

# Dr Felix Balaratnam

## Quality Report

Gillmans Road Surgery  
1 Gillmans Road  
Orpington  
Kent BR5 4LA

Tel: 01689 822022

Website: [www.gillmansroadsurgery.co.uk](http://www.gillmansroadsurgery.co.uk)

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

### Ratings

#### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr F Balaratnam (Gillmans Road Surgery) on 10 May 2016. Overall the practice is rated as good.

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

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

treatment. However results from the GP patient survey published in January 2016 were below the CCG and national average for its satisfaction scores on consultations with GPs.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvements are:

# Summary of findings

- The provider should review arrangements for patients to access a female GP.
- The provider should ensure oxygen masks are available for children.
- The provider should review their incident reporting procedure to ensure all incidents, including those identified through complaints, are recorded and processed following the incident reporting procedure.
- The provider should take action to address the issues identified by the below average patient satisfaction scores of the GP patient survey.
- The provider should review how patients with caring responsibilities are identified and recorded on the clinical system to ensure information, advice and support is made available to them.

**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.

- There was an effective system in place for reporting and recording significant events. However some incidents which had been identified as a result of a complaint had not been included in the incident reporting process.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were mixed. Results were comparable to the CCG and national average for most indicators.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

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

Good



# Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice reviewed the needs of its local population and engaged with the Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Good



## Are services well-led?

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

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

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The GP carried out an annual review for all housebound patients when attending to administer the flu vaccine.

Good



### People with long term conditions

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

- Nursing staff supported the GP in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- Patients with long term conditions had a structured annual review to ensure their health and medicines needs were being met. For those patients with the most complex needs the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

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

- There were systems in place to identify and follow up children who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage of women whose records show that a cervical screening test had been performed in the preceding five years was 79% which was comparable to the CCG average of 84% and national average of 82%.

Good



# Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The GP regularly liaised with the midwife and health visitor.

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

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

- The needs of the working age population 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, appointments were available until 20.00 hours one evening per week and urgent appointments were available every day (Monday to Friday).
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. There was a good uptake for both health checks and health screening.

Good



## **People whose circumstances may make them vulnerable**

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Annual health checks for people with a learning disability were carried out.
- There was up to date information available in the waiting area informing patients about various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies.

Good



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

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

Good



# Summary of findings

- 86% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the preceding 12 months, which was comparable to the CCG average of 83% and national average 84%.
- 93% of patients with a mental health disorder had a comprehensive care plan agreed in the preceding 12 months which was comparable to the CCG average of 84% and national average of 88%.
- The practice worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice told patients experiencing poor mental health how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing in line with local and national averages in most areas. 397 survey forms were distributed and 106 were returned. The survey response rate was 38%. (3.5% of the patient list).

- 91% of patients found it easy to get through to this practice by phone compared to the CCG average of 70% and national average of 73%.
- 87% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 75% and national average of 76%.
- 81% of patients described the overall experience of this GP practice as good compared to the CCG average of 82% and national average of 85%.

- 68% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 76% and national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our visit. We received 41 comment cards which were all positive about the standard of care received. Patients reported that they found the service to be excellent and that staff were helpful and polite. They also told us that it was always easy to get an appointment.

We spoke with 10 patients during the inspection. All 10 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. All patients told us they would recommend the surgery to someone new to the area.

Results from the monthly Friends and Family survey were also consistently positive.

## Areas for improvement

### Action the service SHOULD take to improve

- The provider should review arrangements for patients to access a female GP.
- The provider should ensure oxygen masks are available for children.
- The provider should review their incident reporting procedure to ensure all incidents, including those identified through complaints, are recorded and processed following the incident reporting procedure.
- The provider should take action to address the issues identified by the below average patient satisfaction scores of the GP patient survey.
- The provider should review how patients with caring responsibilities are identified and recorded on the clinical system to ensure information, advice and support is made available to them.

# Dr Felix Balaratnam

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

a CQC Lead Inspector. A GP Specialist Adviser was also present.

