

Drs J B & A J Ghauri

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 Drs JB and AJ Ghauri on 1 September 2015. Overall the practice is rated as good.

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

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. Significant safety events were investigated and learning from these shared with staff. There were procedures in place to safeguard patients from risks of harm or abuse.
- Risks to patients were assessed and well managed. There were systems for assessing risks including risks associated with medicines, premises and infection control.
- The practice recruitment policies were followed consistently and all of the checks including employment references and Disclosure and Barring Services (DBS) checks had been carried out for staff new staff.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Clinical audits and reviews were carried out to make improvements to patient care and treatment.
- Staff had received training appropriate to their roles. Staff performance was appraised and any further training needs had been identified and planned.
- 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. Complaints were investigated and responded to. However we found that not all elements of patient's complaints were addressed or responded to in some cases.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and these were accessible to patients.

Summary of findings

- There was a clear leadership structure and staff felt supported by GP and practice manager. The practice proactively sought feedback from staff and patients, which it acted on.

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 as there were areas where we identified that improvements must be made. Staff were aware of their responsibilities to keep patients safe and to raise concerns, and to report incidents and near misses. We saw that significant safety events were investigated and the learning from these shared with staff to secure improvements.

There were policies, procedures and risks assessments to identify risks to patients and staff. These included safeguarding adults and children, infection prevention and control and health and safety. We found that all equipment required for assessing and treating patients was maintained and checked so that it was fit for use.

We saw that recently employed staff have been recruited robustly with all of the appropriate checks carried out including proof of identity, employment references and Disclosure and Barring Services (DBS) checks. Staff were trained and had access to appropriate policies and guidance for their roles.

Medicines were managed safely and there were systems in place to deal with medical emergencies.

Good



Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality for the management of the majority of long term conditions and disease management such as heart disease, dementia and diabetes. The practice performance was in line with other GP practices nationally for uptake of cervical smear test, childhood immunisations and seasonal flu vaccinations.

The practice used reviews and audits to monitor the treatment of long term conditions such as heart disease and diabetes.

Patients' needs were assessed and care was planned and delivered in line with current legislation and guidance. Staff regularly reviewed current guidance to ensure that patients were receiving treatments in line with any changes for improvement. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development.

Good



Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for

Good



Summary of findings

several aspects of care. The 48 patients who completed comment cards and those eight we spoke with during the inspection also confirmed that staff at the practice were caring and considerate. Patients said they were treated with compassion, dignity and respect. Patients' privacy was maintained during consultations and treatment and information in respect of patients was treated confidentially.

Patients told us that they received information about their treatment in a way which they could understand and they were involved in decisions about their care and treatment. Information for patients about the practice was made available, was easy to understand and accessible. The practice recognised the needs of patients who were carers and provided support and information about the range of agencies and organisations available. The GP provided support, advice and information to patients who experienced bereavement and offered face-to-face or telephone consultations as needed.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It 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.

The data from the 2014/15 national GP survey showed that patients were satisfied with the practice opening hours and access to appointments. The majority of patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. The practice had reviewed its appointments systems following the results of its patient survey. The practice had increased the number of nurse appointments to help meet the needs of patients and to reduce waiting times.

The practice had good facilities and was accessible to meet patients' needs. Information about how to complain was available and easy to understand. The practice offered apologies to patients when things went wrong or the service they received failed to meet their expectations. We saw that learning from complaints and patients comments was shared with staff so as to improve outcomes for patients.

Good



Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy to provide evidence based care and treatment for all patients. The strategy included planning for the future. Staff were clear about the vision and their responsibilities in relation to this. Information about the practice was available to staff and patients.

Good



Summary of findings

There was a clear leadership structure within the practice and staff felt supported by management. The practice had a number of policies and procedures to govern activity and these were regularly reviewed and updated so that they reflected current legislation and guidance. The practice proactively sought feedback from staff and patients, which it acted on. Staff had received appropriate role specific training, regular performance reviews and attended staff meetings and events.

Summary of findings

The six population groups and what we found

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

Older people

The provider was rated as good for older people.

Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The data for both 2013/14 showed that the practice performed well for the uptake of seasonal flu vaccinations for people aged 65 years and over.

