

Dr R Gupta & Dr H Parikh

Quality Report

Newland Surgery
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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 Newland Surgery on 23 September 2015. 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, recording and analysing significant events. Learning from significant events was owned and shared amongst the whole practice team.
- 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.
- The practice team was committed to providing high quality care and they fostered collaborative and respectful team working with each other and with external agencies to promote good patient outcomes.
- Patients said they were treated with compassion, dignity and respect and were involved in their care and decisions about treatment. This was reflected in consistently higher than average patient survey results.
- Information about services and how to complain was available and easy to understand.
- Patients told us they were able to make an appointment with a named GP and this was confirmed when we saw records that reflected that there was continuity of care. Urgent appointments were available the same day for patients considered vulnerable and within 48 hours for other patients unless a same day appointment was clinically indicated. Telephone consultations were also available.
- The practice had good facilities and was well equipped to treat patients and meet their needs. These included facilities for disabled people including an adapted reception area and interpretation services.
- There was a clear leadership structure and staff felt very supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

Summary of findings

- The provider was aware of and complied with the requirements of the Duty of Candour; a legal duty to be open and truthful if harm has been caused to a patient.

We saw several areas of outstanding practice:

- The practice hosted a regular hospital consultant led diabetes clinic for patients. This encouraged the sharing of expertise across the clinical team and also improved patient outcomes in this priority area for the practice.

- The practice had a number of health information leaflets in various community languages that promoted health awareness in this population group.
- A health trainer was regularly available on the premises to help patients set health improvement goals in areas such as weight management and alcohol consumption. Smoking cessation advice was also available.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons from significant events and complaints 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. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were consistently above average for the locality and the national averages.
- 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 both locally and nationally for all aspects of care, with several aspects scoring significantly higher.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Good



Summary of findings

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

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. This included targeted support by clinical staff in identifying those at risk of an unplanned hospital admission, promoting the sexual health of young people and supporting carers.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with appointments available the same day for vulnerable groups. Appointments for urgent matters not clinically indicated for a same day appointment, were arranged within 48 hours. Telephone consultations were also available. .
- 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 highly supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners 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 and appropriate action taken.

Good



Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Patients at risk of an unplanned hospital admission were identified and followed up by the practice nurse who had protected time to undertake this activity.
- Patients over 75 years had a named GP and the practice were aware of services that could benefit older people like Age UK and carers support, signposting patients accordingly.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- A hospital consultant led diabetes clinic was offered regularly at the practice which offered care closer to home, reduced journey times for patients and shared expertise across the clinical team.
- Joint injections could be offered as required at the surgery for patients.
- 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 named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for

Good



Summary of findings

example, children and young people who had a high number of A&E attendances. Immunisation rates were broadly in-line with local and national averages for all standard childhood immunisations.

- Staff told us that children and young people were treated in an age-appropriate way and were recognised as individuals. We saw evidence to confirm this as clinicians were able to demonstrate their awareness of and commitment to relevant guidelines relating to the treatment of children and consent.
- The practice participated in a national initiative to give free and discreet access to contraception for young people.
- There were discreet testing packs for chlamydia (a sexually transmitted infection) available in the toilets for people to collect and return. Chlamydia affects all age groups, but is particularly prevalent in young people.
- Rates of cervical screening for eligible women were in line with local and national averages.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

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

- The needs of the working age population, 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.
- There was an extended hours surgery on a Monday evening for those that struggled to attend the practice during normal working hours, with telephone consultations available and encouraged to enable access to both GPs and the nursing team.
- The practice had recently arranged for local ultrasound services to be offered within the practice. This gave opportunities for a variety of diagnostic procedures, with abdominal aortic aneurysm (AAA) monitoring also available. AAA checks for an abnormality in the main blood vessel of the body, and is a test usually offered to men from the age of 60.
- A health trainer visited the practice on a regular basis to help patients set goals in improving their health and well-being.
- The practice was proactive in offering online services, although initial take-up had been slow, as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



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 people with addiction problems and those with a learning disability.
- Frail or housebound patients were visited at home and offered an annual flu vaccination.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- 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.

