

Milman Road Surgery - Dr Mittal

Quality Report

Milman Road Health Centre (First Floor)
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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 Milman Road Surgery – Dr Mittal on 26 January 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The majority of patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. However, not all felt cared for, supported and listened to.
- Information about services and how to complain was available and easy to understand.

- There was minimal information about the translation services available.
- 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 practice had proactively sought feedback from patients and had a virtual patient participation group.
- The practice was aware of and complied with the requirements of the Duty of Candour.

However, the practice should:

- Ensure documents pertaining to the checking of emergency equipment are implemented and safely stored.
- Encourage active participation with the Patient Participation Group.

Summary of findings

- Review the process for identifying carers to ensure they receive the appropriate care and support. Update the carer's register accordingly.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were safety incidents, patients received reasonable support, truthful information and a verbal or 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.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were similar to other practices in the locality, but were often below the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey showed patients rated the practice similar to others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect. Patients demonstrated how nurses involved them in decisions about their care and treatment, whilst GPs were rated as similar or slightly below local and national averages.
- Information for patients about the services available was easy to understand and accessible, with the exception of promoting translation services.

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

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular 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 practice 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 to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a focus on continuous learning and improvement at all levels.

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 the care of older patients.

Good



- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- 71% of patients aged 65 or over had received a seasonal flu vaccination which was comparable to the national average of 73%.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older patients were mixed. For example, 89% of patients with COPD had a review undertaken (including relevant breathing assessments) compared to the national average of 90%. However, 78% of patients with high blood pressure (BP) had a recorded BP check within set parameters compared to the national average of 84%.

People with long term conditions

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

Good



- GPs had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Data related to diabetes care were mixed. For example, 71% of diabetic patients had received a blood test result within set targets, compared to the national average of 78%. 92% of diabetic patients had received a foot examination compared to the national average of 88%.
- 58% of patients under 65 with long term conditions had received a seasonal flu vaccination compared to the national average of 55%.
- 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.

Summary of findings

Families, children and young people

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

- 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 patients who had a high number of A&E attendances. Immunisation rates were higher than the CCG average for all standard childhood immunisations.
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Patients told us that children and young patients were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 68% of females aged 25-64 had a record of a cervical smear test within a target period compared to the CCG average of 70% and national average of 74%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Immunisation rates for the standard childhood immunisations were above the CCG average, with the exception of Hepatitis B which was below the CCG for children under 24 months old.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age patients (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.
- The practice offered online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered seven hours of extended hours surgeries which is above the required contractual obligation to provide four hours.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless patients, travellers and those with a learning disability.

Good



Summary of findings

- 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 patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

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92% of patients diagnosed with severe mental health conditions who had their care reviewed in a face to face meeting in the last 12 months, which was better than the CCG average of 81% and national average of 77%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had signposted patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 for the period March 2015 to July 2015. 384 survey forms were distributed and 117 were returned. This represented 30% response rate and 1% of the practice's patient list. The results showed the practice was performing mostly below local and national averages, however, there were some positives.

- 60% found it easy to get through to this surgery by phone compared to a CCG average of 74% and a national average of 73%.
- 94% said the last appointment they got was convenient compared to the CCG average of 92% and national average of 92%.
- 73% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 84% and national average of 85%.
- 78% of patients said they usually waited 15 minutes or less after their appointment to be seen compared to the CCG average of 66% and national average of 65%.
- 74% described the overall experience of their GP surgery as fairly good or very good compared to the CCG average of 83% and national average of 85%.

- 83% were satisfied with the surgery's opening hours compared to the CCG average of 78% and national average of 75%.
- 64% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to the CCG average of 75% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 17 comment cards which were all positive about the standard of care received. Of these however, six cards also reflected on some negative aspects of the service such as, difficulty getting through to the practice on the telephone and issues with cleanliness and car parking facilities.

