# Alwaqas Medical Practice

## Quality Report

Alwaqas Medical Practice
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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 |

# Key findings

## Contents



## Letter from the Chief Inspector of General Practice

**This practice is rated as Good overall.**

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

We carried out an announced comprehensive inspection at Dr Choudhry & Partners (Alwaqas Medical Practice) on 29 May 2018 as part of our inspection programme.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a focus on continuous learning and improvement at all levels of the organisation.
- Care and treatment was provided in a way that acknowledged patient's cultural and religious needs.

The areas where the provider **should** make improvements are:

- The practice should ensure the complaints policy is readily available to patients and that complaints are formally documented.
- The practice should ensure the implementation and review dates of policies and protocols are included in each document.
- The practice should ensure searches carried out as a result of Medicines and Healthcare products Regulatory Agency (MHRA) safety alerts are documented.

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

# Key findings

## Areas for improvement

**Action the service SHOULD take to improve**

- The practice should ensure the complaints policy is readily available to patients and that complaints are formally documented.
- The practice should ensure the implementation and review dates of policies and protocols are included in each document.
- The practice should ensure searches carried out as a result of Medicines and Healthcare products Regulatory Agency (MHRA) safety alerts are documented.

# Alwaqas Medical Practice

**Detailed findings**

## Our inspection team

**Our inspection team was led by:**

Our inspection team was led by a CQC lead inspector**.** The team included a GP specialist adviser.

## Background to Alwaqas Medical Practice

Dr Choudhry & Partners provides services at:

Alwaqas Medical Practice

91 St Peters Road

Leicester

Leicestershire

LE2 1DJ

At the time of our inspection the list size was 4159 patients, which had increased by 1000 in the previous 12 months due to the closure of two local practices.

It is registered with the Care Quality Commission to provide the regulated activities of; the treatment of disease, disorder and injury; diagnostic and screening procedures; family planning; maternity and midwifery services and surgical procedures.

The practice is in the fourth most deprived decile according to the Public Health England index of multiple deprivation decile (IMD 2015). Income deprivation levels affecting children and older people were similar to the CCG averages and higher (worse) than national averages.

The practice employs two practice managers, one principal GP, two part-time salaried GPs, one physician associate, one nurse practitioner, one practice nurse, two healthcare assistants, one phlebotomist and a team of receptionists and medical secretaries.

Services are provided Monday to Wednesday and Friday from 9am to 1pm and 4.30pm to 6.30pm. The service is open on Thursdays from 9am to 1pm. The lead GP provides a telephone triage service between 1pm and 6.30pm and between 8pm and 9pm. Outside of these hours patients can see a GP or nurse practitioner at a healthcare hub, where appointments were available from 6.30pm to 10pm Monday to Friday and from 9am to 10pm at weekends.

The practice offers online services including booking appointments and arranging repeat prescriptions.

## Why we carried out this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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

We carried out a comprehensive, announced inspection on 29 May 2018.

To come to our ratings we:

# Detailed findings

- Spoke with a range of staff in different roles in the practice.
- Spoke with patients and members of the patient participation group.
- Reviewed data submitted by the practice in advance of our inspection.
- Reviewed a sample of patient records.
- Inspected the environment in the practice.
- Reviewed information available on site, including audits and local performance information.

We contacted local stakeholders for feedback on the service and did not receive a response.

Good

# Are services safe?

## Our findings

**We rated the practice as good for providing safe services.**

**Safety systems and processes**

The practice had clear systems to keep people safe and safeguarded from abuse.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- A safeguarding lead was in post and they were trained to level 3 in safeguarding adults and children. The lead attended regular safeguarding meetings and provided reports to the practice team and as part of multidisciplinary working.
- Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had undergone a Disclosure 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.
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control and an infection control lead was in place. They carried out regular infection control audits and made improvements as a result, such as the introduction of wipeable chairs.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.
- There was a heart attack triage protocol for use by reception staff when patients called the practice.
- The senior team operated a policy of no lone working at anytime as a safety process for staff.

