a health care trainer. Clinical staff are supported by the practice manager, and five members of the practice administration/reception team.

The opening times of the practice are Monday, Tuesday, Wednesday, Friday 8am to 6.30pm and Thursday 8am to

7.30pm. The practice has opted out of providing out-of-hours services to their patients. In case of a medical emergency outside normal surgery hours advice was provided by the NHS 111 service and Bury and Rochdale Doctors On Call (BARDOC). Patients are provided with these details via a recorded message when they telephone the practice outside the usual opening times.

The practice contracts with NHS England to provide General Medical Services (GMS) to the patients.

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 13 March 2017. During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- Reviewed a sample of the personal care or treatment records of patients.

Detailed findings

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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 living 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

At our previous inspection on 17 May 2016, we rated the practice as inadequate for providing safe services as the arrangements in respect of recruitment and infection control were not adequate. These arrangements had significantly improved when we undertook a follow up inspection on 13 March 2017. The practice is now rated as requires improvement for providing safe services.

Safe track record and learning

Improvements had been made within safe track record and learning since the last inspection. This included communicating and sharing learning from significant events. The practice also now kept minutes of staff meetings. There was a system 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). The practice told us patients would be offered an explanation when affected by an incident and the practice kept a record of this within the patient's medical record.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a recent incident led to improved monitoring of the vaccines fridge temperatures.

Overview of safety systems and processes

The practice had improved on its policies and systems to minimise risks to patient safety but we found evidence that some were still not embedded enough to be effective.

- The practice did not have a robust system in place for receiving and disseminating patient safety and medicine alerts. One member of the clinical staff told us that they did not receive alerts from the practice but did receive them from their other practice where they were employed at.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff but we found the review date on the safeguarding policies to be incorrect. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare but did not contain telephone numbers for the relevant contact. The practice informed us after the inspection that the policy had been updated to include the relevant contact numbers. There was a lead member of staff for safeguarding and all staff members had now completed the correct level of safeguarding training.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three and nurses were trained to child safeguarding level two.
- 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. There were cleaning schedules and monitoring systems in place but we found that the cleaning schedules were not being completed after cleaning had been performed.
- The GP was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC 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 minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

Are services safe?

- There were processes for handling repeat prescriptions which included the review of high risk medicines and clinical staff were aware of their responsibilities and there was a repeat prescribing policy in place. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

We reviewed six personnel files and found improvements had been made in relation to appropriate recruitment checks being undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available but was due a review and the practice did not have a health and safety risk assessment in place.
- The practice had an up to date fire risk assessment and carried out regular fire drills.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had some risk assessments 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) which were provided by the building management company.

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

The practice had arrangements 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. 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.
- Since the last inspection the practice had purchased their own defibrillator which was available on the premises along with oxygen and both an adult and children's masks were available. A first aid kit and accident book were available.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan did not include emergency contact numbers for staff and we found other parts of the plan incomplete, such as the forwarding address for post if a major incident occurs. The practice informed us after the inspection that the policy had been updated to include contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 17 May 2016, we rated the practice as requires improvement for providing effective services as the arrangements in respect of care plans were not in place and there was a lack of quality improvement activity. These arrangements had significantly improved when we undertook a follow up inspection on 13 March 2017. The provider is now rated as good for providing effective services.

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems 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.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 93% of the total number of points available compared with the clinical commissioning group (CCG) average of 95% and national average of 95% with 5% exception reporting (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/2016 showed:

- Performance for diabetes related indicators was similar to national averages. For example, 74% of patients with diabetes had an HbA1c reading of 64mmol/mol or less compared to the national average of 78%.

- Performance for mental health related indicators was less than the national averages. For example, 75% of patients with dementia had a care plan reviewed in the last 12 months compared to the national average of 84%.

There was evidence of quality improvement including clinical audit:

- We reviewed three clinical audits commenced in the last year one of these was a two cycle audit which showed that some improvements had been made. For example, a recent cervical smear audit identified patients that had not been correctly read coded. The practice put in a plan to ensure that patients were contacted for their smear and that all practitioners were aware to read code correctly in the future.

Effective staffing

Evidence reviewed showed that improvements since the last inspection had been made and staff now had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff except for locums. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice had a system in place to ensure all staff had performed role-specific training with the exception of a newly recruited member of staff. The practice told us that they thought the staff member had completed the training within their other employment role but were unable to provide evidence of this.
- 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 practice could now demonstrate that an effective appraisal system was in place. 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,

Are services effective?

(for example, treatment is effective)

coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- We found that 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. Information was shared between services, with patients' consent, using a shared care record. 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. The practice regularly held gold standard framework meetings to discuss end of life care patients and the practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

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 and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.

