

# Dr Paramundayil Joseph (also known as Dill Hall Surgery)

## Quality Report

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

## Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Paramundayil Joseph on 26 May 2016. Overall the practice is rated as good.

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

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

- Information about services and how to complain was available and easy to understand. However, we noted action was ongoing to embed a system for the retention of complaint records.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw one area of outstanding practice:

- Action had been taken to centralise practice management activity between Dr Paramundayil

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Joseph and the other practice operating from the same building. As a result learning from incidents and complaints was now shared through joint practice meetings.

However there were areas of practice where the provider should make improvements:

- Ensure the practice recruitment policy includes a requirement to confirm professional indemnity arrangements for nursing staff are in place in accordance with professional registration and legislative requirements.

- Clearly define the infection, prevention and control (IPC) lead role and responsibilities to enable the effective oversight and completion of IPC activity.
- Ensure comprehensive records of complaints are maintained to support learning and improvement.
- Ensure that the system in place to monitor expiry dates of medicines and associated items is effective.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events
- Lessons were shared within the practice and with another practice operating from the same building to ensure action was taken to improve safety for all patients.
- When things went wrong patients received support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed. However, there were opportunities for improvement related to the management of items with an expiry date held within the practice.
- The premises were visibly clean, tidy and appropriate infection, prevention and control (IPC) activity was undertaken within the practice. However, there was a lack of clarity in relation to the requirements and responsibilities associated to the lead role for IPC.
- Recruitment checks had been undertaken for staff prior to employment. However, the practice did not have a system or process in place to confirm professional indemnity arrangements for nursing staff were in place in accordance with professional registration and legislative requirements. The practice took immediate action following our inspection that ensured appropriate indemnity cover was arranged for the practice nurse and also took action to include routine review of this subject within recruitment activity.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.

# Summary of findings

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example the practice routinely made facilities available for use by Health Visitors to improve access for patients and maintain effective communication with the Health Visitor Service.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand. However, we found records of complaints were not consistently maintained. We noted action was ongoing to embed a system for the retention of complaint records that would support practice learning and improvement for patients.

Good



## Are services well-led?

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

Good



# Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings that included joint meetings with the other practice operating from the same building.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The GP and practice manager encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff so that appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels. For example the practice was awarded a Quality Practice Award in October 2015.

# 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 is rated as good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Regular formal multi-disciplinary meetings and practice meetings were used to inform admission avoidance planning.
- Hospital post-discharge reviews were routinely undertaken for all patients aged 75 or older.

### People with long term conditions

Good



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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was between 75% and 95%. This was comparable to the national average range of 78% to 94%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

### Families, children and young people

Good



The practice is rated as good for the care of families, children and young people.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who

# Summary of findings

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

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage of patients diagnosed with asthma who had an asthma review in the last 12 months was 87% which was higher than the national average of 75%.
- Cervical screening uptake data from 2014/15 for women aged 25-64 years was 88%, which was higher than the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with health visitors.

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

Good



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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Telephone consultations were also available.

## People whose circumstances may make them vulnerable

Good



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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.



# Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

Good



The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- 94% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was higher than the national average of 84%.
- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in the preceding 12 months, which was higher than the national average of 88%.
- A record of alcohol consumption was recorded for 100% of patients with mental health related conditions compared to 90% nationally.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

# Summary of findings

- Staff 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 on 7 January 2016 and related to responses collected from January-March 2015 and July-September 2015. The results showed the practice was performing above local and national averages. A total of 344 survey forms were distributed and 100 were returned. This was a response rate of 29% and represented approximately 4% of the practice's patient list.

- 98% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 91% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 94% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 87% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 38 comment cards which were all very positive about the standard of care received. The comments indicated high levels of satisfaction with the standard of care provided by both clinical and reception staff, with many cards stating how impressed patients were with how staff would often go 'above and beyond' to meet the needs of the patients. It was noted that one comment card also made reference to a lack of facilities for children in the waiting area and this was also mentioned by a patient we spoke to during the inspection.

We spoke with three patients during the inspection. All three patients said they were very satisfied with the care they received and thought staff were approachable, committed and caring. The most recent published results of the friends and families test identified that 74% of patients who responded to the survey would recommend this practice to others.