**Risks to patients**

There were adequate systems to assess, monitor and manage risks to patient safety.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. Emergency medicines, oxygen and an automatic emergency defibrillator (AED) were available. All items had been regularly checked and were within their expiry date. Although the emergency medicine kit met national standards, rectal diazepam was not available.
- All staff had training in basic life support, including cardiopulmonary resuscitation.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis and were aware of the latest National Institute for Health and Care Excellence (NICE) guidance on sepsis management. Posters were on display in the waiting room to advise people on the warning signs of sepsis and reception staff had been trained to recognise physical symptoms.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.
- All staff were trained in fire safety and there were designated fire wardens in place. The practice managers carried out regular fire drills.

**Information to deliver safe care and treatment**

Staff had the information they needed to deliver safe care and treatment to patients.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. There was a documented approach to managing test results.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

**Appropriate and safe use of medicines**

Good

# Are services safe?

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and acted to support good antimicrobial stewardship in line with local and national guidance. GPs undertook regular training updates to ensure practice was in line with the latest national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.
- Patient group directions (PGDs) were in place and up to date to enable nurses to administer medicines for patients with specific conditions.
- Shared care arrangements were in place for disease-modifying anti-rheumatic drugs (DMARDS) and a named member of staff led this process.
- The practice had a process and audit trail for the management of information about changes to patients' medicines received from other services, such as the out of hours GP service.
- The nurse practitioner led a system that monitored the use of high risk medicines.
- Guidance was given to patients about safe use of prescribed medicines in line with the British National Formulary.

**Track record on safety**

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues.
- There was a system in place to report and investigate significant events and incidents. There had been five significant events in the previous 12 months. We saw examples of improvements in the service as a result of incident investigations. For example, one significant event occurred when the result of a smear text was incorrectly filed. The team reviewed the administration system and changed this to avoid future recurrences.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture of safety that led to safety improvements.
- The principal GP monitored alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) and carried out searches of patient lists to identify people who might be affected. However, documentation of the searches was inconsistent and did not always reflect the action taken.

**Lessons learned and improvements made**

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and acted to improve safety in the practice.
- The practice acted on and learned from external safety events.

Good

# Are services effective?

(for example, treatment is effective)

## Our findings

**We rated the practice and all of the population groups as good for providing effective services overall.**

(Please note: Any Quality Outcomes (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice.)

**Effective needs assessment, care and treatment**

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Care, assessment and treatment was provided using national guidance and standards, including from the National Institute of Health and Care Excellence (NICE) for asthma, cancer, diabetes, end of life care and sepsis.
- Standards of care were audited against national guidance and changes made where there was opportunity for improvement. A recent audit of adherence to prescribing guidance for urinary tract infections (UTIs) found 98% compliance with general guidelines and 81% compliance with antimicrobial guidance.
- The practice was an outlier in exception reporting for the QOF cancer indicator. The exception rate was 50%, compared with 36% in the CCG and 25% nationally. Clinical staff were aware of this and were working with local cancer services to address barriers to accessing care caused by cultural beliefs in the local population.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff used appropriate tools to assess the level of pain in patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- In 2017/18 the practice achieved 99% flu vaccination amongst patients living with diabetes and 100% amongst patients living with chronic obstructive pulmonary disease (COPD).
- The practice nurse took a lead role in developing and updating policies and protocols at an organisational level.

Older people:

- Older patients who were frail or may have been vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty using a frailty index score. Those identified as being frail had a clinical review including a review of medication. This was used to plan care and reduce the risk of hospital admission.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan. Over a 12-month period the practice had offered 179 patients a health check. 175 of these checks had been carried out.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training and the nurse practitioner took a lead role in their care.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice had arrangements for adults with newly diagnosed cardiovascular disease (CVD) including the offer of high-intensity statins for secondary prevention, people with suspected hypertension were

