

Dr Hafeez and Partner

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

Requires improvement



Are services safe?

Good



Are services effective?

Requires improvement



Are services caring?

Requires improvement



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 Sutton Medical Practice on 12 October 2015. Overall the practice is rated as requires improvement.

We carried out this inspection to check that the practice was meeting regulations. Our previous comprehensive inspection carried out in January 2015 found breaches of regulations relating to the safe, effective and well led domains.

In addition all population groups were rated as inadequate due to the concerns found in safe, effective and well led. The overall rating from this inspection in January 2015 was inadequate and the practice was placed into special measures for six months. Following the inspection, we received an action plan which set out what actions were to be taken to achieve compliance.

The inspection carried out on 12 October 2015 found that the practice had made significant improvements and they were meeting all three regulations they were previously in breach of.

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.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

Summary of findings

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

The areas where the provider should make improvement are:

- Ensure QOF scores are improved and address poor performance that have been identified to the care of patients with diabetes.

- Ensure the practice improves and responds to the national GP patient survey results in areas they have scored low.

Following the inspection in October 2015, the practice is rated as requires improvement for effective and caring. They are rated as good for providing safe, responsive and well led care services. All population groups have been rated as requires improvement due to ratings in effective and caring. Overall the practice is rated as requires improvement. We have changed the ratings for this practice to reflect these changes and the improvements made and the practice will be removed from special measures.

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. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made. The practice's QOF data for 2014/2015 was much lower than the CCG average. The practice had achieved 75% of the total points available. This was below the clinical commissioning group (CCG) and national averages of 89% and 93.5% respectively. Data showed patient outcomes for patients with diabetes were below national average.

Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Requires improvement



Are services caring?

The practice is rated as requires improvement for providing caring services, as there are areas where improvements should be made. Data from the national GP survey published in July 2015 showed that patients rated the practice lower than others for some aspects of care. However patients we spoke with on the inspection day 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 also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Requires improvement



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It 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.

Good



Summary of findings

Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings and events.

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 requires improvement for the care of older people.

The practice was rated as requires improvement for effective and caring. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

Requires improvement



People with long term conditions

The practice is rated as requires improvement 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. However diabetes indicators from the data pack showed that the practice were performing low. Performance for patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months, was below the CCG and national average. (practice 62%; national 78%). The percentage of patients with diabetes, on the register, who have a record of an albumin: creatinine ratio test in the preceding 12 months was below the CCG and national average (practice 58%; national 86%).

Requires improvement



Families, children and young people

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

The practice was rated as requires improvement for effective and caring. The concerns which led to these ratings apply to everyone using the practice, including this population group.

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. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.

Requires improvement



Summary of findings

Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

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

The practice was rated as requires improvement for effective and caring. The concerns which led to these ratings apply to everyone using the practice, including this population group.

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 was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

Requires improvement



People whose circumstances may make them vulnerable

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

The practice was rated as requires improvement for effective and caring. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. It had carried out annual health checks for 12 out of 16 people with a learning disability. We saw evidence that the practice had followed up the remaining patients who had not yet attended their reviews. It offered longer appointments for people with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told 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.

Requires improvement



Summary of findings

People experiencing poor mental health (including people with dementia)

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

The practice was rated as requires improvement for effective and caring. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Sixty eight percent of people experiencing poor mental health had an agreed care plan. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It 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. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results published on 4 July 2015 for the most recent data showed the practice was performing in line with local and national averages in some areas. However the practice had scored low for questions relating to satisfaction surveys and involvement and planning. There were 101 responses which represent 23% of the practice population who had been asked to complete the national GP survey.

- 87% find it easy to get through to this surgery by phone compared with a CCG average of 72% and a national average of 73%.
- 89% find the receptionists at this surgery helpful compared with a CCG average of 86% and a national average of 86%.
- 67% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 61% and a national average of 60%.
- 88% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 85% and a national average of 85%.

- 91% say the last appointment they got was convenient compared with a CCG average of 92% and a national average of 91%.
- 80% describe their experience of making an appointment as good compared with a CCG average of 74% and a national average of 73%.
- 74% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 65% and a national average of 64%.
- 63% feel they don't normally have to wait too long to be seen compared with a CCG average of 55% and a national average of 57%.

The comments cards were not received at the practice in time for our inspection. However we spoke to 13 patients who were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure QOF scores are improved and address poor performance that have been identified to the care of patients with diabetes.
- Ensure the practice improves and responds to the national GP patient survey results in areas they have scored low.

