

# Dr Pattara and Dr Raja

## 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 Pattara and Dr Raja on 28 April 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. Where staff needed to refer to other professionals this was completed in a timely manner.
- Patients spoken with said they were treated with compassion, dignity and respect. They told us they were involved in their care and decisions about their treatment.

- Results from the national GP patient survey published in January 2016 showed patients had a high level of satisfaction with the practice.
- Information about services and how to complain was available, clearly displayed and easy to understand. No written or verbal complaints had been made in the last 12 months.
- 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 and routine within a few days.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff were well supported by management. A new practice manager was in post and there was a programme of improvements being implemented. 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 improvement are:

# Summary of findings

- Ensure ensure all new medicines dispensing staff receive supervision in line with guidelines set out in the Dispensary Services Quality Scheme regarding trainee dispensers.

- Undertake infection control audits.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- There was a system in place for reporting, recording and investigating significant events. Staff we spoke with were aware of recent significant events and their outcome.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- We found that although safety incidents had not involved individual patients, systems were in place so that when things went wrong patients would receive reasonable support, truthful information, and would be told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- There were systems, processes and practices for the management of medicines.
- Risks to patients were assessed and well managed.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were similar to or above average for all but two indicators when compared to the local and national average.
- Staff assessed needs and delivered care in line with current evidence based guidance. Current guidance was discussed amongst the clinical staff.
- Clinical staff were involved in external activities, such as, peer support forums, which supported to learning and maintenance of clinical skill and knowledge and improved outcomes for patients. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Clinical audits completed were relevant to the patient population. Two cycle clinical audits demonstrated quality improvement.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked closely with other health care professionals to understand and meet the range and complexity of patients' needs.

# Summary of findings

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed positive ratings from patients when compared to other practices nationally for all aspects of care. For example, when asked if the GP they saw was good at listening to them, patients rated the practice higher than the local and national average.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw reception staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, one of the partners was on the board of the local CCG and had secured 'train the trainer' training for clinical staff to train other clinical staff locally. The training would improve outcomes for patients with diabetes.
- 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. For less urgent appointments patients said they would usually be seen within a couple of days.
- 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. The practice had not received any verbal or written complaints within the last 12 months, but had systems in place to deal appropriately with any they might receive.

Good



## Are services well-led?

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

Good



# Summary of findings

- The practice had a clear vision and strategy to be compassionate and caring with the purpose of improving the health, well-being and lives of those that they care for. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity.
- The practice had 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.
- There was a strong focus on continuous learning and best practice at a clinical level.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty which was evident throughout our visit. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from patients, via surveys, which it acted on. The patient participation group was active, and reported the practice was usually responsive to its suggestions..
- There was a strong focus on continuous learning, involvement and improvement at all levels.

# 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.

Good



- The practice staff were familiar with the majority of its patients due to the size of the practice and used this knowledge to ensure that patients received proactive, personalised care which met individual's needs.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were in line with or better than compared to the local and national average. For example, the numbers of patients with a diagnosis of hypertension having an annual review was comparable with other practices locally and nationally.
- The practice told us that following discharge from hospital older patients were contacted by the GP for a review.

### People with long term conditions

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

Good



- Nursing staff had a lead role in chronic disease management and ensured that they kept up to date with latest developments through peer support and training sessions and other training opportunities.
- Nationally reported data showed that outcomes for patients with long-term conditions were comparable or slightly higher than other practices nationally. For example, numbers of patients with long-term conditions, such as diabetes, receiving appropriate reviews were comparable or slightly higher than the local and national average.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the GP or practice staff met regularly and worked with relevant health and care professionals to deliver a multidisciplinary package of care.

# Summary of findings

## Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- We saw evidence to confirm that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Nationally reported data showed that outcomes for patients for uptake of cervical smears were higher than other practices locally and nationally.
- The practice made a room available for a maternity clinic, held by a midwife, every two weeks on a Friday morning from 9.30am to 11.30am.
- Appointments were available outside of school hours. Premises were suitable for children and babies, although there was no baby changing facilities.

## 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).

Good



- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered extended hours on a Monday evening until 8pm for working patients who could not attend during normal opening hours.
- If patients were unable to attend the practice during the week there was a service available, that was bookable through the practice, where a patient could be seen at a 'hub' at the weekend. This including appointments for doctors, nurses or health care assistants.
- The practice was proactive in offering online services, such as repeat prescriptions and online booking, as well as a full range of health promotion and screening that reflects the needs for this age group.

