

Dr Mukesh Saksena

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 Mukesh Saxena's practice on 24 February 2016. Overall the practice is rated as good.

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

- The practice is a small family practice run and managed by one GP with the administration support of a practice manager. Patients said they found it easy to make an appointment with urgent appointments available the same day.
- The practice was clean and had good facilities including disabled access and translation services.
- There were systems in place to mitigate safety risks including analysing significant events and safeguarding.
 - Patients' needs were assessed and care was planned and delivered in line with current legislation.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available. The practice sought patient views about improvements that could be made to the service, including having a patient participation group (PPG) and acted on feedback.
- Staff worked well together as a team and all felt supported to carry out their roles.

There were some areas of outstanding practice with regards to access:

- There were a variety of appointments available to suit all patients' needs. These included an open access clinic every morning, telephone consultations and pre-bookable appointments. Results from the GP national patient survey published in January 2016 from 117 responses indicated satisfaction rates with making appointments was much higher than local and national averages. For example,

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. The practice took the opportunity to learn from internal incidents and safety alerts, to support improvement. There were systems, processes and practices in place that were essential to keep patients safe including infection control, medicines management and safeguarding.

Good



Are services effective?

The practice is rated as good for providing effective services. Patients' needs were assessed and care was planned and delivered in line with current legislation. Clinical audits demonstrated quality improvement. Staff worked with other health care teams and there were systems in place to ensure information was appropriately shared. Staff had received training relevant to their roles.

Good



Are services caring?

The practice is rated as good for providing caring services. Patients' views gathered at inspection demonstrated they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We also saw that staff treated patients with kindness and respect. Information for patients about the services available was easy to understand and accessible.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

There were a variety of appointments available to suit all patients' needs including an open access clinic every morning, telephone consultations and pre-bookable appointments. Results from the GP national patient survey indicated satisfaction rates with making appointments was much higher than local and national averages.

The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example, the practice and the PPG had made a case to have a midwifery service reinstated which was successful.

Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised verbally. There was very high patient satisfaction with the service provided and there had only been four written complaints received by the practice since being established in 1981.

Good



Summary of findings

Are services well-led?

The practice is rated as good for being well-led. The practice proactively sought feedback from staff and patients and had an active PPG. Staff had received inductions and attended staff meetings and events. There was a high level of constructive engagement with staff and a high level of staff satisfaction.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for providing services for older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and offered home visits and care home visits. The practice participated in meetings with other healthcare professionals to discuss any concerns. There was a named GP for patients aged over 75.

Good



People with long term conditions

The practice is rated as good for providing services for people with long term conditions. The practice had registers in place for several long term conditions including diabetes and asthma. Longer appointments and home visits were available when needed. All these patients had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

The practice is rated as good for providing services for families, children and young people. The practice regularly liaised on a six weekly basis with health visitors to review vulnerable children and new mothers. The community midwife holds a weekly clinic at the practice. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.

Good



Working age people (including those recently retired and students)

The practice is as rated good for providing services for working age people. The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible. For example, the practice offered online appointment bookings.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for providing services for people whose circumstances make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with a learning disability. It had carried out annual health checks and longer appointments.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

The practice is rated as good for providing services for people experiencing poor mental health. Patients experiencing poor mental health received an invitation for an annual physical health check. Those that did not attend had alerts placed on their records so they could be reviewed opportunistically.

Good



Summary of findings

What people who use the service say

What people who use the practice say

The national GP patient survey results published in January 2016 (from 117 responses which is approximately equivalent to 4% of the patient list) showed the practice was performing in line or above compared with local and national averages.

- 100% found it easy to get through to this surgery by phone compared to a CCG average of 55% and a national average of 73%.
- 97% of respondents described their experience of making an appointment as good (CCG average 62%, national average 73%).
- 98% described the overall experience of their GP surgery as fairly good or very good (CCG average 82%, national average 85%).

- 94% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 72%, 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 45 comment cards which were all positive about the standard of care received.

We spoke with two patients during the inspection. They said they were very happy with the standard of care they received and thought staff were approachable, committed and caring.

Dr Mukesh Saksena

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector and included a GP specialist advisor and practice manager specialist advisor.

Background to Dr Mukesh Saksena

Dr Mukesh Saksena's practice is situated in area in Runcorn with high unemployment rates. There were 2650 patients on the practice register at the time of our inspection.