Dr Hafeez and Partner

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, a CQC second inspector and an Expert by Experience.

Background to Dr Hafeez and Partner

Sutton Medical Practice is a medium sized practice based in Sutton. The practice has a patient list size of around 4600. The ethnicity of patients is mainly white British with a small mixed number of other ethnicities including Asian and Black Caribbean patients.

The practice is registered as a partnership with the Care Quality Commission (CQC) to provide the regulated activities of: treatment of disease, disorder or injury; diagnostic and screening procedures and family planning services; and maternity and midwifery services at one location.

The practice has a Personal Medical Services (PMS) contract and provides a full range of essential, additional and enhanced services including maternity services, child and adult immunisations, family planning, sexual health services and minor surgery.

The practice has two full time principal GPs, one GP working seven sessions and two regular locum GPs working one session each. There is a good mix of female and male staff.

The practice has two practice nurses working 30-34 hours per week combined, one full time practice manager and six administrative staff.

The practice is currently open five days a week from 8:00 -20:00. Consultation times are from 08:30 until 12:30 and from 15:30 in the afternoon. The practice now offers an early morning clinic every Thursday from 07:45. When the practice is closed, the telephone answering service directs patients to contact the out of hours provider.

Why we carried out this inspection

We inspected this service to check if the practice had made improvements from the last inspection of January 2015. The last inspection had rated the practice as inadequate and the practice was placed into special measures.

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 are provided for specific groups of people and what good care looks 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)

Detailed findings

- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew; we met with Sutton CCG and NHS England and they provided us with information. We carried

out an announced visit on 12 October 2015. During our visit we spoke with a range of staff including the two senior GP partners, a regular locum GP, practice manager, assistant practice manager, one of the practice nurse's and two administrative staff, and spoke with patients who used the service. We observed how people were being cared for and talked with carers and family members and reviewed the personal care or treatment records of patients.

Are services safe?

Our findings

Safe track record and learning

When we inspected the practice in January 2015, we found the practice did not have adequate systems to identify risks and improve patient safety. There were no systems to

action alerts received from organisations such as the Medicines and Healthcare Regulatory Authority (MHRA). The practice did not have systems in place for analysing and learning from complaints received and not all complaints had learning points identified.

During our inspection on 12 October we found that the practice had systems in place that could demonstrate a safe track record and evidence learning for the last six months.

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. All complaints received by the practice were entered onto the system and automatically treated as a significant event. The practice carried out an analysis of the significant events.

We reviewed safety records, incident reports and minutes of meetings where these were discussed for the last six months. Lessons were shared to make sure action was taken to improve safety in the practice. For example a patient had attended the practice and had been referred for an ultra sound under the two week rule. One month later the patient re-attended the surgery and mentioned that they had been given an appointment two months after the initial referral. When the practice checked their records they noted that they had followed the appropriate referral process but the error was with the hospital radiology team. However, the practice highlighted that all clinicians must explain to patients that once an urgent referral has been made they should contact the practice within ten working days if they have not been offered an appointment. We saw that the practice were displaying this information for their patients.

National patient safety alerts were disseminated to the practice manager who forwarded these to a nominated GP who took appropriate action. Staff we spoke with were aware of recent alerts and the nominated GP who lead on this.

Overview of safety systems and processes

At our previous inspection we found that the practice did not have systems and processes to keep people safe. Administrative staff were not aware of the processes of reporting safeguarding concerns and although they had undertaken training they could not demonstrate the knowledge learnt. No infection control audits were being undertaken. The practice did not have sufficient arrangements in place to manage emergencies as no emergency equipment was available, including oxygen and an automated external defibrillator. The practice had never had this equipment and there were no risk assessment in place to mitigate the risks.

At this inspection we found that the practice had made sufficient improvements to keep people safe.

- Arrangements were in place to safeguard adults and children 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 which they could elaborate on.
- A notice was displayed in the waiting room, advising patients that nurses would act as chaperones, if required. All nurses had received a disclosure and barring check (DBS). (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).
- 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. The practice had up to date fire risk assessments and regular fire drills were carried out. All

Are services safe?

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 also had a variety of other risk assessments in place to monitor the safety of the premises such as control of substances hazardous to health and infection control and legionella.

- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. A senior GP and the practice manager led on infection control and 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. 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). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.
- Recruitment checks were carried out and the six files we reviewed showed that 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.