## Areas for improvement

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

The areas where the provider should make improvements are:

- Ensure the practice recruitment policy includes a requirement to confirm professional indemnity arrangements for nursing staff are in place in accordance with professional registration and legislative requirements.
- Clearly define the infection, prevention and control (IPC) lead role and responsibilities to enable the effective oversight and completion of IPC activity.
- Ensure comprehensive records of complaints are maintained to support learning and improvement.
- Ensure that the system in place to monitor expiry dates of medicines and associated items is effective.

## Outstanding practice

We saw one area of outstanding practice:

- Action had been taken to centralise practice management activity between Dr Paramundayil

Joseph and the other practice operating from the same building. As a result learning from incidents and complaints was now shared through joint practice meetings.

# Dr Paramundayil Joseph (also known as Dill Hall Surgery)

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

A CQC Lead Inspector. The team included a second CQC inspector and a GP specialist adviser.

## Background to Dr Paramundayil Joseph (also known as Dill Hall Surgery)

Dr Paramundayil Joseph, also known as Dill Hall Surgery is located in a residential area of Accrington and operates from a building originally built as public house with on street parking available to three sides of the property. The building has been sympathetically converted and modernised in accordance with a conservation order and a number of the original features of the building remain evident. Alterations have been made to the side entrance of the building to facilitate access for those experiencing difficulties with mobility.

Dr Paramundayil Joseph shares the building and the services of a practice manager with another independent GP practice and close links are maintained between the two practices that includes the maintenance of a shared website and patient participation group. The practice delivers services under a general medical services (GMC) contract with NHS England to 2592 patients, and is part of

the NHS East Lancashire Clinical Commissioning Group (CCG). The average life expectancy of the practice population for males (75 years) and females (80 years) is slightly below both the CCG and national averages (males – CCG 77 years, national 79 years and females – CCG 81 years, national 83 years). Information published by Public Health England rates the level of deprivation within the practice population group as three on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

Age groups and population groups within the practice population are generally comparable with CCG and national averages. However, it is noted the percentage of patients aged over 65 years (14%) is lower than both the CCG and national averages of 18% and 17% respectively.

The practice is staffed by one male GP who collaborated with the other GP operating from the same building and another GP practice in the local area to ensure provision of care to patients during periods of absence. The GP is supported by a practice nurse, a phlebotomist and a community matron. Clinical staff are supported by a practice manager and four administration and support staff. We noted the practice had recognised a need for additional support staff and was in the process of recruitment at the time of the inspection.

The practice is open between 8am and 6.30pm Monday to Friday with the exception of Wednesday afternoon when the practice is closed and cover is provided by another GP practice in the local area. Extended hours for patients are offered until 8pm on Thursdays. In addition to

# Detailed findings

pre-bookable appointments that can be booked up to twelve weeks in advance urgent appointments are also available for people that need them. The practice offered an open surgery each day from 8 – 10.30am and both staff and patients told us the open sessions had been very popular.

When the practice is closed, Out of Hours services are provided by East Lancashire Medical Services and can be contacted by telephoning NHS 111.

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

## Why we carried out this inspection

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 26 May 2016.

During our visit we:

- Spoke with a range of staff including the principle GP, practice nurse, practice manager and administrative staff. We also spoke with patients who used the service.

- Observed how staff interacted with patients and talked with family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, as a result of reflection following a significant event action was taken to create a 'grab-bag' containing additional items and equipment to supplement the standard emergency items that could be needed when responding to an emergency situation in or around the practice. The positioning of the grab-bag within the practice was also discussed with staff to seek their views and ensure minimum disruption to patients in the event of an emergency.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly

outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. The GP was trained to child safeguarding level three. The practice nurse had also completed child safeguarding level three training in 2013 and we were told arrangements were being made with the Clinical Commissioning Group for refresher training to be completed within the practice in the near future.