We spoke with eleven patients during the inspection. Patient views were mixed, although many said they were happy with the care they received and thought staff were approachable, committed and caring. All the patients we spoke with stated that the GPs offered enough time and felt their privacy and dignity was respected. Six of the patients felt the GPs were good at explaining tests and seven patients expressed difficulties with accessing appointments by telephone.

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure documents pertaining to the checking of emergency equipment are implemented and safely stored.
- Encourage active participation with the Patient Participation Group.
- Review the carers register to ensure all carers are listed.

Milman Road Surgery - Dr Mittal

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, a second CQC inspector and a practice manager specialist adviser.

Background to Milman Road Surgery - Dr Mittal

Milman Road Surgery - Dr Mittal (also known as Milman Road Health Centre) provides primary care GP services to over 9,500 patients in the South Reading area. The practice has a large catchment area and contains some of the most deprived wards in Reading, meaning many patients are affected by social and economic deprivation locally. In comparison to other areas, Milman Road Surgery - Dr Mittal has a higher proportion of patients of working age and a lower than average older population (over 60). Although the majority of the patients are white British, the practice has recognised established ethnic minorities of South Asian and Nepalese descent.

The practice is located in a residential street with clearly signed entrance from the reception is accessed via a lift or stairs to the first floor from the main entrance on the ground floor. There is car parking available on site and in some surrounding streets, although there are many parking restrictions in place locally, which prohibit street parking for non-residents and permit holders.

The practice staff list has two partners (one male GP and one senior manager), five salaried GPs (two male, three

female), one practice nurse (female), two health care assistants (female), one midwife (female), two senior managers, one reception manager, six receptionists and one medical secretary.

The clinical staff operate from six consulting rooms and four treatment rooms, which are located on the first floor. There is a large reception area with access to the consultation and treatment rooms and toilet facilities including baby change and disabled toilet.

The practice is undergoing extensive refurbishment and building extension work following an NHS England grant which commenced in December 2015 and is due to be completed by June 2016.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are varied to allow greater flexibility to patients. The practice offers appointments at the following times;

- Mondays from 8am to 1pm in the morning and 2.30pm to 6pm in the afternoon.
- Tuesdays from 8.30am to 12.40pm in the morning and 2.30pm to 5.30pm in the afternoon.
- Wednesdays from 8.30am to 12pm in the morning and 2.30pm to 6pm in the afternoon.
- Thursdays from 8.30am to 1pm in the morning and 1.30pm to 6pm in the afternoon.
- Fridays from 8am to 1pm in the morning and 1pm to 5.30pm in the afternoon.

Extended surgery hours are offered on Wednesday mornings from 7am and one rotational evening session is

Detailed findings

available each week until 8pm. In addition, the practice is open every Saturday from 8am until 12.30pm with both pre-bookable appointments and walk-in appointments available.

The practice do not offer out of hours cover out of these times. This service is covered by Westcall as part of the NHS 111 service.

All services are provided from:

Milman Road Health Centre (1st floor)

Milman Road

Reading

Berkshire

RG2 0AR

Why we carried out this inspection

Milman Road Surgery - Dr Mittal had been inspected by the CQC in December 2013, using our old methodology. At the time, all the fundamental standards were being met. We inspected this service on 26 January 2016 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 practice is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations, such as NHS England the Clinical Commissioning Group and local Healthwatch to share what they knew. We carried out an announced visit on 26 January 2016.

During our visit we:

- Spoke with a range of staff (five GPs, one practice nurse, one Health Care Assistant, one midwife, four practice managers, two receptionists) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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 patients's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of patients and what good care looked like for them. The population groups are:

- Older patients
- Patients with long-term conditions
- Families, children and young patients
- Working age patients (including those recently retired and students)
- Patients whose circumstances may make them vulnerable
- Patients experiencing poor mental health (including patients 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 discussed and shared them at regular team meetings.

