

Dr Sanjeev Saxena

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Sanjeev Saxena on 7 June 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. However on the day of our inspection the practice did not demonstrate an effective system for ensuring the safe recruitment of staff.
- Systems were 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 the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with the GP and that 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 :

- Ensure the staff recruitment policy and procedure is revised and followed to include take up of written references and police (DBS) checks and keeping interview notes on file.

Summary of findings

- Ensure that analysis of significant events is recorded and action plans are put in place and monitored regularly.
- Revise the business continuity plan to include emergency contact numbers for staff within the document.
- Strengthen systems and processes to improve governance and demonstrate continuous learning and improvement.

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 was rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Overall, risks to patients were assessed and well managed.
- Staff recruitment procedures were not always safe in that staff files showed that references were not always checked and the recruitment policy was unclear as to how references were confirmed and DBS checks (police checks) were carried out.

Systems were in place to safeguard patients from the risk of infection. Systems to assure fire safety and train staff in fire awareness were in place at our inspection

Good



Are services effective?

The practice was rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- 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 multidisciplinary teams 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 higher than others for several aspects of care.

Good



Summary of findings

92 % of respondents to the GP patient survey stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern. This compared to a national average of 91%.

- 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 was available and easy to understand.
- 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.

- Practice staff 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 with the GP and there was generally 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 and other stakeholders.

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 this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular practice meetings.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- The GP encouraged a culture of openness and honesty.
- The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

Good



Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on.

Summary of findings

The six population groups and what we found

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

Older people

Good



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

- The practice offered proactive, personalised care to meet the needs of the older patients.
- The practice offered home visits and same day appointments for those with enhanced needs.
- Care plans and health checks were provided as needed with regular medicine reviews carried out.
- The practice supported patients who lived in nursing and residential homes by undertaking home visits when needed and providing advice over the telephone.
- The practice offered flu, pneumonia and shingles vaccination programmes.
- Referrals to other services were made regularly, for example to antenatal clinics and the mental health team.
- .
- Where the patient was at risk of Emergency Admission to hospital a Care Plan was created for them as part of the Alternative to Unplanned Admission Enhanced Service. The patient was given a copy of the plan to keep by the phone in case they need medical assistance urgently.
- 2% of practice population were on the Avoiding unplanned Admission register (AUA), which included older people. These patients who had urgent clinical enquiries, could have same day telephone consultation and, where required, follow-up arrangements would be made for specialist referrals.
- The practice worked closely with the Palliative Care Nurse Specialist, Community Nurse Team and Community Matron.
- Very elderly/Housebound patients were able to order repeat medication over the phone and home delivery of medication by the pharmacist was promoted.

People with long term conditions

Good



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

Summary of findings

- The practice had a robust chronic disease programme which included:
 - Annual review call and recall programme with a clinician for all patients with chronic disease.
 - The Practice nurse undertook the review of patients with chronic disease and had a special interest in diabetes and chronic obstructive pulmonary disease. (COPD).
 - Annual medication reviewed for all patients on repeat medication, with robust procedures for non-compliant patients.
 - Longer appointments were offered for patients with multiple conditions.
 - Home visits carried out by the GP and practice nurse for house bound patients with chronic disease.
 - The practice nurse ran a weekly anticoagulation clinic to monitor levels of warfarin in patients' blood.
 - Flu immunisations were available for all patients with long term conditions. 97% of people with diabetes had this immunisation in comparison with 93% across the CCG and 94% the England average.
 - The practice offered diabetic foot screening call and recall. CQC data indicated that the practice achieved 62% for annual foot checks in patients with diabetes compared to the national average of 88%.
 - Post-hospital discharge care plan reviews were carried out with patients who attended A&E unnecessarily.
 - Continuity of care was delivered by patients seeing the same GP thereby reducing consultation time and allowing more time for the presenting problem that day. The GP had experience of what previous treatments had been the most effective with that patient.
 - The practice medicines coordinator ran the repeat dispensing scheme where patients were prescribed a six month supply of medicine and were then reviewed before the prescription was renewed. This meant patients could collect their medicine from the pharmacy once a month.