The practice told us that worked with local multidisciplinary teams to reduce the number of unplanned hospital admissions for at risk patients including those with dementia and those receiving end of life palliative care.

Older people had a named and accountable GP who was responsible for their care and treatment. Longer appointments and home visits were available as required.

Good



People with long term conditions

The provider was rated as good for people with long term conditions.

GPs and nursing staff had lead roles in chronic disease management and provided a range of clinics including heart, diabetes and chronic obstructive pulmonary disease (COPD). The practice was focused on the proactive monitoring and management of long term conditions and data showed that the practice performed well in this area.

Patients at risk of unplanned hospital admission were identified as a priority and multidisciplinary meetings were held regularly to discuss, plan and review the care needs of patients including those in the last twelve months of life.

Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met.

Good



Families, children and young people

The provider was rated as good for families, children and young people.

Appointments were available outside of school hours.

There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.

Good



Summary of findings

Immunisation rates were similar to other GP practices 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.

Information and a range of sexual health and family planning clinics were available.

Working age people (including those recently retired and students)

The provider was rated as good for working aged 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 had reviewed its appointments system and offered early morning GP appointments twice each week to accommodate patients.

The practice offered a full range of health promotion and screening that reflects the needs for this age group including well man and well woman checks.

Good



People whose circumstances may make them vulnerable

The provider was rated as good for people whose circumstances make them vulnerable.

The practice worked with local organisations to support patients who may be vulnerable including people who were homeless and those living in temporary accommodation.

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.

Good



People experiencing poor mental health (including people with dementia)

The provider was rated as good for people experiencing poor mental health (including people with dementia).

The practice worked with local organisations to treat and support patients with mental health conditions.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Good



Summary of findings

<p>It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.</p>	
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Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice was performing in line with local and national averages. There were 104 responses from 317 surveys sent out which represented 33% of the patients who were selected to participate in the survey.

The survey showed that patient satisfaction was better than or similar to local and national GP practices in a number of areas:

- 98% found the receptionists at this surgery helpful compared with a CCG and a national average of 87%.
- 97% found it easy to get through to this surgery by phone compared with a CCG average of 70% and a national average of 73%.
- 90% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 87% and a national average of 85%.
- 96% said the last appointment they got was convenient compared with a CCG average of 93% and a national average of 92%.
- 91% described their experience of making an appointment as good compared with a CCG average of 74% and national average of 73%.

- 59% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 74% and a national average of 65%.
- 67% felt they did not normally have to wait too long to be seen which was the same as the CCG average, compared to the national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 48 comment cards of which 46 were positive about the standard of care received, access to appointments and staff helpfulness and attitude. Patients commented on the helpfulness of reception staff, ease of making appointments and the confidence they had in the GPs and nurses. Two patients commented that they had difficulty in accessing appointments.

We also spoke with eight patients on the day of the inspection. Patients commented positively about staff saying that they were friendly, caring and helpful. Patients said that they could get appointments that suited them and that they were happy with the care and treatments that they received. Patients also spoke very positively about the GPs and nurses. They told us that they felt listened to and that they were given ample time to ask questions and to discuss their care and treatment.

Drs J B & A J Ghauri

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 and a practice manager specialist advisor.

Background to Drs J B & A J Ghauri

Drs JB and AJ Ghauri practice is located on Canvey Island, Essex and provides services for approximately 6163 patients. The practice has a branch surgery which is located nearby on Hawkesbury Road, Canvey Island, Essex.

The practice holds a General Medical Services (GMS) contract and provides GP services commissioned by NHS England and Castle Point and Rochford Clinical Commissioning Group. A GMS contract is one between GPs and NHS England and the practice where elements of the contract such as opening times are standard.

The practice population is similar to the national average for younger people and children under four years, and for those of working age and those recently retired, and for older people aged over 75 years. Economic deprivation levels affecting children, older people and unemployment are higher than the practice average across England as are the proportion of working aged people who are not in paid employment.

Life expectancy for men and women are similar to the national averages. The practice patient list is similar to the national average for those with long standing health conditions.

The practice is managed by two male GPs who hold financial and managerial responsibility. Female patients can make appointments with the nurse practitioner if they prefer to see a female. The practice is currently looking to recruit a female GP.