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 practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice worked in partnership with a local provider to support patients taking benzodiazepines (drugs used to treat anxiety or depression) to address their underlying difficulties and aim to reduce their reliance on this medication. This followed a local review that found that the practice were prescribing at a higher rate than other surgeries in the locality.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results for this practice were published in July 2015. The results showed the practice was performing significantly higher in comparison with local and national averages for patient experience feedback. There were 308 survey forms distributed to patients and 114 were returned. This was a completion rate of 37% and represented three per cent of the patient list.

- 91% found it easy to get through to this surgery by phone compared to a CCG average of 71% and a national average of 73%.
- 90% were able to get an appointment to see or speak to someone the last time they tried (CCG average 84%, national average 85%).
- 94% described the overall experience of their GP surgery as fairly good or very good (CCG average 86%, national average 85%).
- 86% said they would definitely or probably recommend their GP surgery to someone who had just moved to the local area (CCG average 79%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 39 comment cards, which were highly positive about the standard of care received overall. Patients said that they received excellent care and that staff were caring and polite. Several commented how quickly they had been referred to other services, however, one patient felt that a diagnosis had not been made quickly enough and another said their experience with reception staff had been unhelpful. Several people commented on how easy it was to get appointments and that surgeries ran on time, so they were not kept waiting. During the inspection, we observed staff to be courteous with patients in reception and also talking on the telephone.

We spoke with three patients during the inspection. They told us they were happy with the care provided and thought staff were approachable, committed and caring.

Dr R Gupta & Dr H Parikh

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

Background to Dr R Gupta & Dr H Parikh

Newland Surgery is a modern and accessible purpose built practice serving a patient list of 3750 and is situated in an ex-mining area in the Wakefield district. Whilst the practice has extended boundaries, patients mainly live in a number of local villages. The population are mainly White British, with a black and minority ethnic (BME) population of 6%. There are average levels of deprivation experienced locally and a slightly above average number of elderly patients. There are eight patients registered in local care homes.

The practice is managed by two partners; Dr Ram Gupta and Dr Hemal Parikh (both male). They are supported by a part time female locum. There are two female practice nurses, a female health care assistant and a practice manager. The practice has a small reception and administrative team.

The practice delivers care through a Primary Medical Services contract and is open Monday to Friday 8am-6.30pm. Appointments are offered throughout the day, except Thursday afternoon and there are extended hours on a Monday evening for prebooked appointments between 6.30-8.30pm. Out of hours care is provided by Local Care Direct.

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 to share what they knew. We carried out an announced visit on 23 September 2015. During our visit we:

- Spoke with a range of staff including doctors, nurses and reception staff and met with patients who used the service.
- Observed how patients were treated by reception staff on arrival at the surgery and also when they telephoned the practice.
- Reviewed a sample of the personal care or treatment records of patients and the templates used to record and plan care.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Detailed findings

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.
- The practice carried out a thorough analysis of the significant events and undertook this activity through discussion with the whole practice team.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, following an administrative error in the scanning of a letter, procedures were reviewed.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

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 were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level three.
- 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 check (DBS

check). DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- 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. Prescription 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. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.
- We reviewed three personnel files and found thorough recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and checks through the Disclosure and Barring Service where appropriate.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety

Are services safe?

representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. A locum pack had been prepared in case it was needed.

Arrangements to deal with emergencies and major incidents

The practice had appropriate 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 and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. 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 included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) clinical 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 peoples' needs.
- The practice ensured that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. The most recent published results were 98.4% of the total number of points available, with 7.1% exception reporting. 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 2014-15 showed;

- Performance for diabetes related indicators was higher than the CCG and national average, with 97.7% of points achieved. The practice scored 6.9% higher than the CCG average and 8.5% higher than the national average.
- The percentage of patients with hypertension (raised blood pressure) having regular blood pressure tests was in line with the CCG and national average. The practice was able to check 82% of patients diagnosed with hypertension which was 0.7% lower than the CCG average and 1.8% higher than the national average.
- Performance for mental health related indicators was higher than the CCG and national average, with 100% of points achieved. The practice scored 5.7% above the CCG average and 7.2% above the national average.