- 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.

Arrangements to deal with 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 now had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book 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 carried out assessments and treatment 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 ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 75% of the total number of points available, with 6.9% exception reporting. This was below the clinical commissioning group (CCG) and national averages of 89% and 93.5% respectively. The practice had been identified as an outlier for diabetic management.

- Performance for patients with diabetes, on the register, in whom the last blood test in the preceding 12 months was below the CCG and national average. (practice 62%; national 78%).
- The percentage of patients with diabetes, on the register, who have a record of an albumin: creatinine ratio test (The urine albumin test or albumin/creatinine ratio ACR is used to screen people with chronic conditions, such as diabetes) in the preceding 12 months was below the CCG and national average (practice 58%; national 86%).
- The percentage of patients with hypertension having regular blood pressure tests was similar to the CCG and national average. (practice 83%; national 83%).
- Performance for mental health related and hypertension indicators was similar to the CCG and national average. (practice 78%; national 83%).

- The dementia diagnosis rate was above the CCG and national average. (practice 100%; national 83%).

When we inspected the practice in January 2015, we found there was no evidence of completed clinical audit cycles in the last two years. At this inspection we found there was evidence of completed clinical audits. We saw audits had been undertaken in a number of clinical areas such as COX 2 inhibitor, cytology, prescribing, sore throat and antibiotics prescribing. For example, an audit on COX 2 inhibitor (COX-2 inhibitor is a form of non-steroidal anti-inflammatory drug), and use of diclofenac on patients with cardiovascular and renal risk on the management of patients with atrial fibrillation. The audit on COX 2 medication found that 54% of patients on the medication should not have been on it and so alternative medication was prescribed. A second clinical audit was completed three months later and the practice found all of their patients were on the required medicines.

Effective staffing

At our last inspection we found that the practice did not have sufficient systems in place to ensure that staff had sufficient knowledge they could apply after attending the training. At this inspection we found that the practice was offering staff more in-depth training with in house follow up and education sessions to ensure that all training attended was applied.

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- 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 these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last six months.
- Staff received training that included: safeguarding, fire procedures, and basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Are services effective?

(for example, treatment is effective)

Coordinating patient care and information sharing

When we inspected the practice in January 2015, we found the process of information sharing to be ineffective and patients were at risk of inappropriate care and treatment. The practice did not have a policy outlining the responsibilities of all relevant staff in passing on, reading and acting on any issues arising from communications with other care providers. We had found there were blood test result and diagnostics results that had not been acted on.

During this inspection, we found that there were no outstanding blood results or patient documentation that had not been followed up. The practice had put in place systems to ensure all paperwork received from external health providers was reviewed and actioned in a timely manner. The new system also ensured that during the absence of GPs there was a nominated GP who followed up work.

Consent to care and treatment

Patients' consent to care and treatment was always 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. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The process for seeking consent was monitored through records audits to ensure it met the practice's responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 78 %, which was comparable to the CCG average of 81% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice 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 81% to 92% and five year olds from 71% to 82%. Flu vaccination rates for the over 65s were 66%, and at risk groups 65%. These were also comparable to CCG and national averages.

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Shields were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that 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.

Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We also spoke with two members of the patient participation group (PPG) on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. However three other patients we spoke with were not aware of the practice's patient participation group. We noted that the practice advertised the group on their website and encouraged patients to join through leaflets displayed in the practice.

The practice was below average in most areas for its satisfaction scores on consultations with doctors and nurses. They were aware of the areas they required to improve and were working with the PPG to make improvements For example:

- 76% said the GP was good at listening to them compared to the CCG average of 87% and national average of 88%.
- 76% said the GP gave them enough time compared to the CCG average of 85% and national average of 86%.
- 91% said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and national average of 95%.
- 72% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.

- 92% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.
- 89 patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and national average of 86%.

Care planning and involvement in decisions about care and treatment

All 13 patients we spoke with told us that health issues were discussed with them and 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.

Results from the national GP patient survey we reviewed showed patients performed lower than CCG and national averages in relation to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 73% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 69% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and national average of 81%.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 35 % of the practice list as carers and were being supported, for example, by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them.

Are services caring?

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

At our last inspection we found that the practice did not have systems that recognised and implemented changes to meet locally identified needs. Complaints were not being handled appropriately and there was lack of review and learning from complaints.