Families, children and young people

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

Good



Summary of findings

- The practice had high achievement with their childhood immunisation programme achieving for immunisations. These were discussed with the safeguarding lead and the health visitor.
- There were safeguarding procedures in place for children who were vulnerable. All staff received regular safeguarding training. The GP was the lead for child & adult safeguarding.
- Childhood flu immunisations were offered and promoted via posters in the waiting room.
- The community midwife undertook all midwifery checks at the surgery at a time most convenient to the patient.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and younger patients who had a high number of A&E attendances.
- 75% of patients with asthma, on the practice register, had an asthma review in the preceding 12 months that included an assessment of asthma control using the 3 RCP questions. This compared to a CCG average of 75% and a national average of 75%.
- 81% of women aged 25-64 were recorded as having had a cervical screening test in the preceding 5 years. This compared to a CCG average of 82% and a national average of 82%. There was emergency access to same day appointments for all children where required.
- There were pre-bookable appointments x weeks in advance to help families plan ahead
- Extended hours appointments were available with both the GP and the nurse so that families could attend before or after school hours.
- A family planning service was available and smears were carried out at the surgery.

Working age people (including those recently retired and students)

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

Good 

Summary of findings

- Routine appointments started at 8.30 every day and evening surgeries ran to 5.30pm on Monday, Tuesday, Thursday and Friday. Extended hours were available on Monday and Tuesday from 6.30-8pm thus enabling people with daytime commitments to access their GP.
- Patients could book routine appointments up to six weeks in advance online.
- The practice promoted online services to make it easier for patients who worked to access services outside of practice hours.
- Health Checks were available to patients over 40 years.
- Telephone consultation was available during working hours.
- Electronic Prescription Services (EPS) and a repeat dispensing service helped patients to get their prescriptions easily.
- Travel health and vaccination appointments were available.

People whose circumstances may make them vulnerable

Good



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

- Patients with a learning disability or other significant disability were known to the practice nurse and GP which meant staff could quickly identify when dealing with a patient that they may require additional assistance. They were offered an annual health check often with a support worker present. Picture cards were used to support people with poor understanding of language.
- The practice had a register of vulnerable adults and children so that staff were alerted when they attended for appointments.
- Clinical staff were trained in the mental capacity act. There were procedures in place for identifying patients with a DOLS in place.
- The practice regularly worked with multi-disciplinary teams in the case management of patients deemed to be vulnerable.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Summary of findings

- The practice had a hearing loop to assist patients with hearing loss.
- Language line was used with patients where English was not their first language and they were given appointments at the end of surgery to allow more time for their consultation.

People experiencing poor mental health (including people with dementia)

Good



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

- The practice had leaflets and posters in the waiting room with information regarding dementia, mental health and carer support.
- Patients were monitored as part of QOF to check that they had an up-to-date care plan from the Mental Health Team. These plans were scanned on to the patient's record to ensure the GP was fully aware of the most recent diagnosis and support plan.
- 88% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months. This compares to a CCG average of 86% and a national average of 88%.
- 76% of patients diagnosed with dementia had their care reviewed in a face-to-face review in the preceding 12 months. This compared to a national average of 84.01%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Summary of findings

What people who use the service say

What people who use the practice say

The national GP patient survey results published in July 2015 showed the practice was performing in line with local and national averages. 366 survey forms were distributed and 113 were returned. This represented 2.3% of the practice's patient list.

- 60% of patients found it easy to get through to this surgery by phone compared to the national average of 73%.
- 70% of patients were able to get an appointment to see or speak to someone the last time they tried (national average 76%).
- 75% of patients described the overall experience of their GP surgery as fairly good or very good (national average 85%).
- 61% of patients said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (national average 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 34 comment cards the vast majority of which were all positive about the standard of care received. Patients considered they were treated with kindness and courtesy by all staff at the practice and the service was repeatedly described as good and outstanding. Patients commented the environment was clean, tidy and hygienic.