- 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 was an infection control policy in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The practice nurse was the infection, prevention and control (IPC) clinical lead. We noted the practice nurse had only joined the practice in March 2016 and had limited knowledge of the requirements and responsibilities associated to the IPC lead role. As a result there was some confusion over IPC activity and we found informal records were maintained by the IPC lead that had the potential to duplicate or create confusion with formal records held by the practice manager.
- At the time of our inspection there was no specific activity undertaken to liaise with local infection prevention teams to keep up to date with best practice but we were told associated information was gathered through attendance at local nurse forums.
- There were arrangements for managing medicines, including emergency medicines and vaccines, in the practice to keep patients safe (including obtaining,

## Are services safe?

prescribing, recording, handling, storing, security and disposal). However, we found two blood bottles available for use that displayed an expiry date of April 2016. Practice staff took immediate action to dispose of the items and we were given verbal assurances that in addition to regular stock check activity expiry dates are always checked prior to use.

- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow the practice nurse to administer medicines in line with legislation.
- We reviewed five personnel files and found recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However, the practice did not have a system or process in place to confirm professional indemnity arrangements for nursing staff were in place in accordance with professional registration and legislative requirements. Subsequent enquiries revealed arrangements were not in place for the practice nurse and the practice took immediate action to make appropriate arrangements and suspended nursing activities until confirmation of cover was received. The practice also planned action to include routine review of indemnity insurance cover within the recruitment policy and future recruitment activity.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available which identified local health and safety representatives. The practice had up

to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. It was noted the practice had recognised the need for additional support staff and recruitment activity was ongoing at the time of our inspection.

### Arrangements to deal with emergencies and major incidents

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

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



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98% of the total number of points available, with 6% 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 2014-2015 showed:

- Performance for diabetes related indicators was comparable to national averages. For example:
  - 95% of patients with diabetes had received an influenza immunisation compared to the national average of 94%.
  - A record of foot examination was present for 89% of patients compared to the national average of 88%.
  - Patients with diabetes in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 75% compared to the national average of 78%.

- Patients with diabetes whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 84% compared to the national average of 81%.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less was 87% compared to the national average of 84%.
- Performance for mental health related indicators was comparable to national averages. For example the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record in the preceding 12 months was 100% compared to the national average of 88%.
- The percentage of patients diagnosed with dementia whose care had been reviewed face to face in the preceding 12 months was 94% compared to the national average of 84%.

There was evidence of quality improvement including clinical audit. There had been five clinical audits completed in the last two years, four of these were complete two-cycle audits where the improvements made were implemented and monitored. Audit records indicated the second cycle of each audit showed an increase in the number of patients with a relevant condition being treated in accordance with best practice guidelines. For example those with Hypertension had received recent reviews and been offered lifestyle advice and appropriate alternative medication had been given to those who had suffered a stroke to reduce the risk of a further stroke.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions including diabetes and asthma.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific



# Are services effective?

## (for example, treatment is effective)

training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and revalidation. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

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

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

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- The practice made a room available for use by the local health visitor service each week and had a system in place for effective communication between the practice and health visitors.

The practice's uptake for the cervical screening programme was 88%, which was higher than the CCG and England average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 85% to 100% and five year olds from 91% to 100% with CCG rates ranging from 71% to 86% and 68% to 97% respectively.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

# Are services effective?

(for example, treatment is effective)

NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Privacy screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. It was noted that regular curtains could not be used due to the design of the building.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- A wall mounted television was used to provide health information to patients in the waiting area and this facility also reduced the potential for conversations to be overheard at the reception desk.

All of the 38 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

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

- 92% of patients said the GP was good at listening to them compared to the CCG average of 87% and the national average of 89%.
- 94% of patients said the GP gave them enough time compared to the CCG and national average of 87%.

- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 93% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%.
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% to the national average of 91%.
- 96% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients 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:

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG and national average of 86%.
- 80% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national average of 82%.
- 86% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 92% and national average of 90%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.

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

## Are services caring?

- The practice GP was multi lingual and staff told us that translation 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.
- Information leaflets were available in easy read format.
- The practice website offered the opportunity for available information to be viewed in a wide variety of languages.