Good

# Are services effective?

## (for example, treatment is effective)

offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate. The nurse practitioner took a lead role in this.
- The practice was able to demonstrate how they identified patients with commonly undiagnosed conditions such as diabetes, COPD, atrial fibrillation and hypertension.
- In diabetic monitoring, 75% of patients with hypertension had a blood pressure reading within the preceding 12 months of 150/90mmHg or less and 63% of patients had an IFCC-HbA1c of 64mmol/mol or less. Both measures were worse than the national average.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for vaccines were in line with the target percentage of 90% and the World Health Organisation target of 95%. The practice had a dedicated room for parents with children and nursing staff actively engaged families in discussions about childhood vaccinations.
- The practice team was working with local community service providers to engage with families who refused childhood immunisations.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

- In the most recent QOF data, the practice's uptake for cervical screening was 63%, which similar to the CCG average of 66% and worse than the 72% national average. The practice team was aware of the need for improved screening and had a number of strategies in place to achieve this. Data validated since the most recent QOF applied to January 2018 to May 2018 and showed an increase to 81% All sample-takers had received training, which was up to date, and monitored results from their samples as part of a rolling audit programme. Female patients were offered appointments to suit them and a female sample-taker was available. The clinical team discussed the practice coverage at each practice meeting and a system was in place to ensure a result was received for each sample sent.
- The practices' uptake for breast and bowel cancer screening was worse than the national average in three out of four measures. Screening for breast cancer in the last 36 months (three-year coverage) was 62%, which was in line with CCG and national averages. However other measures were significantly lower. For example, the uptake for breast cancer screening within six months of invitation was 27%, compared with 53% in the CCG and 62% nationally.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- The practice had established a relationship with a healthy lifestyle hub and actively referred patients who could benefit. The team also provided advice, treatment and signposting for needs relating to alcohol and drug use and sexual health.

People whose circumstances make them vulnerable:

- 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 held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.

Good

# Are services effective?

## (for example, treatment is effective)

- There was a system in place to monitor and follow-up patients with poor mental health who failed to attend an appointment or who did not collect their medicine.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- 92% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was significantly better than the national average.
- 100% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was significantly better than the national average.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, 100% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This was above the national average of 91%.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. The practice maintained a register of patients living with dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.

**Monitoring care and treatment**

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

- The practice used information about care and treatment to make improvements.
- Staff maintained registers of patients with certain conditions, including learning disabilities and mental health conditions, and monitored these to identify changes and adapt care.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

**Effective staffing**

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.
- The nurse practitioner had undertaken training modules in prescribing, minor illness, consultation skills and sexual health in response to patient demand and to help the practice continue to meet patient needs.
- The practice nurse was developing their clinical skills and competencies in sexual health and was undergoing specialist training form a local clinic.
- A physician associate was in post and carried out duties similar to a junior doctor, with full support, training and supervision from the clinical team.

**Coordinating care and treatment**

Staff worked with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for

Good

# Are services effective?

## (for example, treatment is effective)

people with long term conditions and when coordinating healthcare for care home residents. The shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.

- The practice team attended a three-monthly multidisciplinary meeting and used this to review patients with complex needs. These were regularly attended by the palliative care nurse, district nurses and heart failure nurses, which reflected the needs of the local population.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. Doctors reviewed and actioned hospital discharge summaries.
- The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- 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.
- The out of hours service, which provided care for patients when the practice was closed, had access to electronic patient records from the practice. Where patients were receiving end of life care, the clinical team advised the out of hours staff of this and ensured they had access to the patient's care plan.
- GPs had established access to a consultant helpline at the local hospital for patients with complex needs.

**Helping patients to live healthier lives**

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health such as stop smoking campaigns and tackling obesity. Printed information was available in the waiting room to promote current initiatives.
- Staff had developed relationships with local services to provide extended care and opportunities to improve healthy living and health outcomes. This included a social prescription service from a provider that helped older people at risk of loneliness and referrals to a local youth centre for Pakistani young people, who were at increased risk of isolation.

**Consent to care and treatment**

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately through the documentation of verbal consent for joint injections and other procedures.