## Background to Dr Felix Balaratnam

Dr F Balaratnam (Gillmans Road Surgery) is situated in purpose-built accommodation in a residential area of Orpington, in the London Borough of Bromley. Bromley Clinical Commissioning Group (CCG) are responsible for commissioning health services for the locality.

The practice has 2994 registered patients. The practice age distribution differs from the national average. The practice has a larger than average patient population for the 0 – 19 year age group and a lower than average population over 50 years. The surgery is based in an area with a deprivation score of 4 (with 1 being the most deprived and 10 being the least deprived).

The practice is registered with the CQC as an Individual Provider. Services are provided from one location at 1 Gillmans Road, Orpington, Kent BR5 4LA. Services are delivered under a General Medical Services (GMS) contract. The practice is registered with the CQC to provide the regulated activities of family planning; maternity and midwifery services; treatment of disease, disorder and injury and diagnostic and screening procedures.

Clinical services are provided by the lead GP (male) and two part-time Practice Nurses (0.22 wte). There is a Practice Manager (0.81 wte), a part-time administrator and two part-time reception staff.

The practice provides the following Directed Enhanced Services (DES): Childhood Vaccination and Immunisation Scheme; Extended Hours Access; Facilitating Timely Diagnosis and Support for People with Dementia; Influenza and Pneumococcal Immunisations; Learning Disabilities; Rotavirus and Shingles Immunisation and Unplanned Admissions. (Enhanced Services are services which require an enhanced level of provision above what is expected under a core GMS contract).

The surgery is open between 09.00 and 13.00 and 16.30 to 18.30 hours Monday, Tuesday, Thursday and Friday and between 09.00 and 13.00 hours on Wednesdays with extended hours provided on Thursday until 20.00 hours.

During the midday period when the surgery is closed (between 13.00 and 16.30 hours on Monday, Tuesday, Thursday and Friday and 13.00 to 18.30 hours on Wednesday) the surgery voicemail message provides a mobile number to contact the GP direct if the call is urgent.

Pre-booked and urgent appointments are available with the GP on Monday, Tuesday, and Friday from 09.00 to 11.30 and 16.30 to 18.00 hrs, on Wednesday from 09.00 to 11.30 hours and on Thursday from 09.00 to 11.30, 16.30 to 18.00 and 18.30 to 20.00 hours.

Pre-booked appointments are available with the practice nurse between 9.00 and 13.00 hours on Thursday and Friday.

When the surgery is closed GP services are available via NHS 111.

A practice leaflet was available and the practice website included details of services provided by the surgery and within the local area.

# Detailed findings

## Why we carried out this inspection

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 10 May 2016.

During our visit we:

- Spoke with a range of staff (the GP provider, practice nurse, practice manager, administrator and receptionist) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and family members
- Reviewed an anonymised sample of medical records of patients.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was an incident reporting book available in reception. However clinical incidents which had only been identified as a result of a complaint had been processed following the practice complaint procedure but had not also been included in the incident reporting process.
- The incident reporting process supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a patient had been informed by a member of staff that their blood test results were satisfactory. However the most recent results had not yet been received and two days later when the results were received the patient had to be called in and informed that the test results were abnormal. The procedure was therefore changed to include the comparison of blood test results with the most recent test referral letter before results were given.

### Overview of safety systems and processes

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

- Arrangements to safeguard children and vulnerable adults from abuse. These arrangements reflected

relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The provider was the lead for safeguarding and was trained to child safeguarding Level 3. The GP always provided reports when necessary for safeguarding meetings. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. Practice Nurses were trained to child safeguarding level 2.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice manager shared the role of infection control lead with the practice nurse. They liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address improvements identified from the recent audit carried out in April 2016.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal).
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines.
- The practice carried out regular medicines audits with the support of the local CCG pharmacy teams to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in

## Are services safe?

line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).