The practice is managed by an individual GP. There is a practice nurse who was on maternity leave at the time of the inspection. The practice had employed an agency nurse to cover. Members of clinical staff are supported by a practice manager and reception and administration staff.

The practice is open 8am to 6.30pm every weekday except for Wednesday afternoons when the practice is closed but the GP is available on call. An open access clinic is available from 9am to 10.40am every morning and pre bookable appointments are available from 4pm to 5.30pm daily except Wednesday afternoons, to see the GP. Patients requiring a GP outside of normal working hours are advised to contact the GP out of hours service, provided by Urgent Care 24 by calling 111.

The practice has a General Medical Services (GMS) contract and has enhanced services contracts which include childhood vaccinations.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. 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

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

Detailed findings

- 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)

The inspector :-

- Reviewed information available to us from other organisations e.g. NHS England.
- Reviewed information from CQC intelligent monitoring systems.

- Carried out an announced inspection visit on 24 February 2016.
- Spoke to staff and representatives of the patient participation group (PPG).
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.

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 or GP of any incidents. The practice carried out a thorough analysis of the significant events and discussed them at regular staff meetings.

Lessons were shared to make sure action was taken to improve safety in the practice. When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

The practice had systems in place to cascade information from safety alerts and were aware of recent alerts.

Overview of safety systems and processes

- 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. The GP was the lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. The practice met with the health visitor on a six weekly basis to discuss any concerns.
- A notice in the waiting room advised patients that chaperones were available if required. The practice operated a specific chaperone clinic with the practice nurse once a week. The practice nurse 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 was neat and tidy and maintained appropriate standards of cleanliness and hygiene. The GP was the infection control clinical lead and the practice 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. There were appropriate clinical waste facilities and spillage kits available.

- 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 clinical commissioning group (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. The practice used electronic prescribing systems and prescriptions were available to patients within 24 hours. Emergency medications were available and al
- 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.

Monitoring risks to patients

- 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 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 (COSHH) 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.

Are services safe?

Arrangements to deal with emergencies and major incidents

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

- All staff received annual basic life support training and there were emergency medicines available in the treatment room.

- The practice had oxygen with adult and children's masks. A first aid kit and accident book was available. The practice did not have a defibrillator at the time of the inspection but one was ordered after. The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.

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.

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 94% of the total number of points available. Data from 2014-2015 showed that performance for diabetes related indicators was comparable with national averages. Performance for mental health related indicators was also comparable with national averages.

There was an overarching clinic audit policy. Two cycle clinical audits demonstrated quality improvement for example medication audits and clinical audits. Examples seen included an audit for patients with atrial fibrillation.

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 infection prevention and control, fire safety, health and safety and confidentiality. The practice used one regular agency for locum GPs if the lead GP was on leave and there was an induction pack available.

- 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. For example, safeguarding, equality and diversity, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules. All staff had had an appraisal within the last 12 months.

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.
- 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. Multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

Patients' consent to care and treatment was sought 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. There was a Mental Capacity Act policy available and all policies and procedures had been discussed at staff meetings. The GP were aware of the relevant guidance when providing care and treatment for children and young people.

Supporting patients to live healthier lives

Patients who may be in need of extra support were identified by the practice. This included patients who required advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. The community well-being team attended the

Are services effective?

(for example, treatment is effective)

practice on a regular basis. The practice carried out vaccinations and screening and actively encouraged patients to attend. We were told the practice had the highest uptake of the flu vaccination for the local area. Data from 2014-2015 showed:

- Childhood immunisation rates for the vaccinations given to two year olds and under ranged from 76% to 100% compared with CCG averages of 73% to 98%. Vaccination rates for five year olds ranged from 89% to 94% compared with local CCG averages of 92% to 98%.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 84% compared to a national average of 82%.

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. We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Comment cards we received were very positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the patient participation group. 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 responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published in January 2016 (from 117 responses which is approximately equivalent to 4% of the patient list) showed patients felt they were treated with compassion, dignity and respect. For example:

- 94% said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 96% said the GP gave them enough time (CCG average 89%, national average 87%).
- 95% said the last GP they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).

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. For example:

- 96% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 91% said the last GP they saw was good at involving them in decisions about their care (CCG average 84%, national average 81%)
- 93% said the last nurse they saw was good at involving them in decisions about their care (CCG average 89%, national average 85%)

Patient and carer support to cope emotionally with care and treatment

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

There was a notice in the waiting room advising carers to let reception staff know so that they could be registered at the practice for additional support. A range of supporting information for carers was also available on the practice's website.