Good

# Are services caring?

## Our findings

**We rated the practice as good for caring.**

**Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treated people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Results from the 2017 GP Patient Survey indicated the percentage of patients who would definitely or probably recommend the practice was similar to the CCG average and lower than the national averages. This reflected a 66% recommendation rate compared with 69% in the CCG and 79% nationally.
- 98% of patients said they had confidence and trust in the GP compared with 93% in the CCG and 96% nationally.
- 83% of patients said the last time they saw or spoke to a GP; the GP was good or very good at treatment them with care and concern. This compared to 81% in the CCG and 86% nationally.
- 83% of patients said the last time they saw or spoke to a nurse; the nurse was good or very good at treatment them with care and concern. This compared to 88% in the CCG and 91% nationally.
- We received 40 CQC comment cards ahead of our inspection. All 37 patients who commented on their interaction with staff noted they were always treated with respect, kindness and compassion. Four patients noted they appreciated staff being patient with them when they found it difficult to communicate or explain how they were feeling. Patients noted that reception staff were always kind and friendly and clinical staff never rushed them and made them feel important whenever they attended an appointment.
- The practice had an active carer's register and provided structured support to this group. All staff undertook carer awareness training to help them more readily identify carers and understand their needs.
- Patients told us they always found staff to be friendly, caring and good at listening. Patients said they appreciated that staff always asked them how they were doing and took the time to listen if they were having a bad day. They said staff were patient and kind and helped to distract or amuse their children if they became upset during appointments.

**Involvement in decisions about care and treatment**

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.)

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.
- 82% of patients said the last time they saw or spoke to a GP; the GP was good or very good at involving them in decisions about their care. This compared to 77% in the CCG and 82% nationally.
- 77% of patients said the last time they saw or spoke to a GP; the GP was good or very good at involving them in decisions about their care. This compared to 83% in the CCG and 85% nationally.
- 95% of patients said the last time they saw or spoke to a GP; the GP was good or very good at listening to them. This compared to 86% in the CCG and 89% nationally.
- 83% of patients said the last time they saw or spoke to a nurse; the nurse was good or very good at listening to them. This compared to 88% in the CCG and 91% nationally.
- 92% of patients said the last time they saw or spoke to a GP; the GP was good or very good at explaining tests and treatment. This compared to 83% in the CCG and 86% nationally.
- 82% of patients said the last time they saw or spoke to a nurse; the nurse was good or very good at explaining tests and treatment. This compared to 88% in the CCG and 90% nationally.
- Of the 40 comment cards we received, 17 patients commented on how doctors or nurses involved them in their care. Of these, 15 said they felt involved in treatment plans and listened to.

Good

# Are services caring?

- Patients told us they felt staff always involved them in decisions about their care, including decisions about prescriptions and the types of medicines they took.
- The staffteam spoke a range of languages that were common in the local population, which enabled the team to help patients understand their care and contribute to decision-making.
- The practice nurse was undertaking training in over the counter medicines formulary to be able to work more closely with patients to help their decision-making about choosing medicines.

**Privacy and dignity**

The practice respected patients' privacy and dignity.

- 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.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.
- 25 patients commented positively on the privacy and dignity they experienced during appointments. Comments included that doctors treated them with respect and they felt their concerns were always taken seriously.
- Patient confidentiality was a core element of the practice's ethos and staff delivered care and treatment with regards to this.
- The practice provided bereavement support.
- Staff delivered end of life and palliative care in line with the Gold Standards Framework and used a register to ensure they provided continuous care.

Good

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**We rated the practice, and all of the population groups, as good for providing responsive services.**

**Responding to and meeting people's needs**

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- All clinical areas were accessible by patients who used a wheelchair and those with restricted mobility.
- There were baby changing and breast-feeding facilities and all areas were equipped with wi-fi access.
- Staff tailored care and treatment to the needs of people during religious or cultural festivals, such as managing diabetes during Ramadan.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and nurse practitioner also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- There was a medicines delivery service for housebound patients.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed atone appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- 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. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- Systems were in place to reduce failed attendances for childhood vaccination appointments, including extended practice nurse times and text message reminders.
- Parents of children who completed a CQC comment card noted that doctors always made time to see them even when they did not have a pre-booked appointment. One comment noted a doctor had acted fast to call an ambulance when their child's condition had deteriorated rapidly in the surgery.
- Care pathways were in place for adolescents who were experienced mental health needs.
- Appointments were offered outside of school hours and children were given priority access.
- Community midwife clinics were offered weekly.