# Summary of findings

## People whose circumstances may make them vulnerable

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

Good



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

## 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



- The percentage of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the last 12 months, was in line with the local and national average.
- The percentage of patients, on the practice register, with a diagnosis of schizophrenia, bipolar affective disorder or other psychosis, that had an agreed care plan documented in their records, was less with the national average. However the data was affected by the small numbers of patients in the practice population and on the register.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had information regarding various support groups and voluntary organisations displayed in the waiting area.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing above local and national averages. 275 survey forms were distributed and 112 were returned. This represented a 40% return rate.

- 96% of patients found it easy to get through to this practice by phone compared to the local and national average of 73%.
- 95% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local average of 83% and national average of 85%.
- 96% of patients described the overall experience of this GP practice as good compared to a local average of 79% and the national average of 85%.
- 93% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to a local average of 71% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 38 comment cards which were all positive about the standard of care received. Patients spoke positively about the standard of care provided by doctors and nurses, and commented on the professionalism, compassion and helpfulness of all staff. Patients wrote that the practice was clean and tidy.

We spoke with five patients during the inspection, three of whom were members of the Patient participation group. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The data from the most recent NHS Friends and Family Test showed 100% of patients would recommend the practice.

## Areas for improvement

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

- Ensure ensure all new medicines dispensing staff receive supervision in line with guidelines set out in the Dispensary Services Quality Scheme regarding trainee dispensers.

- Undertake infection control audits.

# Dr Pattara and Dr Raja

## 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 adviser.

## Background to Dr Pattara and Dr Raja

This practice is also known as 'The Surgery Horndon-on-the-Hill'.

The practice is situated at the top of a hill on the High Road and is opposite the Bell Inn Public House. Car parking is either on the High Street outside the practice or there is some parking at the Bell Inn.

The practice register patients from all over Thurrock, the Lower Dunton Road, Bulphan, Dry Street, parts of Laindon and Basildon.

It is a dispensing practice. This means that patients who do not have a dispensing chemist within a 1.6km radius of their house can get their prescribed medicines dispensed from the practice.

The current list size of the practice is 2615. There are two male GP partners who cover 10 sessions a week between them. There are two female practice nurses.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 8.30am to 12pm every morning and from 2pm to 6.30pm every afternoon. Extended hours are offered Mondays 6.30pm to 8pm. The practice is closed at 1pm on the second Tuesday of every month for staff training.

Thurrock Clinical Commissioning Group (CCG) has recently launched a weekend system called 'Thurrock Health Hubs'. Patients are able to book through the practice to see either a doctor or a nurse between 9.15am and 12.30pm at the weekend, at one of four 'hubs'.

When the practice is closed patients are advised to call 111 if they require medical assistance and it cannot wait until the surgery reopens. The out of hours service is provided by IC24.

The practice area demographic comprises of mainly white British, with other nationalities including French, Italian and Polish. There are fairly low levels of income deprivation affecting children and older people.

## 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 28 April 2016.

During our visit we:

# Detailed findings

- Spoke with a range of staff including GPs, nursing and administration staff.
- Observed reception staff speaking with patients.
- Spoke with patients who used the service and their family members.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed an anonymised sample of the personal care or treatment records of 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 an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system which the practice manager completed. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, the actions taken following receipt of patient safety alerts generated by the Department of Health Central Alerting System, and minutes of meetings where these were discussed. When the practice received patient safety or medicine alerts they were put into a folder in reception and staff were required to note on the alert when they had read them. The alerts were also kept on the staff intranet and discussed at the practice meeting. If appropriate a data search was completed to identify any affected patients. Once patients had been identified the list was given to the GP who would take any necessary action. Any lessons learned from investigation of significant events and other incidents were shared to make sure action was taken to improve safety in the practice. For example, a recent alert had been with regards to urgency rating of home visits, the practice reviewed their protocol to ensure that it covered the risks identified in the alert.

### Overview of safety systems and processes

The practice had clearly defined 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 were in place and they reflected relevant legislation and local requirements. Policies were accessible to all staff via the practice intranet and posters displayed on the walls clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for

safeguarding. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. Both GPs were trained to an appropriate level (level 3) to manage safeguarding concerns.