The practice's uptake for the cervical screening programme was 86%, which was above the CCG average of 81% and the national average of 81%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to CCG and national averages. For example, rates for the vaccines given to under two year olds ranged from 93% to 95% and five year olds from 92% to 97%.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were failsafe systems 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.

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

At our previous inspection on 17 May 2016, we rated the practice as requires improvement for providing caring services as there was no plan in place to improve on low patient survey scores. These arrangements had significantly improved when we undertook a follow up inspection on 13 March 2017. The provider is now rated as good for providing caring services.

Kindness, dignity, respect and compassion

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 22 patient Care Quality Commission comment cards we received were positive about the service experienced, but on three of the cards, some patients said that it was a good service but could sometimes be difficult getting an appointment. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

Results from the national GP patient survey had improved from the previous year and showed patients felt they were treated with compassion, dignity and respect. The practice satisfaction scores were in line with others on consultations with GPs and nurses. For example:

- 89% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and the national average of 89%.

- 87% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 95% 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%.
- 85% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 85%.
- 98% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and the national average of 91%.
- 96% of patients said the nurse gave them enough time compared with the CCG average of 91% and the national average of 92%.
- 100% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 97% and the national average of 97%.
- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 91%.
- 88% of patients said they found the receptionists at the practice helpful compared with the CCG average of 89% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 85% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 88% and the national average of 86%.

Are services caring?

- 81% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84 % and the national average of 82%.
- 96% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 88% and the national average of 90%.
- 96% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 85%)

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Information leaflets were available in easy read format.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

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. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 57 patients as carers (2% of the practice list) which was an increase of 12 patients since the previous inspection. Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support.

Staff told us that if families had experienced bereavement, their usual GP contacted them 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

At our previous inspection on 17 May 2016, we rated the practice as good for providing responsive services. The practice is still rated as good in this domain.

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours on a Thursday evening until 7.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were accessible facilities and interpretation services available.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.

Access to the service

The practice was open between 8am to 6.30pm Monday to Friday. Appointments were from 9am to 11.30am every morning and 3.30pm until 5.30pm daily. Extended hours appointments were offered on a Thursday evening until 7pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

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.

- 81% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 81% and the national average of 76%.
- 82% of patients said they could get through easily to the practice by phone compared to the CCG average of 80% and the national average of 73%.
- 77% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 84% and the national average of 85%.
- 98% of patients said their last appointment was convenient compared with the CCG average of 92% and the national average of 92%.
- 80% of patients described their experience of making an appointment as good compared with the CCG average of 77% and the national average of 73%.
- 72% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 67% and the national average of 65%.

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

The practice had a system to assess:

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

This was done by the GP phoning the patient to make an assessment. 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 a system for handling complaints and concerns but the practice did not record verbal complaints.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system.

Are services responsive to people's needs?

(for example, to feedback?)

We looked at two complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way. Lessons were learned from individual concerns and complaints.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 17 May 2016, we rated the practice as inadequate for providing well-led services as there was no vision or strategy for the practice, no overarching governance structure and no clear leadership arrangements. These arrangements had improved when we undertook a follow up inspection on 13 March 2017. The practice is now rated as good for providing responsive services.

Vision and strategy

The practice had made improvements since the last inspection to describe a clear vision to deliver high quality care and promote good outcomes for patients.

- Since the last inspection, the practice had displayed their mission statement in the waiting areas and staff knew and understood the values.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The overarching governance framework which supported the delivery of the strategy care required some improvements.

- The practice was lacking appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example risk assessments relating to health and safety had not been performed.
- Practice specific policies were available to all staff but were not always implemented and we found some to be lacking in detail and due for review. For example, the safeguarding policy did not contain telephone numbers for reporting a concern but the telephone numbers were available to staff on posters within each clinical room. The practice informed us after the inspection that the policy had been updated to include the relevant contact numbers.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas.

- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were fortnightly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- The practice had made improvements since their last inspection in relation to team meetings. We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

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

The provider was aware of 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 told us they gave affected people reasonable support, truthful information and a verbal apology.

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were

Are services well-led?

Good 

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

involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- Patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team.

- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. 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 had made significant improvements since the inspection on the 17 May 2016. The practice told us that they wanted to continue to improve and that they were in the process of recruiting a practice manager to work alongside the current practice manager. The practice had also recently recruited a new partner who had implemented changes to help the practice improve.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Risk assessments relating to the health, safety and welfare of people using the service must be completed.</p> <p>The service did not have a robust system in place for clinical staff to receive patient safety and medicine alerts.</p> <p>The practice did not have emergency contact numbers for staff in the business continuity plan.</p>