We spoke with six patients during the inspection. All six patients said they were satisfied with the service they received and thought the service had improved over the last 12 months particularly with regard to the telephone system. They commented on the cleanliness of the practice and the efficient, pleasant team who listened to them.

The practice invited patients within the practice to complete the NHS Friends and Family test (FFT). The FFT gives every patient the opportunity to provide feedback on the quality of care they receive. We looked at the results of the FFT for 2015. This indicated that overall, 93% of patients were 'extremely likely' or 'likely' to recommend the practice to their friends and family.

Areas for improvement

Action the service SHOULD take to improve

- Ensure the staff recruitment policy and procedure is revised and followed to include take up of written references and police (DBS) checks and keeping interview notes on file.
- Ensure that analysis of significant events is recorded and action plans are put in place and monitored regularly.
- Revise the business continuity plan to include emergency contact numbers for staff within the document.
- Strengthen systems and processes to improve governance and demonstrate continuous learning and improvement.

Dr Sanjeev Saxena

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist advisor.

Background to Dr Sanjeev Saxena

Dr Sanjeev Saxena is located at Ashurst Primary Care Centre a health centre in the centre of Ashurst in a residential area. There is easy access to the building and disabled facilities are provided. There is ample car parking adjacent to the practice. Primary medical services are provided under a General Medical Services (GMS) contract with NHS England and the practice is part of the West Lancashire Clinical Commissioning Group.

There is one GP working full time at the practice. He is the provider of the service. There are also two part time regular locum GP's one female working six sessions and one male working four sessions per week. There is one full-time female practice nurse, a part time Health Care Assistant, a full time practice manager and a team of administrative staff.

The practice opening times are 8.30am to 6.30pm Monday, Tuesday, Thursday, Friday and 8.30-1pm Wednesday.

The practice appointment times are Monday, Tuesday, Thursday, Friday 8.30am to 12.30 and 2-5.30pm.

Appointment times on Wednesday are 8.30-12.30 only.

Extended hours are available Monday and Tuesday 6.30-8pm. Patients requiring a GP outside of normal

working hours are advised to call Out of Hours West Lancashire GP Services CIC Ltd (OWLS) using the usual surgery number and the call will be re-directed to the out-of-hours service.

There are 4920 patients on the practice list. The majority of patients are white British with a high number of working age patients and families.

Why we carried out this inspection

We inspected this service as part of our new 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. 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 such as West Lancashire Clinical Commissioning Group to share what they knew. We carried out an announced visit on 7 June 2016. During our visit we:

- Spoke with a range of staff including the GP, the practice manager, the practice nurse, and the Health Care Assistant.
- Reviewed the practice's policies and procedures.

Detailed findings

- Reviewed comment cards where patients shared their views and experiences of the service.
- We spoke with six patients.

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 a recording form available on the practice's computer system.
- The practice carried out an analysis of significant events and information was reviewed. For example, a patient who did not have an abnormal thyroid function test was started on thyroxine by a GP. The patient spoke to the practice nurse who managed his diabetes and she discussed the issue with the principal GP who reviewed the decision and stopped his medication. This was discussed with the practice team, apologies were offered to the patient and the GP reflected on the event as part of their learning.
- We saw that informal analysis was undertaken of such events and asked the team to formalise these into action plans, monitor them regularly, and share the learning which was gained across the staff team.

We reviewed safety alerts received by GPs. These were discussed during practice meetings, and were emailed directly to the clinicians who discussed them. We looked at one example whereby MHRA alerts were processed with great speed. On receipt of safety alerts the medicine coordinator acted to identify a cohort at risk.

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 reflected relevant legislation and local requirements. The policies provided contact information for further guidance if staff had concerns about a patient's welfare including the Local Authority Designated Officer. The GP attended safeguarding meetings when possible and provided reports where

necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. The GP was trained to Safeguarding level 3.