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

- The needs of this population group 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 weekend appointments through the healthcare hub system.
- The practice encouraged online management of appointments and communication.

People whose circumstances make them vulnerable:

Good

# Are services responsive to people's needs?

## (for example, to feedback?)

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice team spoke a number of languages that were common in the local population. This reduced the need for use of external interpreters and meant staff could provide an individualised service in patients' own language in most cases.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.

**Timely access to care and treatment**

Patients were able/were not able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- 59% of patients said it was generally easy to get through to the GP surgery by phone, compared with 59% in the CCG and 71% nationally.
- 19 patients mentioned access to appointments in feedback collected from CQC comment cards. Each patient said they had experienced lengthy delays in speaking to a receptionist by phone or had been unable to speak to anyone on their first attempt. Seven patients, out of 40 comments, said they had experienced delays of over 30 minutes when waiting for a pre-booked appointment. However, nine patients noted that their experience of accessing the service had improved in the previous eight months.
- 66% of patients said the overall experience of making an appointment was positive compared with 63% in the CCG and 73% nationally.
- 52% of patients said they were able to get an appointment to see a GP or nurse the last time they tried, compared with 64% in the CCG and 76% nationally.
- 69% of patients said they were very satisfied or fairly satisfied with the practice opening hours, compared with 77% in the CCG and 80% nationally.
- The practice team encouraged patients to use the online registration and booking system and uptake was 33%.

**Listening and learning from concerns and complaints**

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- The complaints policy was not on display in the waiting room or in any other patient-accessible areas. The practice managers addressed this during our inspection.
- Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and from analysis of trends. It acted as a result to improve the quality of care.
- Patients told us they felt able to raise concerns and complaints and said they were listened to.

# Are services well-led?

Good

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

## Our findings

**We rated the practice and all of the population groups as good for providing a well-led service.**

**Leadership capacity and capability**

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.
- There were two practice managers who had clearly defined roles and areas of responsibility.

**Vision and strategy**

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities. The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.
- The practice team had developed five core values that were important to them and planned and delivered care in line with these.

**Culture**

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour. There was evidence of this in the investigations and outcomes of significant events. Patients were given truthful information and offered the opportunity to meet with practice staff to discuss the incident.
- Staffwe spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

**Governance arrangements**

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. However,it was not clear that all policies were up to date

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or had documented updates. For example, the service continuity plan had been due for review in April 2017 and two other policies had no recorded implementation date or review date.

**Managing risks, issues and performance**

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Recent audits had been carried out to identify opportunities for improvement in antimicrobial prescribing and the team liaised with the CCG pharmacist to produce feedback and an action plan.
- Practice leaders had oversight of national and local safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.
- The practice had registered an additional 1000 patients following the closure of two other local surgeries. This added significant pressure to the practice and risk management plans were in place to ensure it could continue to meet demand.
- Reception staff were trained to deescalate stressful situations and the behaviour of people who were aggressive.

**Appropriate and accurate information**

The practice acted on/did not have appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information, including the outcomes of significant events.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.
- The practice manager had completed training in the European Union General Data Protection Regulations (GDPR) and had reviewed the practice's policies to ensure they were compliant. They had prepared an information leaflet for each patient and sent these out to ensure each person understood the implications of the new legislation.

**Engagement with patients, the public, staff and external partners**

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active patient participation group that met regularly and maintained a presence in the waiting room through posted information. The group was demonstrably active in future planning for the practice.
- The service was transparent, collaborative and open with stakeholders about performance.
- The practice offered work experience opportunities to students as part of the future staffing and sustainability strategy. As part of this the practice had recruit full time reception staff after they successfully completed an apprenticeship.

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- The team recognised the increasing prevalence of long-term conditions in the local area, influenced by poverty and inequalities. They were working with the local community and non-profit healthcare groups to address this and increase local service provision.
- Members of the patient participant group actively worked to engage with patients and recruit new members to contribute to their work.

**Continuous improvement and innovation**

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.