Clinical audits demonstrated quality improvement.

- There had been three clinical audits completed in the last two years. Whilst none of these had yet been repeated, they were scheduled for a second cycle in due course. Following the first cycle, improvements in care and compliance with NICE guidelines had been identified. For example, the practice recognised that antibiotic prescribing had been higher than the local average and concluded that antibiotics could have been delayed or avoided in 28 out of 100 cases randomly reviewed. A practice protocol had been developed as a result and the GPs intended to review its effectiveness in reducing antibiotic prescribing.
- A review of patients at risk of dementia was undertaken using a 'toolkit' which led to a small number of patients being correctly coded with a dementia diagnosis and an appropriate care plan being written to support them and their family.

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.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example a member of the nursing team had taken a certificate in travel health and ran a clinic for the benefit of patients. In addition, the nurse had also gained a diploma in respiratory care and consequently managed the care of patients with asthma and Chronic Obstructive Pulmonary Disease (COPD), a disease of the lungs. Staff administering vaccinations and taking blood samples had received specific training which had included an assessment of competence. We saw evidence that staff kept up to date with updates in good practice by access to on line resources and discussion at practice meetings.
- 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

Are services effective?

(for example, treatment is effective)

during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. The practice held palliative care meetings every two months with health professionals to plan and review end of life care for affected 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. The practice used helpful prompt cards to assist their decision making around issues of capacity and were well informed as to their responsibilities in this area.

When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance, and we saw evidence that this was appropriately recorded in the medical record.

- 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.
- The process for seeking consent was monitored through records audits and the use of a consent form for minor surgery, which was routinely scanned onto the patient's record.

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 cessation and alcohol management. Patients were then signposted to the relevant service.
- A health trainer was regularly available on the premises to help patients set health improvement goals in areas such as weight management and alcohol consumption. Smoking cessation advice was also available.

The practice's uptake for the cervical screening programme was 77.1%, which was comparable to the CCG average of 78.6% and the national average of 76.7%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 79% to 97% and five year olds from 86% to 97%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people 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 consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff told us if a patient wanted to discuss sensitive issues or appeared distressed they could offer a private room to discuss their needs.

All of the 39 patient Care Quality Commission comment cards we received were very positive about the service experienced, with one exception who felt that their illness had not been diagnosed quickly enough. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with three members of the patient participation group. They also told us they were very satisfied with the care provided by the practice and that the practice was very patient focused. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 94% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 93% said the GP gave them enough time (CCG average 88%, national average 87%).
- 100% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%)
- 85% said the last GP they spoke to was good at treating them with care and concern (CCG average 86%, national average 85%).

- 94% said the last nurse they spoke to was good at treating them with care and concern (CCG average 91%, national average 91%).
- 94% said they found the receptionists at the practice helpful (CCG average 88%, national average 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 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 higher than local and national averages. For example:

- 89% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 87% said the last GP they saw was good at involving them in decisions about their care (CCG average 83%, national average 82%)
- 92% said the last nurse they saw was good at involving them in decisions about their care (CCG average 86%, national average 85%)

Staff told us that interpreter and translation services were available for patients who did not have English as a first language and we saw several health promotion leaflets were available in reception printed in other community languages, that were reflective of the patient population.

Patient and carer support to cope emotionally with care and treatment

Notices and leaflets in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. Written information was available to direct

Are services caring?

carers to the various avenues of support available to them. Clinical staff we spoke to were well informed on the services available locally and made efforts to ensure that carers were supported appropriately.