- A notice in the waiting room advised patients that chaperones were available if required. The practice nurse acted as a chaperone and was trained for the role.
- The practice maintained appropriate standards of cleanliness and hygiene. The practice nurse was the infection control clinical lead and liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place. All staff had received up to date training. Infection control audits were carried out every six months.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). 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. The medicines coordinator worked to ensure that medications did not get out of synch for patients when necessary changes were made either by the practice, out of hours service, or hospital staff.
- Prescription pads were securely stored and there were systems in place to monitor their use.
- We reviewed three staff personnel files and found that employment references had not always been taken. The practice policy on recruitment of staff required updating regarding references and carrying out DBS checks.

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 and the practice had up to date fire risk assessments and regular fire drills. Electrical equipment had been PAT tested (checked to ensure the equipment was safe to use and that it was working properly).
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control

Are services safe?

of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. Two regular GP locums were used to provide an additional ten sessions per week.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice had a defibrillator available on the premises. There were oxygen cylinders on the site. A first aid kit and accident book was 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 fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan required revision to include emergency contact numbers for staff within the document.

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 and audits.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice).

The most recent published results were 98.2% of the total number of points available. Data from 2014/2015 showed the following:

- The percentage of patients with hypertension having regular blood pressure tests was similar to the CCG and national average. For example, 89% of patients with hypertension had a blood pressure reading measured in the preceding 12 months of 150/90mmHg or less (01/04/2014 to 31/03/2015). This was above the national average of 84%.
- Performance for mental health related indicators was above the CCG and national average. For example, 98% of patients with mental health conditions had their smoking status recorded in the preceding 12 months. This compares to a CCG average of 88% and a national average of 90%.

Clinical audits demonstrated quality improvement. Audit cycles were completed and a number of full cycles were seen during the visit and as part of the pre visit practice submitted evidence.

Audits of outlying prescribing showed that the practice could respond rapidly and make improvements to being among the best performing practices locally.

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. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- Staff were provided with role-specific training and updating. Staff administering vaccinations and giving advice to diabetic patients had received specific training and attended regular updates. The practice nurse was currently compiling her evidence for re-validation which was due later in the year.
- 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 senior staff, one-to-one meetings and appraisals for revalidating the GP and practice nurse. All staff had participated in an appraisal within the last 12 months.
- Staff received training that included safeguarding, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.
- The GP led peer group meetings with other local GPs to share experience and learning.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Are services effective?

(for example, treatment is effective)

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

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 younger patients, 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 assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits.

Supporting patients to live healthier lives

The practice identified 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.

The practice's uptake for the cervical screening programme was 81% which was comparable with the national average of 82%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for 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 77.5% to 90% and five year olds ranged from 77% to 93.5%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-up appointments were made for the outcomes of health assessments and checks, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- A previous survey had identified the lack of privacy in the reception area for patients to speak with staff about sensitive issues. The practice team had acted on this and was about to erect a television on the wall of reception which would mask conversations taking place at the window.
- 27 of the 34 comment cards were very positive about the standard of care received. Patients considered they were treated with kindness and courtesy by all staff at the practice, that the GP listened to them and the service was repeatedly described as good and outstanding. Patients commented they could always get an urgent appointment on the same day and said the environment was clean, tidy and hygienic. The other seven cards cited delays in waiting times once at the surgery.

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

- 76% of patients said the GP was good at listening to them compared to the national average of 88%.
- 71 of patients said the GP gave them enough time (CCG average 88% and national average 87%).
- 87% of patients said they had confidence and trust in the last GP they saw (CCG average 94% and national average 95%).
- 69% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 86% and national average 85%).
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern (national average 91%).

- 83.5% of patients said they found the receptionists at the practice helpful (CCG average 86% and national average 87%)

However patients we spoke with commented very positively on the care offered by the surgery and felt welcomed when they came to the practice.

Care planning and involvement in decisions about care and treatment

Patients we spoke with 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 on the comment cards we received was also positive and aligned with these views.

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

- 69.5% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 87%.
- 69.5% of patients said the last GP they saw was good at involving them in decisions about their care (national average 86%).

Staff told us that patients who did not have English as a first language were given appointments towards the end of surgery which meant they had more time to help them and could use the Language Line translation service.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting area told patients how to access a number of community support groups and organisations such as those supporting good mental health and physical health care needs such as cancer.