- 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 visibly clean and tidy. The practice nurse was the infection control clinical lead who liaised with colleagues with infection prevention roles to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. The practice nurse had recently taken over this role and an infection control audit had not previously been undertaken. There were plans to undertake an audit in the near future.
- 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. The practice carried out regular medicines audits, with the support of the local medicines management teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We did find that some patients, who were on a specific prescribed high risk medicine, had not been monitored according to current guidelines. Patients should have been called in for a blood test within a specified time frame however this had not happened with all patients receiving the medicine. We saw that the practice had already identified this issue and had put plans in place to ensure that patients would be reviewed correctly.
- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had

## Are services safe?

opportunities for continuing learning and development. We did find that one of the newer dispensers was at times working unsupervised despite not having completed the required 1000 hours of supervision. This was contrary to the guidelines set out in the Dispensary Services Quality Scheme regarding trainee dispensers. Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines).

- The practice held one controlled drug on the premises otherwise no stocks of controlled drugs were held or dispensed (these are medicines that require extra checks and special storage because of their potential misuse). This medicine was awaiting destruction.
- We reviewed three 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. The practice had up to date fire risk assessments. There were fire evacuation posters clearly displayed. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a

variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The practice made use of a shared practice group conversation to request and find cover internally in the event of staff sickness.

### 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 basic life support training and there were emergency medicines available in the reception/dispensary room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- 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. Copies and other items were kept off the premises in an emergency grab box.

# 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 via the computer and paper copies and meetings. Information was discussed amongst the clinical team and used to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through 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 showed that the practice had achieved 95% of the total number of points available. The practice had 7% exception reporting compared with a 7% CCG average and a 9% national average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014 to 2015 showed;

- Performance for diabetes related indicators was similar and in some cases slightly above the CCG and national average. For example, the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 94% with a local average of 88% and national average of 88%. These checks help to identify conditions associated with diabetes such as poor blood circulation and risks associated with this.
- The percentage of patients with hypertension having regular blood pressure tests was 87% compared to an 83% local average and 84% national average.

- Performance for mental health related indicators was similar to or worse than the national average. For example, the percentage of patient's with a diagnosis of dementia, who had an annual review in the last 12 months was 83% compared to a local average of 77% and national average of 84%.

There was evidence of quality improvement including clinical audit.

- There had been four clinical audits completed in the last two years, one of these was a two cycle audit where the improvements made were implemented and monitored. Two audits identified no issues so were completed at one cycle.
- The practice participated in national benchmarking and peer review.
- Findings were used by the practice to improve services. For example, following audit of the numbers of patient with osteoporosis on a specific treatment course, the treatment of those patients was reviewed and the management of those patients improved.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with diabetes there was disease specific training in the latest management techniques.
- 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, and discussion with peers.
- 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, the

# Are services effective?

## (for example, treatment is effective)

ability to attend peer forums, time to learn sessions, clinical supervision, and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

- Staff received core training that included: safeguarding, fire safety training, basic life support, manual handling and information governance.

### 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, and any other relevant information, such as, caring status and if recently bereaved.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs, such as patients with palliative care needs, and those patients experiencing poor mental health. Ongoing liaison took place between the practice and the community specialist nurse team with regards to housebound patients.

### 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 in the patients notes.

### Supporting patients to live healthier lives

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

- Carers, patients at risk of developing a long-term condition and those requiring advice on smoking and alcohol cessation. Patients were signposted to relevant services.
- Smoking cessation advice was available through the practice.
- The practice offered chlamydia screening and sexual health advice.

The practice's uptake for the cervical screening programme was 82%, which was higher than the CCG average of 73% and the national average of 74%. Data showed that the practice had a higher than average uptake for all national cancer screening programmes. There were systems to follow up patients who did not attend for their cervical screening test. There were also 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. All results initially went to the GP then were passed to the practice nurse for follow up.

Childhood immunisation rates for the vaccinations given were comparable or higher than CCG/national averages.

- The percentage of childhood 'five in one' Diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenza immunisation vaccinations given to under one year olds was 100% compared to the CCG average of 96%.
- The percentage of childhood Mumps, Measles and Rubella vaccination (MMR) given to under two year olds was 91% compared to the CCG average of 92%.
- The percentage of childhood Meningitis C vaccinations given to under five year olds was 100% compared to the CCG average of 95%.

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-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- Curtains were provided in all 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. The seating area was not directly outside the room as so conversations taking place in these rooms could not be overheard.
- There were notices advising patients that when they wanted to discuss sensitive issues, or if staff saw they appeared distressed, there was a private room they could use to discuss their needs.
- Where the patient lived locally and the clinician was running behind time, the practice would contact the patient to advise them to delay leaving home for a specified amount of time.