The practice also employs two nurse practitioners, one practice nurse and two healthcare assistants. A practice manager is also employed and is supported by a team of receptionists and administrative staff.

The practice has opted out of providing GP out of hour's services. Unscheduled out-of-hours care is provided by the NHS 111 service and patients who contact the surgery outside of opening hours are provided with information on how to contact the service.

Why we carried out this inspection

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

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

Detailed findings

How we carried out this inspection

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

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

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

- Older people
- People with long-term conditions
- Families, children and young people

- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 01 September 2015. During our visit we spoke with a range of staff including the GP, nurse, and reception / administrative staff. We also spoke with patients who used the service. We observed how people were being cared for and talked with carers and family members. We reviewed comment cards where patients and members of the public shared their views and experiences of the service. We reviewed a number of documents including patient records and policies and procedures in relation to the management of the practice.

Are services safe?

Our findings

Safe track record and learning

Safety within the practice was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. There were systems in place for the receipt and sharing of safety alerts received from the Medicines and Healthcare Products Regulatory Agency (MHRA). These alerts have safety and risk information regarding medication and equipment often resulting in the review of patients prescribed medicines and/or the withdrawal of medication from use in certain patients where potential side effects or risks are indicated. We saw that alerts were acted upon and where appropriate patients medicines were reviewed and changed where indicated. Alerts were kept and accessible to staff to refer to as needed.

Staff we spoke with told us the practice had an open and transparent approach to dealing with instances when things went wrong. There was a system in place for reporting and recording significant events and other safety related incidents and all staff we spoke with were aware of these procedures and the reporting forms. We looked at a sample of significant events that had been reported within the previous 12 months. We saw that these had been fully investigated and that learning had been shared with staff. We also saw that significant events were reviewed so as to ensure that lessons learned were imbedded in staff practice.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse. Staff had undertaken role specific training and had access to appropriate policies and procedures which reflected relevant legislation and referred to the local safeguarding team reporting systems. Staff we spoke with were able to demonstrate that they understood their roles and responsibilities for keeping patients safe. Reception staff told us that knew the patients well and that they would report anything unusual to the GPs, nurses or practice manager. One GP took a lead role for safeguarding and attended safeguarding meetings when possible and always provided reports for other agencies where necessary.
- The practice had a risk assessment in place in relation to the control of substances hazardous to health (COSHH) such as cleaning materials. An external assessment had been conducted to identify risks in relation to legionella.
- The risk of fire had been assessed. Firefighting and detecting equipment was in place and checked regularly. Fire exits were clearly signposted and a fire evacuation procedure was displayed in various areas throughout the premises. All staff had received fire safety training and those we spoke with were aware of the fire safety procedures, location and use of fire safety equipment and evacuation procedures.
- The practice had suitable policies and procedures in place for infection prevention and control. We observed the premises to be visibly clean and tidy. The practice nurse was the infection control clinical lead and they took responsibility for overseeing infection control procedures within the practice. There were cleaning schedules in place and a recent infection control audit had been carried out. Following the audit fabric covered chairs in the patient waiting area had been replaced to minimise risks of infection to patients. Staff received infection control training. Clinical staff had access to personal protective equipment such as gloves and aprons and undergone screening for Hepatitis B vaccination and immunity. People who are likely to come into contact with blood products, or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of blood borne infections. There were arrangements for handling and disposing of clinical waste.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available, which was kept under regular review and available to all staff. All portable electrical equipment was PAT checked to ensure that it was safe to use. Clinical and diagnostic equipment was checked and calibrated consistently to ensure it was working properly.
- The practice had arrangements the safe management of medicines, including emergency drugs and vaccinations. Medicines were stored securely and only accessible to relevant staff. Prescription pads were

Are services safe?

securely stored and there were systems in place to monitor their use. Medicines we saw were in date and staff checked these regularly. We saw that temperature sensitive medicines such as vaccines were stored appropriately and fridge temperatures were monitored on a daily basis. The GP and staff we spoke with said that all routine and new prescriptions were checked and authorised before they were issued by the prescriptions clerk.