During this inspection we found that the practice was working with the local CCG to plan services and to improve outcomes for patients in the area. For example services were being planned to meet the needs of patients with long term conditions such as diabetes. Additional nursing input had been arranged and the nurses were offering opportunistic checks in instances where patients had failed to attend booked reviews.

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- The practice offered an early morning commuters clinic from 07:45 on Thursday mornings due to feedback from patients who worked and found it difficult to schedule appointments during the normal opening times.
- There were longer appointments available for people with a learning disability and the elderly.
- Home visits were available for older patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions including telephone consultations.
- There were disabled facilities, hearing loop and translation services available.
- The practice were able to register patients with temporary addresses.
- Patients had a choice of seeing male or female staff.

Access to the service

The practice was currently open five days a week from 8:00 -20:00. Consultation times were from 08:30 until 12:30 and from 15:30 in the afternoon. The practice now offered an early morning clinic every Thursday from 07:45. When the practice was closed, the telephone answering service

directed patients to contact the out of hours provider. In addition to pre-bookable appointments that could be booked up to four 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 was comparable to local and national averages and people we spoke to on the day were able to get appointments when they needed them. For example:

- 74% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 74%.
- 87% patients said they could get through easily to the surgery by phone compared to the CCG average of 72% and national average of 73%.
- 80% patients described their experience of making an appointment as good compared to the CCG average of 74% and national average of 73%.
- 74% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 65% and national average of 64%.

Listening and learning from concerns and complaints

Since the last inspection the practice had implemented a system 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 services and how to complain was available and easy to understand.

We saw that information was available to help patients understand the complaints system. We saw that information was available to help patients understand the complaints system. This was included in the practice information leaflet and displayed in the reception area. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at two complaints received in the last six months and found these were satisfactorily handled in a timely way. Lessons were learnt from concerns and complaints and action was taken as a result to the complaint to improve the quality of care. We saw that complaints were discussed in team meetings and action points shared with all staff to ensure they were not repeated. For example, a patient had made a complaint regarding their appointment waiting time. They arrived for

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

an appointment and checked in with reception staff who forgot to indicate the patient had arrived. The patient waited for an hour before they were seen by the GP. The practice recognised the mistake and fully apologised to the

patient. The learning points from the incident was shared with all staff and the practice implemented a system that ensures patients are informed of any delays with their booked appointments.

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

At our last inspection we found that staff were not clear about their responsibilities in relation to the vision or strategy of the practice. Since the last inspection the practice had developed a business development plan and vision and strategy which set out what the future aims of the practice were. All staff we spoke with were aware of the practice's vision and how they contributed to it.

Governance arrangements

At our last inspection, we found that the practice did not have policies and procedures to govern activity. Since the last inspection the practice had improved its arrangements for assessing, monitoring and addressing risks. The practice now had policies and procedures in place. For example, the practice had implemented a policy for processing patient results and correspondences from other providers. All three GPs and the practice manager were aware of the policy and were working to it.

All policies were available to staff via the shared drive on the computer system. There were arrangements in place for identifying, recording and managing risks. Risk assessments had been carried out where risks were identified and actions to mitigate these risks had been put into place.

Leadership, openness and transparency

Since our last inspection the practice had recognised that the leadership at the practice required improvements. The senior GPs were now responsible for specific roles and they all supported the practice manager with the day to day management of the practice. We spoke with staff and they were all clear about their own roles and responsibilities. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns.

Staff told us that regular team meetings were held and there was an open culture within the practice. They had the

opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did. Staff said they felt respected, valued and supported, particularly 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.

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

At our previous inspection we found that the practice had not gathered feedback from patients through patient surveys and engagement with staff.

At this inspection we found that the practice had made some improvements. It had gathered feedback from patients through the GP Patient survey, family and friends test, via the patient participation group (PPG) and complaints received.

We spoke with the two PPG members during our inspection. The members told us the group met every three months, and these meetings were attended by the practice manager and by a GP. The PPG members told us their feedback to the practice was acted upon. For example, the PPG had recommended that the practice needed to offer patients early morning appointments to accommodate those that could not attend during the normal working hours; and this had been actioned.

We saw evidence that the practice had reviewed its results from the national GP survey to see if there were any areas that needed addressing and they were in the process of actioning these.

The practice had gathered feedback from staff through day to day discussions and staff meetings. This was supported by the staff we spoke with, who 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 in the practice to improve outcomes for both staff and patients.