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 a national patient safety alert, the practice identified 19 patients who were at risk due to a prescribed medication that was contraindicated when taken by patients with uncontrolled high blood pressure. The practice contacted the identified patients and requested they attend for a blood pressure check. The details were discussed at the next multi-disciplinary team meeting where the concern was shared to ensure the safety alert had been actioned appropriately.

In another incident, a patient whose relative had very similar name, had notes scanned into their medical record when it was information related to their sibling. The mistake was identified at the point of consultation by the GP. In response, the practice had placed a warning on both sets of sibling notes to ensure the correct details were identified before accessing the record to add information.

When there were safety incidents, patients received reasonable support, truthful information, a verbal or 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 (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of patients 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. Spot checks were regularly undertaken to ensure the cleaning was efficient.
- The lead GP was the infection control clinical lead who worked with the practice nurse 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. 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. All the fridges containing vaccines had daily temperature checks recorded. The cold chain policy was followed.
- Prescription pads were securely stored, although there were no 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

Are services safe?

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 five personnel files and found they all had appropriate recruitment checks undertaken prior to employment. For example, qualifications, registration with the appropriate professional body and the appropriate DBS checks were completed in the files we viewed. Not all personnel files contained evidence of photographic ID, but all practice staff had a SMARTcard and DBS check, which required proof of identity as part of the application process.
- There were 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. In addition, the practice nurse was auditing the quality of the samples sent to confirm adequate sampling was being undertaken.

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 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 and when locum or agency support was required. The practice told us they felt one practice nurse and two Health Care Assistants (HCAs) for over 9,500 patients was sufficient to meet the needs of their local population, as appointments were available for both the nurse and HCAs on a daily basis.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms, and push button alarms 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 were 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 nurse told us they checked the emergency drugs weekly, although there was no log of the checks being undertaken.

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 patients' 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 patients

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 91% of the total number of points available, with 6% 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 mental health related indicators (96%) was better than the CCG (91%) and national average (93%).
- Performance for diabetes related indicators was comparable (79%) to the CCG average (80%) but below the national average (89%).
- The percentage of patients with hypertension having regular blood pressure tests (92%) was comparable to the CCG (96%) and lower than the national average (98%).

The practice were aware of their low scoring QOF indicators and had taken all reasonable steps to improve patient uptake. A dedicated care coordinator sent annual review requests by letter with a follow up

letter and telephone call, if patients did not attend. The practice told us the figures were comparable to other practices in the demographic area and reflected the patient socio-economic status with high deprivation being a factor in the poor uptake of health care prevention and promotion.

Clinical audits demonstrated quality improvement.

- There had been ten clinical audits undertaken in the last two years, six of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Findings were used by the practice to improve services. For example, recent action taken as a result included training for GPs in using diagnostic testing guidelines for uncomplicated urinary tract infections (UTI). An UTI audit in 2014 indicated poor compliance in following best practice guidelines with only 16% of GPs using the guidance correctly. After training and sharing the audit findings, the 2015 repeat audit showed an improvement to 34% compliance and an increase in the use of dipstick testing. However, the practice were aware that the improvements were still below acceptable standards and had identified how the medical records were not reflecting the clinical diagnosis decisions. Antibiotic prescribing for UTIs had demonstrated an increase from 83% to 92% compliance in the same time period, although the audit findings reflected on patient resistance to three day courses being prescribed and were working on initiatives to overcome this.

Information about patients' outcomes was used to make improvements such as;

- An audit of new diagnosis of cancer had shown improvements in the number of patients identified rapidly through the two week wait referral scheme. The practice had noted that of 20 new patient diagnosis in 2014, 50% were referred using the pathway. The repeat audit in 2015 showed that in a sample of 21 patients, 62% had been referred in the same way. Expedited referrals meant patients could be diagnosed more quickly and could improve prognosis and outcomes for patients.
- An audit of smear test sampling by the practice nurse had demonstrated an initial issue with technique which

Are services effective?