Staff told us that if families had suffered bereavement, the practice would get in touch and ensure appropriate care was offered. The practice also promoted contact with the local bereavement group to patients that might benefit those experiencing loss.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered an extended hours clinic on a Monday evening until 8.30pm for working patients who could not attend during normal opening hours.
- The practice ensured that all urgent appointments for children and vulnerable patients were offered on the same day of request and appointments for non-vulnerable patients were arranged within 48 hours, unless a same day appointment was clinically indicated.
- There were longer appointments available for patients with a learning disability and those having medication reviews or cervical smears.
- Home visits were available for older patients and patients who would benefit from these.
- Patients were able to receive travel vaccinations available on the NHS or privately from the trained practice nurse.
- There were disabled facilities, including a low accessible reception area for wheelchair users. Translation services were available.
- A diabetes clinic led by a hospital consultant was held at the practice; this brought care closer to home for patients, improved outcomes and enhanced the sharing of skills across the team.
- The practice worked in partnership with a local initiative to offer discreet sexual health services for young people.
- The introduction of ultrasound services for the diagnosis of abdominal aortic aneurysm (AAA) within the practice. AAA checks for an abnormality in the main blood vessel of the body, and is a test usually offered to men from the age of 60.
- Patients who were identified as long term users of benzodiazepines were referred for support from a specialist worker who visited the practice regularly as part of a local initiative. This helped patients address the circumstances that lay behind their need for this medication and look to progressively reduce the level required to ease their symptoms.

- Patients with multiple conditions often had combined reviews and the practice acted opportunistically to offer tests and referral to other colleagues during an initial consultation.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 9am to 11am every morning and 4pm to 6pm daily. Extended surgery hours were offered on a Monday from 6.30 to 8.30pm for pre-booked appointments. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 84% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 75%.
- 91% of patients said they could get through easily to the surgery by phone (CCG average 71%, national average 73%).
- 84% patients said they always or almost always got to see or speak to the GP they prefer (CCG average 55%, national average 59%).

Patients told us that they were able to get appointments when they needed them.

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 available to help patients understand the complaints system which was visible in reception, the practice leaflet and on the practice website.

We looked at five complaints received in the last 12 months. One of these was in writing whilst the others were verbal. We found that there was an effective system for the

Are services responsive to people's needs? (for example, to feedback?)

recording of complaints and that responses were proportionate and learning shared across staff teams. Whilst none of the complaints we saw were upheld, we noted that improvements in communicating practice policies to patients and their relatives were undertaken.

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.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching 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 and were available to all staff
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The practice gave affected people 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.

- We saw that regular team meetings took place on a monthly basis and that minutes were taken and issues followed-up.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings, felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, by the practice manager and by the partners. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered.
- Nursing staff told us that clinics were run in a collaborative way with the GPs and that there was a strong sense of teamwork. For example, if a nurse clinic was particularly busy or a patient had complex needs, a GP would assist and undertake routine checks. This eased pressure on nursing staff and ensured a patient received timely, joined-up care.

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), through surveys and the Friends and Family Test. A recent survey had identified that awareness of the out of hours service provision was low and the practice was publicising the service in the reception area and via the practice website. Complaints were also reviewed during PPG meetings. This was an active group which met face to face four times a year and meetings were chaired by the practice manager. Emails were also circulated to the group for discussion as required. The group had ten regular members and had discussed proposals for improvements to the practice management team. For

Are services well-led?

Good 

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

example, there had been improvements made to the telephone answering system which was evidenced in a significantly high satisfaction rate in the recent GP patient survey. PPG members had also submitted feedback as to how information could be more efficiently shared between agencies and the practice had agreed to look into this.

- The PPG had also worked with their practice in efforts to make the membership of the group more representative of the practice population. Efforts to engage with 'seldom heard' groups such as the young or those for whom English is not a first language, were ongoing and there had been publicity within the practice and direct invitations made to patients by GPs, nurses and the midwife.
- The practice had gathered feedback from staff through annual appraisals and staff meetings. 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 and we saw evidence such as fair access to peak holiday booking and staff cover were discussed and minuted in practice meetings.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. This was evidenced in the way the whole practice team contributed to the review of significant events. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. This was evidenced in several ways:

- Supporting a reduction in the prescribing of benzodiazepines by partnership working with a specialised support worker.
- Provision of discreet sexual health services for young people.
- The provision of ultrasound for the diagnosis of AAA within the practice.
- Consultant led diabetes clinic that brought convenience to patients, improved outcomes and enhanced skills across the clinical team.