- The practice had policies and procedures for employing clinical and non-clinical staff. We reviewed three staff files and found that these procedures had been followed consistently. Appropriate recruitment checks including proof of identification, references, qualifications, registration with the appropriate professional body and checks through the Disclosure and Barring Service had been undertaken prior to employment.
- New staff undertook a period of induction which was tailored to their roles and responsibilities. This included training and an opportunity for new staff to familiarise themselves with the practice policies and procedures.
- The practice had procedures in place for providing chaperones during examinations. A notice was displayed in the waiting room, advising patients that chaperones were available, if required. Staff who acted as chaperones had not undertaken training for the role; however those staff who we spoke with were aware of their roles and responsibilities. The practice manager told us that chaperone training was planned for staff. Some clinical staff (administrative and reception staff) who undertook chaperone duties did not have a disclosure and barring check (DBS). (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 had conducted a risk assessment to determine the need for DBS checks for non-clinical staff.

- Arrangements were in place for planning and monitoring the number and skill mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. The GP had an arrangement in place with a local practice to provide GP cover when needed.

Arrangements to deal with emergencies and major incidents

There was policies in place for dealing with medical emergencies and major incidents. All staff received annual basic life support training and were able to describe how they would act in the event of a medical emergency. The practice had procedures in place to assist staff to deal with a range of medical emergencies such as cardiac arrest, epileptic seizures or anaphylaxis (severe allergic reaction) and emergency medicines available and accessible to staff. All the medicines we checked were in date and fit for use. At the time of our inspection the practice did not have a defibrillator available or oxygen. The day following our inspection we were provided with evidence that this equipment had been purchased.

The practice had a business continuity plan in place for major incidents such as power failure or building damage which could affect the day to day running of the practice. The plan included staff roles and responsibilities in the event of such incidents and emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line 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 ensure all clinical staff were kept up to date. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. The GP had lead role and specialist interest alcohol and substance misuse and mental health.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Data from 2013/14 showed;

Performance for the treatment and management of diabetes was:

- The percentage of patients with diabetes whose blood sugar levels were managed within acceptable limits was 71% compared to the national average of 77%.
- The percentage of patients with diabetes whose blood pressure readings were within acceptable limits was 85% compared to the national average of 78%
- The percentage of patients with diabetes whose blood cholesterol level was within acceptable limits was 76% compared to the national average of 81%

These checks help to ensure that patients' diabetes is well managed and that conditions associated with diabetes such as heart disease are identified and minimised where possible. The GPs at the practice were proactive in carrying out health checks for patients with a learning disability and showed us evidence of early diagnosis of diabetes in four of the 30 patients.

We looked at the practice performance for the treatment of patients with hypertension (high blood pressure). We saw that the percentage of patients whose blood pressure was managed within acceptable limits was 91% compared to the national average of 83%.

Similarly we looked at the practice performance for assessing and treating patients with heart conditions who were at risk of strokes with appropriate medicines. The percentage of patients treated was 100% compared to the national average of 98%.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. The GPs at the practice carried out a number of audits in relation to medicines to help minimise the risks associated with the prescription of combined medicines. We looked at a sample of completed audits which had been completed within the previous 12 months. One audit had been carried out to review patients with respiratory conditions who were prescribed high dose steroid inhalers. As a result of the audit five patients' treatment was adjusted. The GPs showed us that they were continuing to monitor patients. Other audits were carried out to review and monitor the effectiveness of treatments for diabetes.

Medicine reviews were carried out every six months or more frequently where required. A community pharmacist assisted with these reviews for patients with complex medical needs and those who were prescribed combinations of medicines.

Effective staffing

Staff were trained and supported so that they had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for newly appointed members of staff. This covered such topics as safeguarding, fire safety, health and safety and confidentiality and helped new staff to familiarise themselves with the practice policies and procedures.
- Staff had access to appropriate training to meet the needs of the practice and their individual roles and responsibilities. This included ongoing support, one-to-one meetings, appraisals, coaching and mentoring. Staff training included safeguarding, fire safety, information governance and confidentiality.

Are services effective?

(for example, treatment is effective)

Nursing staff were trained to carry out assessments and deliver patient screening and treatment programmes including immunisations, vaccinations and cervical screening.

- Nursing and GP staff had ongoing clinical supervision. Nurses working at the practice had effective current Nursing and Midwifery Council (NMC) registration. All GPs had or were preparing for their revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).