(for example, treatment is effective)

was improved by additional training. Of a random sample of 20 patients in July 2015, three required further testing. The audit was repeated in October where only one was required to be referred. This had meant women requiring smear tests were having an adequate smear at the first attempt reducing the need for re-attendance or being referred on inappropriately.

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, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example 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 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.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young patients, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP 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.

The lead GP demonstrated implied consent for joint injections through offering patients an information leaflet. The assumption was implied if the patient booked an appointment to receive the treatment. The GP told the inspection team this form of gaining consent had been discussed and agreed locally by the Local Medical Committee.

Supporting patients to live healthier lives

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

Are services effective?

(for example, treatment is effective)

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

The practice's uptake for the cervical screening programme within a target period was 68%, which was comparable to the CCG average of 70% and slightly below the national average of 74%. The practice told us two nurses had left at a similar time last year which had resulted in a gap in cervical screening targets. They had successfully recruited another nurse who was not trained in the cervical sampling technique and once in post, enabled the appropriate training. The cervical screening programme was catching up with the backlog of eligible patients and opportunistic screening was offered by GPs to assist in this. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme for those with a learning disability by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given to under two year olds ranged from 91% to 98%. This was better than CCG averages of 81% to 93%. The only exception was Hepatitis B immunisation which was recorded as 67% compared to the CCG average of 74%.

Childhood immunisation rates for the vaccinations given to under five year olds was significantly higher (91% to 98%) than the CCG average (81% to 92%).

Flu vaccination rates for the over 65s were 71% and at risk groups 58%. These were also comparable to the national averages of 73% and 55% respectively.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. However, whilst they appeared clean, the dates for changing them was overdue by three months. Within two days of the inspection the practice had provided evidence to CQC that all curtains had been replaced.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Although the reception was open, reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 17 patient Care Quality Commission comment cards we received 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. There were six cards, however, that offered mixed reviews of positive and negative aspects of the patient experience. Comments included problems with busy telephone lines, issues with the toilets and waiting room walls being unclean and lack of car parking space for patients.

We spoke with two members of the patient participation group (PPG) who echoed these views. Both PPG members had been asked to take part in practice surveys where issues with car parking and making appointments had been highlighted. One PPG member was involved in the content of the newsletter and the other could not recall when they had last received the newsletter. Comment cards reflected that most of the time, staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed mixed patient views for being treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with nurses, whilst being similar or lower for GPs. For example:

- 81% said the GP gave them enough time compared to the CCG average of 84% and national average of 87%.
- 95% said the nurse gave them enough time compared to the CCG average of 92% and national average of 92%.
- 85% said the GP was good at listening to them compared to the CCG average of 86% and national average of 87%.
- 94% said the nurse was good at listening to them compared to the CCG average of 89% and national average of 91%.
- 91% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%.
- 98% said they had confidence and trust in the last nurse they saw compared to the CCG average of 97% and national average of 97%.
- 82% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 82% and national average of 85%.
- 93% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 90%.
- 88% said they found the receptionists at the practice helpful compared to the CCG average of 86% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff 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 aligned with these views.

Are services caring?

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

- 80% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 81%.
- 88% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 85%.
- 78% 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%.
- 92% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 90%.

Staff told us that translation services were available for patients who did not have English as a first language. We saw wallet sized cards in the reception area informing patients this service was available, however, there were no posters to promote the availability of translation services.

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 48 of the practice list as carers (0.5% of the patient list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy letter. This contact 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 patients'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 extended hours to patients who could not attend during working hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a mobile hearing loop and translation services available.
- There was a lift installed to offer access to those less able to manage the stairs to the first floor.
- The practice offered an area for representatives from the local Citizens Advice Bureau to set up an advice clinic two days per week. The practice staff were able to refer patients directly to the service as well as advertising it for local residents.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were varied to allow greater flexibility to patients. The practice offered appointments at the following times;

- Mondays from 8am to 1pm in the morning and 2.30pm to 6pm in the afternoon.
- Tuesdays from 8.30am to 12.40pm in the morning and 2.30pm to 5.30pm in the afternoon.
- Wednesdays from 8.30am to 12pm in the morning and 2.30pm to 6pm in the afternoon.
- Thursdays from 8.30am to 1pm in the morning and 1.30pm to 6pm in the afternoon.
- Fridays from 8am to 1pm in the morning and 1pm to 5.30pm in the afternoon.