- We reviewed all seven personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the administration office which identified the health and safety representatives.
- The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

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

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in the consultation room, treatment room and reception which alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice had a defibrillator on the premises and oxygen with adult masks was available. However, children's masks were not available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 90% of the total number of points available which is comparable with the CCG average of 94% and national average of 95%.

The practice exception reporting rate was 4.7% which was below the CCG average of 8.0% and national average of 9.2%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets however data from 2014/15 showed that performance was mixed:

- Performance for diabetes related indicators was 75% which was below the CCG average of 87% and national average of 90%.
- Performance for mental health related indicators was 100% which was better than the CCG average of 91% and national average 93%
- Performance for asthma related indicators was 100% which was comparable to the CCG and national average of 97%.

- Performance for hypertension related indicators was 87% which was below the CCG average of 95% and national average of 98%.

Information about patients' outcomes was used to make improvements. For example, in view of the diabetes related QOF results the practice had reviewed their annual recall system for patients in an attempt to improve the uptake rate.

There was evidence of quality improvement including clinical audit.

There had been two clinical audits completed in the last two years, both of these were 2-cycle completed audits where the improvements made were implemented and monitored. Findings were used by the practice to make improvements. For example,

- One audit was carried out to identify and review the management of patients with CHD (coronary heart disease) whose last cholesterol level was above recommended levels. Following a recommended change to treatment a repeat audit confirmed that, of the eight patients identified and reviewed, three patients had experienced improved cholesterol levels.
- A second audit was aimed at reducing costs of nutritional supplements prescribed for patients. Eight patients were identified and all were receiving higher cost nutritional supplements. These patients were asked if they would consider trying an alternative but comparable option. All patients agreed to the alternative supplement and a further audit carried out six months later showed that all eight patients remained on the lower cost alternative.
- The practice also participated in local audits, national benchmarking, accreditation and peer review.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For

# Are services effective?

## (for example, treatment is effective)

example, for both practice nurses who carried out reviews for patients with long-term conditions we saw evidence that appropriate training had been undertaken.

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support from the GP through one-to-one meetings, coaching and mentoring and clinical supervision. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

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

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

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example, patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.

- Patients were signposted to the relevant service. For example, patients with diabetes who need to increase their exercise were referred to the CCG 'Walking away from Diabetes' service.
- Smoking cessation advice was available from the practice and local support services.

The practice's uptake for the cervical screening programme was 79%, which was comparable to the CCG average of 84% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 87% to 93% and five year olds from 84% to 96%.

## Are services effective? (for example, treatment is effective)

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40 to 74 years. Where abnormalities or risk factors were identified appropriate follow-ups and checks were carried out.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that when patients wanted to discuss sensitive issues, or appeared distressed, they could offer them a private room to discuss their needs.

All of the 41 Care Quality Commission (CQC) comment cards we received from patients were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with four members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and told us that the reception staff were always professional, helpful and friendly and the GP always available when needed. They told us that the practice had been very supportive when the PPG suggested introducing a walking group at the practice.

Results from the national GP patient survey published in January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was comparable to the CCG and national average for its satisfaction scores on consultations with GPs. For example:

- 78% of patients said the GP was good at listening to them compared to the CCG average of 87% and the national average of 89%.
- 76% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.

- 90% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 72% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 82% and national average of 85%.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 91%.
- 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

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

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

Results from the national GP patient survey showed patients responses were mixed to questions about their involvement in planning and making decisions about their care and treatment. Results were below the CCG and national average for its satisfaction scores on consultations with GPs. For example:

- 70% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and the national average of 86%.
- 68% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and the national average of 82%.
- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 85%.

The GP had taken account of the results of the GP patient survey and had made an effort to address the issues. A survey was carried out by the practice to monitor patient feedback to ensure patient satisfaction. The survey results

## Are services caring?

showed that all patients felt the GP was 'very good' or 'excellent' at listening to them, explaining problems or treatment, showing care and concern and allowing sufficient time during the consultation.