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 test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital.

The GP told us that funding for the multidisciplinary team meeting coordinator had been stopped and that these meetings were no longer held. They told us that information was shared with other professionals via the shared computerised patient record. We saw that the GP liaised with other health and social care professionals such as a local homeless charity so as to ensure that patients received coordinated care to meet their changing needs.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance including the Mental Capacity Act 2005. The practice had policies and procedures around obtaining patients consent to treatment. Staff we spoke with could demonstrate that they understood and followed these procedures. The GP

and nurses we spoke with told us when providing care and treatment for children, young people or where a patient's mental capacity to consent to care or treatment was unclear, assessments of capacity to consent were also carried out in line with relevant guidance.

Health promotion and prevention

GPs we spoke with told us that the practice was proactive in promoting patients' health and disease prevention. The practice had systems in place for identifying patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service and smoking cessation clinics were available.

The practice had a health screening programme. The practice's uptake for the cervical screening programme for 2013/14 was 88%, compared to the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer.

Childhood immunisation rates for the vaccinations given and flu vaccination rates for patients over 65 years in 2013/14 were:

- The percentage of childhood Meningitis C immunisation vaccinations given to under two year olds was 100% compared to the CCG percentage of 99%.
- The percentage of childhood Mumps Measles and Rubella vaccination (MMR) given to under two year olds was 100% compared to the CCG percentage of 98%.
- The percentage of childhood Meningitis C vaccinations given to under five year olds was 96% compared to the CCG percentage of 98%.
- Flu vaccination rates for the over patients over 65 years was the same as the national percentage which was 73%. Flu vaccination rates for patients who were under 65 years in clinical risk groups was 48% compared to the national average of 52%.

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 people aged 40 to 74 years.
Appropriate follow-ups on the outcomes of health
assessments and checks were made, where abnormalities
or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were polite and helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Reception staff were mindful when speaking on the telephone not to repeat any personal information. They also told us if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

All of the 48 patient CQC comment cards we received were positive about the service they received. Patients said they felt the practice offered a friendly and personalised service. Patients we spoke with and those who completed comment cards told us that the GPs were listened to and always gave them plenty of time during consultations to ask questions and that their treatment was always explained to them in a way that they would understand. They said that all staff were polite, respectful and caring.

Results from the national GP patient survey which was published on 2 July 2015 showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was comparable to other GP practices both locally and nationally for its satisfaction scores on consultations with doctors and nurses. For example:

- 88% said the GP was good at listening to them compared to the CCG average of 83% and national average of 89%.
- 90% said the GP gave them enough time compared to the CCG average of 84% and national average of 87%.
- 99% said they had confidence and trust in the last GP they saw compared to the CCG of 94% and national average of 95%

- 82% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and national average of 85%.
- 91% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 90%.
- 97% patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that the GP and nurses explained their health conditions and treatments clearly. They told us that they were 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 on the 48 comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey which was published on 2 July 2015 showed that the patients who participated responded positively to questions about their involvement in planning and making decisions about their care and treatment. We saw that the results were in line with local and national averages. For example:

- 827% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and national average of 86%.
- 84% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and national average of 81%

Staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

The practice had procedures in place for supporting patients and carers to cope emotionally with care and treatment. There were notices in the patient waiting room advising how they could access a number of support groups and organisations including counselling, cancer support and bereavement services.

Are services caring?

The practice identified patients who were also a carer at the point of their registration and during consultations. There was a practice register of all people who were carers. This information was used on the practice's computer system to alert GPs when the patient attended appointments. Written information was available for carers to ensure they understood the various avenues of support available to them.

The GP told us the practice had a protocol for supporting patients during the last days of life and that they were proactive in ensuring that patients had appropriate medicines, equipment and support as required particularly at weekends and bank holidays. Support was offered to families who had suffered bereavement. The GP told us that they would contact bereaved families and arrange an appointment or a home visit as needed.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. GPs were proactive in developing care pathways and medicine formularies for a number of long term conditions which were shared with other GP practices in the local area.

Services were planned and delivered to take into account the needs of different patient groups and the increase in demand for services to help provide ensure flexibility, choice and continuity of care. For example:

- There were longer appointments available for patients including for initial diabetes checks and patients with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were accessible facilities and translation services available.