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

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 51 patients as carers and this represented approximately 2% of the practice list. Written information was available to direct carers to the various avenues of support available to them and we were told the practice maintained close links with a local carer's link service. For example the practice liaised with the carer's link service to provide help and support to the husband of a patient who was not himself a practice patient.

Staff told us that if families had suffered bereavement, the practice GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example the practice routinely made facilities available for use by Health Visitors to improve access for patients and maintain effective communication with the Health Visitor Service.

- The practice offered extended hours on a Thursday evening until 8pm 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.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday with the exception of Wednesday afternoon when the practice closed at 1.30pm and arrangements were in place for cover to be provided by another GP practice in the local area. Extended hours for patients were offered until 8pm on Thursdays and the practice offered an open surgery each day from 8 – 10.30am and both staff and patients told us the open sessions had been very popular. In addition to pre-bookable appointments that could be booked up to twelve weeks in advance, urgent appointments were also available for people that needed them.

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

- 85% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 98% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them. Staff told us the practice had a system in place to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. For example reception staff would liaise directly with the practice GP to enable an informed decision to be made on prioritisation according to clinical need.

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 in place for handling complaints and concerns. However, the practice acknowledged that the complaint record keeping system had not previously been fully effective as records had not previously been comprehensively maintained. We were told action was ongoing to embed a formal system for the retention of complaint records. As a result of action taken at the time of our inspection we noted:

- The practice 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 both on the practice website and within the practice building to help patients understand the complaints system.

We looked at one record of a verbal complaint received in the last 12 months and found it was satisfactorily dealt with in a timely manner.

# 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 vision to deliver high quality care and promote good outcomes for patients. The practice had a mission statement which placed emphasis on the provision of personalised patient centred care and we noted the practice prioritised knowing their patient population well. Staff we spoke to knew and understood the values, aims and objectives of the practice.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the aims and objectives of the practice to deliver good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical audit and management checks was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

It was noted the practice had identified and taken advantage of opportunities for change and improvement resulting from the unexpected departure of the previous practice manager at the end of 2015. A decision had been taken to centralise practice management activity between Dr Paramundayil Joseph and the other practice operating from the same building and work was ongoing to align practice policies and other governance activity for the benefit of patients. For example as a result of recent changes learning from incidents and complaints was now shared through joint practice meetings.

### Leadership and culture

On the day of inspection the GP and practice manager demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care.

They told us they prioritised safe, high quality and compassionate care. Staff told us the GP and practice manager were approachable and always took the time to listen to all members of staff.

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

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

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

- Staff told us the practice held regular team meetings and these supported the sharing of learning opportunities with staff working in the other GP practice operating from the same building.
- 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.
- Staff said they felt respected, valued and supported, particularly by the GP and practice manager. All staff were involved in discussions about how to run and develop the practice, and the GP and practice manager encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

# Are services well-led?

Good 

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received.
- Having recognised reduced member involvement in the PPG during 2014 we were told a decision was made to create a joint PPG for the two practices operating from the same building and information applicable to both practices was made available via the website shared by the two practices. In addition an open event was also held in the practice during 2015 to encourage membership and patient feedback.
- The practice facilitated both face-to-face and virtual PPG quarterly meetings and had acted on feedback and proposals for improvements submitted to the practice management team. For example, the practice fitted covers to radiators in the patient waiting area to reduce the risk of harm to patients as a result of PPG feedback. In addition PPG meeting records showed that members were to be actively involved in the 2016 annual patient survey.
- The practice had gathered feedback from staff generally through practice meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and

management. For example we were told the views of staff had been obtained to inform a decision on the repositioning of emergency equipment as a result of the outcomes of a significant event.

- Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example the practice regularly hosted training and information events that were made available to staff from other practices in the local area.

In October 2015 the practice achieved the Royal College of General Practitioners Quality Practice Award. The Quality Practice Award is a standards based quality accreditation process designed to improve patient care by encouraging and supporting practices to deliver the very highest quality care to their patients. The award recognised the commitment of the practice team in providing high quality care and every aspect of the GP practice was assessed and checked to see if it met the required standards. This award had only been given to those practices that could prove they were providing care of a consistently high standard, through effective team work and professionalism.