Staff told us that if families had suffered bereavement, the practice manager contacted them to ask if they wished to see or speak to the GP. Supporting information was also available on the practice's website.

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 the practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, the community well-being team regularly attended the practice.

The practice had an established and active patient participation group which regularly met to discuss any issues. The patient participation group (PPG) members said there was very little that could be improved as the GP anticipated any issues. The practice and the PPG had worked together to reinstate the midwifery service to the practice.

Despite one GP operating the practice, there were a variety of appointments available to suit all patients' needs including an open access clinic every morning, telephone consultations and pre-bookable appointments.

The practice had carried out a thorough disability risk assessment and had installed hearing loop in all clinical rooms and had trained their staff to use them. There was disabled parking and access available and all consultation and treatment rooms were on the ground floor. The practice had access to translation services and the practice's website could also be translated in a variety of languages.

Access to the service

The practice is open 8am to 6.30pm every weekday except for Wednesday afternoons but the GP was available on call. An open access clinic is available from 9am to 10.40am every morning and pre bookable appointments are available from 4pm to 5.30pm daily with the exception of Wednesday afternoons to see the GP. Appointments with the nurse are available 9am-1pm every morning and from 4pm-6pm every afternoon with the exception of Wednesdays.

Appointments could be booked up to four weeks in advance. Patients requiring a GP outside of normal working hours are advised to contact the GP out of hours service, provided by Urgent Care 24 by calling 111.

Results from the national GP patient survey published in January 2016 (from 117 responses which is approximately equivalent to 4% of the patient list) showed that patient's satisfaction with how they could access care and treatment was much higher than local and national averages. For example:

- 88% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and national average of 75%.
- 100% patients said they could get through easily to the surgery by phone (CCG average 55%, national average 73%).
- 97% described their experience of making an appointment as good (CCG average 62%, national average 73%).
- 100% said the last appointment they got was convenient (CCG average 91%, national average 92%).
- 100% said they found the receptionists at the practice helpful (CCG average 82%, national average 87%).

The practice used a text reminding service for appointments.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. Information about how to make a complaint was available in the waiting room. The complaints policy clearly outlined a time frame for when the complaint would be acknowledged and responded to and who the patient should contact if they were unhappy with the outcome of their complaint.

We reviewed complaints and found there had been only one written complaint received by the practice in the past 12 months and a total of four since 1981. We reviewed complaints from previous years. These were recorded and written responses which included apologies were given to the patient and an explanation of events. The practice monitored complaints to help support improvement.

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 comprehensive five year forward business plan. The practice team were dedicated about providing the best possible care. The practice aimed to provide personal high quality care to individuals and families.

Governance arrangements

Evidence reviewed demonstrated that the practice had:-

- A clear organisational structure and a staff awareness of their own and other's roles and responsibilities.
- An overarching clinical governance policy and practice specific policies that all staff could access in paper format. All policies and any changes were discussed at staff meetings and signed by staff.
- A system of reporting incidents without fear of recrimination and whereby learning from outcomes of analysis of incidents actively took place.
- A system of continuous quality improvement including the use of audits which demonstrated an improvement on patients' welfare.
- Clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information. Meetings were planned and regularly held including: monthly whole practice staff meetings, monthly palliative care and avoidance of unplanned admissions to hospital meetings with other healthcare professionals and six weekly meetings with health visitors.
- Proactively gained patients' feedback and engaged patients in the delivery of the service and responded to any concerns raised by both patients and staff.
- Encouraged and supported staff via informal and formal methods including structured appraisals to meet their educational and developmental needs.

Leadership, openness and transparency

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

- Staff told us that the practice held regular team meetings.

- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported.
- There were policies and information available to staff which were discussed at practice meetings to support openness and transparency. For example, policies regarding blame free culture, a whistleblowing policy and information on the Duty of Candour.

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.

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, there was a survey carried out to evaluate whether open access clinics in the morning suited patients.
- The practice used the NHS Friends and Family test which is a survey used to show whether patients would recommend the service to their family and/or friends. Monthly results were very positive and consistent and ranged from 90-100% of patients surveyed either extremely likely or likely to recommend the service over the past four months.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. For example, the practice had identified areas where staff needed to have further training due to updates and had made arrangements for this in the future.