Access to the service

The practice was open between 8am and 6.30pm on weekdays. Appointments were from 9am to 12pm every morning and 4.30pm to 6.30pm daily with the exception of Mondays and Tuesdays when appointments were available from 8.30am. Pre-bookable and same day appointments were available and patients we spoke with told us that their experiences of making appointments was good. A number of patients told us that they usually were able to get a routine appointment to see the GP or nurse within 24 hours.

Results from the national GP patient survey which was published on 2 July 2015 showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages and people we spoke with on the day were able to get appointments when they needed them. For example:

- 91% of patients described their experience of making an appointment as good compared to the CCG average of 74% and national average of 73%.

- 60% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 74% and national average of 65%.
- 80% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 75%.
- 97% patients said they could get through easily to the surgery by phone compared to the CCG average of 70% and national average of 73%.

The practice conducted an annual patient survey. We looked at the results and the actions arising from the most recent survey for 2014/15. We saw that patients had identified areas for improvement including reducing waiting times and the provision of more early morning appointments. As a result of listening to patients an additional nurse prescriber was employed to provide more early morning appointments and to help reduce waiting times.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system. This information was included in the patient leaflet. Information clearly described how patients could make complaints and raise concerns, what the practice would do and how patients could escalate their concerns should they remain dissatisfied. Each of the eight patients we spoke with were aware of the process to follow if they wished to make a complaint.

We were told that two complaints had been received within the previous 12 months. We reviewed how these complaints had been investigated and responded to. We saw that both complaints had been investigated and responded to appropriately and an apology offered to the complainant. We also saw that learning from complaints was shared with staff and acted upon so as to help minimise recurrences.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision and ethos, which was described in their mission statement, which was available on their website. The practice ethos was to deliver equitable, patient driven, high quality care and treatment. The GPs had a strong focus on improving the quality of clinical care and treatment through education and reviews. Staff we spoke with were aware of the practice ethos and mission statement and their roles in achieving these.

Governance arrangements

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

- There was a clear staffing structure and accountability. Staff were supported and trained to fulfil their roles and responsibilities within the practice team.
- The GP and nurses had lead roles and special interests in a number of long term conditions and health promotion including heart disease, diabetes and respiratory conditions to improve treatments and outcomes for patients.
- Practice specific policies and procedures were available to all staff. These policies were regularly reviewed and amended to ensure that they reflected any changes in legislation and guidance.
- Clinical audits were carried out and used to secure improvement in outcomes for patient care and treatment arising from these.
- Risks to patients and staff were identified and managed through systems of monitoring.

Leadership, openness and transparency

The GPs encouraged a culture of openness and honesty. There were clear lines of responsibility and accountability and staff were aware of these. Staff said that they were well supported and they felt able to speak openly and raise issues as needed. They told us that the GPs were approachable and caring.

Clinical and multidisciplinary meetings were held on a monthly basis. Practice meetings were held quarterly during which staff could raise issues and discuss ways in which the service could be improved. Complaints and any other issues arising were discussed and actions planned to address these during the practice meetings.

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

The practice encouraged and valued feedback from patients. Patients we spoke with said that they felt comfortable to make comments about the practice to staff. The practice had proactively sought patients' feedback through surveys and informal comments and received. We reviewed the results from the practice patient survey which had been carried out in 2014/15 and saw that the majority of patients said that they were happy with the service they received including care and treatment and access to appointments.

There was an active patient participation group who met regularly to contribute ideas and suggestions to the management of the practice. We spoke with five members of the patient group and they told us that the practice were supportive and open to suggestions. They gave us examples of changes made as a result of comments made by patients, including the redecoration of the practice branch surgery.

The practice actively encouraged patients to participate in the NHS Friends and Family Test and monitored these results. We saw that over 90% of patients who completed this survey were either extremely likely or likely to recommend the practice to their friends and family.

We saw that the practice had an open culture where patients could make comments and suggestions and that these were acted upon to improve their experiences of using the service.

The practice had also gathered feedback from staff through staff meetings and discussions. Staff told us they were encouraged to give feedback and discuss any concerns or issues with colleagues and management. They also told us they felt involved and engaged to improve how the practice was run.