The practice's computer system alerted the clinicians if a patient was also a carer. Written information was available to direct carers to signpost them to the various avenues of support available to them.

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 Clinical Commissioning Group to secure improvements to services where these were identified.

- There were longer appointments available for patients with a learning disability and for patients with multiple conditions.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available, in particular children and those with serious or urgent medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available. The building was accessible for patients who may have mobility problems. There was a hearing loop to support patients with a hearing loss.
- Patients with a learning disability or other significant disability were known to the practice nurse and GP which meant staff could quickly identify when dealing with a patient that they may require additional assistance. They were offered an annual health check often with a support worker present. Picture cards were used to support people with poor understanding of language. Staff told us one patient was successfully using a home rescue pack for his COPD supported by his support worker.

Access to the service

The practice was open between 8.30am to 6.30pm Monday, Tuesday, Thursday, Friday and 8.30-1pm Wednesday.

The practice appointment times are Monday, Tuesday, Thursday, Friday 8.30-12.30 and 2-5.30pm, Wednesday 8.30-12.30 only. Extended hours were available 6.30-8pm Monday and Tuesday.

In addition to pre-bookable appointments, urgent appointments were also available for patients that needed

them. Patients who required a GP outside of normal working hours were advised to call OWLS using the usual surgery number and the call would be directed to the out-of-hours service.

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

- 71% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 60% of patients said they could get through easily to the surgery by phone (national average 73%).

The practice had worked to improve access to services for vulnerable patients.

- The practice supported patients who lived in care homes in the locality. The GP and the practice nurse visited the homes regularly and provided telephone advice.
- The practice regularly worked with multi-disciplinary teams including district nurses, the community matron and Macmillan nurses in the case management of patients deemed to be vulnerable.
- The telephone system had been upgraded and patients we spoke to commented on the improvement to get through to the surgery by telephone.
- Patients who attended A&E were monitored and offered support.

Listening and learning from concerns and complaints

The practice had an effective 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.
- The practice had received six complaints in 2015/16.
- We saw that information was available to help patients understand the complaints system.

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.

Governance arrangements

The practice had an informal governance framework which supported the delivery of the strategy and good quality care. This included policies, procedures and structures to ensure 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. These documents were reviewed regularly with future review dates set.
- Clinical governance was currently not strong at the practice for example there was a lack of background checks for locum GP's and a locum was allowed to lead the investigation of serious event they were involved in . There were no regular routine performance reviews of employed physicians.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks and implementing mitigating actions.

Leadership and culture

The GP in the practice had the experience, capacity and capability to run the practice however there was a need to demonstrate constructive criticism and leadership when issues arose. In order to ensure high quality care. The team prioritised accessible, high quality and compassionate care. The GP was highly visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. There was a strong culture of working together for the good of the patients.

The provider was aware of and complied with the requirements of the Duty of Candour. The GP encouraged a culture of openness and honesty.

When there were unexpected or unintended safety incidents:

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

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

- Staff told us the practice held monthly team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues whenever the GP was available and at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported.
- All staff were involved in discussions about how to run and develop the practice, and the GP encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the Patient Participation Group (PPG) which operated virtually receiving e mail communication from the practice. We spoke with four representatives of the PPG. They told us whilst the group operated virtually at present they were keen to begin meeting together. They had been asked to complete patient surveys and consider the practice teams' proposals for improvements such as improving access by telephone, ensuring prescriptions were ready on time and improving privacy for patients arriving for appointments. They commented that these issues had improved over the last six months.
- The practice displayed an update on the work of the PPG and there was an invitation to join the group on posters in the reception area.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. 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.

Are services well-led?

Good 

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

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice however systems did not always support this intent. We saw little evidence of lessons learnt. The practice team should consider how they might strengthen governance and demonstrate learning and improvement.

- The practice had regular meetings with the Clinical Commissioning Group (CCG) so they could influence local services and report against their contract.
- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and CCG to secure improvements to services where these were identified.