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

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

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

- 94% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 96% of patients said the GP gave them enough time compared to the CCG average of 79% and the national average of 87%.

- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 91% and the national average of 95%.
- 92% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 77% and the national average of 85%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 91%.
- 96% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

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

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

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

- 93% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 78% and the national average of 86%.
- 92% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 73% and the national average of 82%.
- 91% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 85%.

The practice provided translation services, if required, for patients who did not have English as a first language to help patients be involved in decisions about their care.

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

## Are services caring?

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

The practice's computer system alerted GPs if a patient was also a carer, so that as part of a consultation they would check the patient was managing and signpost if required to support services. Patients we spoke with confirmed this. The practice had identified 41 patients as carers (1.6% of

the practice list). The practice had appointed a carers champion to ensure that carers were signposted to appropriate services, were up to day with immunisations, and their wellbeing was considered.

Staff told us that if families had suffered bereavement, they would send them a sympathy card. They also put an alert on the family member record so that staff would be aware and therefore provide appropriate support if required.

The practice also sent out cards on the birth of new babies.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, they became involved in a project related to improving outcomes for patients with diabetes called 'Effective Diabetes Education Now'.

- There were longer appointments available for patients with a learning disability and other who needed this option.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- The practice made a room available for a maternity clinic, held by a midwife, every two weeks on a Friday morning from 9.30am to 11.30am.
- There were accessible facilities, a hearing loop and translation services available.
- The practice ensured that patients in the process or having completed the gender reassignment process were referred to by the name and gender than the patient identified with.
- The practice had a good awareness of its patient population and the demographic of those patients.

### Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday. Appointments were from 8.30am to

12pm every morning and from 2pm to 6.30pm every afternoon. Extended hours were offered on a Monday evening until 8pm. The practice was closed at 1pm on the second Tuesday of every month for staff training.

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

- 86% of patients were satisfied with the practice's opening hours compared to The CCG average of 70% and the national average of 75%.
- 96% of patients said they could get through easily to the practice by phone compared to CCG 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 and usually within a few days if not urgent.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

Initially information would be gathered by the receptionist and the information passed to the duty doctor to prioritise according to clinical need.

### 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.
- We saw that information was clearly displayed to help patients understand the complaints system.

The practice had received no complaints in the last 12 months.

# 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 improve the health, well-being and lives of those they cared for.

- The practice had a mission statement on its website which was to provide a good level of service to all their patients with direct access to a GP and Nurse in pleasant surroundings with helpful and courteous staff.
- It was evident on the day of our inspection that staff followed this mission statement and shared their vision.
- The practice had a robust progression strategy and plan for when the main partner retired, which entailed a slow handover of care and recruitment of a female GP.
- The practice told us that they listened to their patients and tried to maintain the feel of a traditional doctors practice, whilst offering options for patients who preferred, for example, online services.

### Governance arrangements

The practice was aware that previously it had not had an effective governance framework in place. However, the practice manager with the support of the partners and other staff had worked to resolve this so there was an emerging governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented, updated and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained and used to identify areas for improvement. As part of this the practice had developed a new programme of continuous clinical and internal audit to monitor quality and to drive improvements.
- There were now arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection the partner present in the practice demonstrated that they and their team had the experience, capacity and capability to run the practice and ensure high quality care. Staff told us the partners were approachable and would listen to all members of staff.

The provider and staff were 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). The partners attitude to team working encouraged a culture of openness and honesty.

The practice had systems in place to ensure that when things went wrong with care and treatment. The practice told us that affected patients would be given reasonable support, and a written apology.

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

- All new staff recruited, at all levels, were fully supported by existing staff. Where the plan was for more experienced staff to leave there was a handover period.
- The practice manager had been supported in their role during a difficult period by the recruitment of a temporary member of staff with experience of practice management.
- Although there had been several changes recently to processes, to ensure the practice was governed well and assessing risk appropriately, staff were still positive when talking to us about the practice and the management.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice, which was evident throughout our inspection, and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and 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

# Are services well-led?

Good 

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

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 complaints received. The PPG met regularly and submitted proposals for improvements to the practice management team. For example, they raised the issue that although patients could book an appointment online, they couldn't cancel them. The practice looked into this and the facility to cancel appointments online was enabled.

- The practice had gathered feedback from staff through meeting and informal conversation. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

## Continuous improvement

The GP partners encouraged continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.