The practice provided facilities to help patients be involved in decisions about their care. Staff told us that interpreting services were available for patients who did not have English as a first language and information leaflets were available on a number of health related topics.

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 9 patients as carers (which was 0.3% of the practice list). Confirmation of carer status was requested and recorded for all new registrants and also when identified during consultations. Written information was available to direct carers to the various avenues of support available to them.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered a 'Commuter's Clinic' on a Thursday evening until 8.00pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines not available in the surgery.
- Patient facilities were on the ground floor and all reasonable adjustments had been made to accommodate disabled patients.
- Interpreting services were available via a telephone link. The availability of the service was displayed in the waiting area.

### Access to the service

The practice was open between 09.00 and 13.00 and 16.30 to 18.30 hours Monday, Tuesday, Thursday and Friday and between 09.00 and 13.00 hours on Wednesdays with extended hours provided on Thursday until 20.00 hours.

Appointments with the GP were available on Monday, Tuesday, and Friday from 09.00 to 11.30 and 16.30 to 18.00 hrs; on Wednesday from 09.00 to 11.30 hours and on Thursday from 09.00 to 11.30, 16.30 to 18.00 and 18.30 to 20.00 hours. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were available on the day for people that needed them.

Extended hours appointments were offered on Thursday from 18.30 to 20.00 hours.

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

- 68% of patients were satisfied with the surgery opening hours compared to the CCG average of 73% and national average of 78%.
- 91% of patients said they could get through easily to the practice by phone compared to the CCG average of 70% and national average of 73%.

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

The practice had a system in place to assess whether a home visit was clinically necessary. Following a request for a home visit the GP would contact the patient by telephone to assess the urgency of their request. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

All requests for an urgent appointment were given an appointment the same day.

### Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns. The practice complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available in the waiting room, on the website and in the practice leaflet to help patients understand the complaints system.

We looked at six complaints received in the last 12 months and found that these were satisfactorily handled and dealt with in a timely way with openness and transparency.

Lessons were learnt from individual concerns and complaints and action was taken as a result to improve the quality of care. For example, a patient complained that he had waited 30 minutes for his appointment as the receptionist had not recorded his arrival on the electronic appointment system. The receptionists now check the waiting area every 15 minutes to ensure that the arrival of all patients has been recorded.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- Staff knew and understood the values and vision of the practice.
- The practice had a robust strategy and supporting action plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and good quality care. This ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained and the provider was aware that improvements in the management of patients with diabetes needed to be made as reflected in the results of Quality Outcomes Framework (QOF) indicators. Improvements had therefore been made to the diabetes management process which was aimed at encouraging more patients to attend for an annual review.
- Clinical audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, clinical incidents identified through complaints were not included in the practice incident reporting procedure.

### Leadership and culture

On the day of the inspection the GP provider demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. He told us he

prioritised safe, high quality and compassionate care and we saw evidence to support this. Staff told us that he was approachable and always took the time to listen to members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). A culture of openness and honesty was encouraged. The practice had systems in place to ensure that when things went wrong with care and treatment the practice gave affected people reasonable support, truthful information and a verbal or written apology. The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues and felt confident and supported in doing so. The practice manager shared the reception office with the reception staff which facilitated daily communication and sharing of information.
- Practice meetings were held every six months but due to the limited number of hours worked by the practice nurses and administrator they were unable to attend. Information discussed at meetings was however shared with absent staff members and practice updates and issues were discussed during weekly face to face meetings between the GP and practice nurse.
- Staff said they felt respected, valued and supported. Staff felt involved in decisions about how to develop the practice, and felt encouraged to identify opportunities to improve service delivery.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly and submitted proposals for improvements to

# Are services well-led?

Good 

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

the practice management. For example, members had suggested starting a walking support group for practice patients. Posters and invitations were developed and displayed in the waiting room.

- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and

management. Staff told us they felt involved and engaged to improve how the practice was run. For example, the practice nurse had been supported in undertaking additional sexual health training in order to develop additional family planning services within the practice.