Extended surgery hours were offered on Wednesday mornings from 7am and every Saturday from 8am to

12.30pm. In addition, the practice offered a rotational evening surgery one evening per week up until 8pm. The evening varied each week to offer greater flexibility to patients of working age.

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for patients that needed them.

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

- 83% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and national average of 75%.
- 64% patients said they could get through easily to the surgery by phone (CCG average 75%, national average 73%).
- 94% said the last appointment they got was convenient compared to the CCG and national averages of 92%.
- 79% of patients describe their experience of making an appointment as good compared to the CCG average of 77% and national average of 73%.

Data from the same survey found that overall experience of the surgery was positive with 86% in agreement compared to the CCG average of 83% and national average of 85%. However, there were shortcomings in offering patient choice of GP. Only 44% of patients with a preferred GP usually got to see or speak to that GP, compared with the CCG and national averages which were 60%. The practice were hopeful the addition of clinical space and further recruitment of clinical staff would improve patient access to a named GP. The building works were due to be completed by June 2016 and patient access would be monitored closely after this time.

The practice told us they had responded to their own survey findings to offer two additional car parking spaces and had encouraged their patients to support their campaign to get the parking restrictions changed on the residential street where the surgery is located.

Patients told us on the day of the inspection that they were able to get appointments when they needed them, although contacting the practice by telephone could be problematic. As part of the extensive building works that were ongoing, the practice were installing additional telephone lines to meet the demands of the service.

Are services responsive to people's needs?

(for example, to feedback?)

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, although the leaflet informed patients that they must put their complaint in writing, with no reference to verbal complaints. Once this was pointed out to the practice they agreed to change the wording in the leaflet. We saw evidence where verbal complaints had been documented and responded to.

We looked at 16 complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way with openness and transparency in dealing with

the complaint. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a complaint from a parent whose child was late for an appointment due to unavailability of car parking resulted in being told the child could no longer have the appointment. The child was later admitted to accident and emergency. The practice offered a written apology and supported the reception team with additional training on appointment booking to ensure children were seen as a priority by the duty doctor.

We reviewed three complaints where patients had misunderstood information or were unaware of services available. Every one received a written acknowledgement and were signposted to additional support available by the practice. For example, a patient complained that they were unable to arrange a convenient appointment due to their commuting commitments. The practice offered the option of a telephone consultation or using the online booking system. They were also advised of the extended hours surgeries.

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. Many of the policies were not dated to offer the current version and the electronic versions were not configured as “read only” to ensure no information could be altered other than those authorised to do so. The practice acknowledged this and had made suitable arrangements to review their policies within two days of the inspection.
- 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 prioritise 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 practice 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 safety incidents:

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

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

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

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was a virtual PPG who responded to patient surveys and were informed of results by the practice. They also received proposals for improvements to the practice, but had not contributed to the final outcome. The PPG were unable to demonstrate any areas for improvement that had been initiated by them and were not actively engaged in promoting the PPG.
- The practice had gathered feedback from staff through regular staff meetings and appraisals. Staff told us they

Are services well-led?

Good 

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

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.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and actively engaged with the

Clinical Commissioning Group (CCG) and Local Authority to improve outcomes for patients in the area. The practice had worked closely with NHS England to secure funding for building improvements and extension which would offer better access and facilities for patients. The practice had a vision to become a local hub for centralised healthcare services locally and were in discussions with the CCG to ensure the needs of the local population were being met throughout this process.