# Dr Vridhagiri Nandini

## Quality Report

52 Eastcourt Lane
Twydall
Gillingham
Kent
ME8 6EY
Tel: 01634 232144
Website: The practice does not currently have a website.

Date of inspection visit: 16 December 2014
Date of publication: 30/04/2015

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

## Contents



## Overall summary

**Letter from the Chief Inspector of General Practice**

We carried out an announced comprehensive inspection at Dr Vridhagiri Nandini's practice on 16 December 2014. During the inspection we gathered information from a variety of sources. For example; we spoke with patients, interviewed staff of all levels and checked that the right systems and processes were in place.

Overall the practice is rated as good. Specifically, we found the practice to be good for providing well-led, effective, caring, responsive and safe services. It was also good for providing services for the populations groups we rate.

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 and learning was routinely shared with staff.
- Risks to patients were assessed and well managed.
- Patient outcomes were at or above average for the locality.
- 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.
- Patients said they found it easy to make an appointment 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.

**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?**

Good

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 informally to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. There were enough staff to keep patients safe.

**Are services effective?**

Good

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from National Institute for Health and Care Excellence and used it routinely. Patient's needs were assessed and care was planned and delivered in line with current legislation. Staff were clear of their roles and responsibilities in line with the Mental Capacity Act 2005. Staff had received training appropriate to their roles, 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.

**Are services caring?**

Good

The practice is rated as good for providing a caring service. Patients said they were treated with compassion, dignity and respect and they were involved in care and treatment decisions. Accessible information was provided to help patients understand the care available to them. We saw that staff treated patients with kindness and respect as well as ensuring confidentiality was maintained.

**Are services responsive to people's needs?**

Good

The practice is rated as good for providing responsive services. The practice reviewed the needs of their local patient population and engaged with the NHS England Area Teams and Clinical Commissioning Group (CCG) to secure service improvements where these were identified. Patients reported good access to the practice 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 an accessible complaints system with evidence demonstrating that the practice responded quickly to issues raised.

# Summary of findings

**Are services well-led?**

Good

The practice is rated as good for being well-led. The practice had clear aims to deliver good outcomes for patients. Staff were clear about the aims and their responsibilities in relation to the practice. There was a clear leadership and staff felt supported by management. The practice had policies and procedures to govern activity. There were systems to monitor and identify risk. The practice sought feedback from staff and patients and this had been acted upon. Staff had received inductions, regular performance reviews and attended staff meetings.

# 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**

Good

The practice is rated as good for the population group of older people. Nationally reported data showed the practice had good outcomes for conditions commonly found amongst older people.

The practice offered personalised care to meet the needs of the older people in its population. The practice work with other health and social care providers and with out of hours providers to ensure consistency of care.

The practice was responsive to the needs of older patients. The GP provided home visits and rapid access appointments for those with enhanced needs. Older patients were offered on the day appointments or telephone consultations. The practice had a policy governing appointments for older patients that helped ensure they were seen by a GP in a timely and appropriate manner.

There were care plans for patients at risk of unplanned hospital admissions as well as patients aged 75 years and over who were vulnerable. The practice was proactive in recognising carers, recorded carer's details and gave support packs to carers.

**People with long term conditions**

Good

The practice is rated as good for the population group of people with long term conditions. There were emergency processes and referrals made for patients in this group that had a sudden deterioration in health. When needed longer appointments and home visits were available. The practice had an electronic register of patients with long term conditions and had a recall system to help ensure patients were called for a review annually. All recall letters were followed up by a telephone call to help patients understand the need to attend reviews. For those patients with the most complex needs GPs worked with relevant health and social care professionals to deliver a joined up multidisciplinary package of care.

**Families, children and young people**

Good

The practice is rated as good for the population group of families, children and young people. There were systems for identifying and following-up vulnerable families and who were at risk. Immunisation rates were high for all standard childhood immunisations.

# Summary of findings

Appointments were available outside of school hours and children with long term conditions' appointments and reviews were accommodated with during school holidays appointments. All of the staff were responsive to parents' concerns and ensured parents had same day appointments for children who were unwell.

**Working age people (including those recently retired and students)**

Good

The practice is rated as good for the population group of working age people (including those recently retired and students). The practice offered a full range of health promotion and screening which reflected the needs for this age group. Patients were provided with a range of healthy lifestyle support including smoking cessation. The practice offered NHS health checks to patients between the ages of 40 to 75. The practice had extended opening hours enabling patients to make appointments outside normal working hours. Appointments could be booked in advance and staff called patients the day before to remind them of pre-booked appointments.

**People whose circumstances may make them vulnerable**

Good

The practice is rated as good for the population group of people whose circumstances may make them vulnerable. The practice had carried out annual health checks for patients with learning disabilities and offered them longer appointments where required. The practice provided an interpreter service for patients whose first language was not English.

The practice worked with multi-disciplinary teams in the case management of vulnerable patients.

Staff knew how to recognise signs of abuse in vulnerable adults and children.

**People experiencing poor mental health (including people with dementia)**

Good

The practice is rated as good for the population group of people experiencing poor mental health (including people with dementia). The practice maintained a register of patients who experienced mental health problems. The register supported clinical staff to offer patients an annual appointment for a health check and a medication review. The practice worked with multi-disciplinary teams in the case management of patients experiencing poor mental health including those with dementia. Patients experiencing poor mental health were given telephone call reminders on the day of their appointment to help ensure they attend their appointment.

# Summary of findings

In the event patients did not want to come into the practice, a home visit was arranged. The practice had sign-posted patients experiencing poor mental health to various support groups and voluntary organisations, including referrals to counselling services.

Patients who experienced anxieties attending appointments at busy periods were offered appointments at the beginning or end of the day to help reduce anxiety.

# Summary of findings

## What people who use the service say

During our inspection we spoke with six patients. We reviewed 40 comment cards which patients had completed leading up to the inspection. The comments were positive about the care and treatment people received. Patients told us they were treated with dignity and respect and involved in making decisions about their treatment options. Feedback included individual praise of staff for their care and kindness and going the extra mile.

There is a survey of GP practices carried out on behalf of the NHS twice a year. In this survey the practice results are compared with those of other practices. A total of 240 survey forms were sent out and 95 were returned. The main results from that survey were:

- Patients said that they usually wait 15 minutes or less after their appointment time to be seen and the practice had a higher score than the local clinical commissioning group (CCG) average of 82%
- Patients described their overall experience of the surgery was good and this was higher than the local CCG average at 87%
- Patients said they had confidence and trust in the GP they saw which scored higher than the local CCG average at 96%
- Patients reported that their experience of making an appointment was good and the practice scored higher than the CCG average at 86%
- 75% of patients indicated that they would recommend the practice to others which was in line with the national average.

# Dr Vridhagiri Nandini

**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 advisor and a deputy chief inspector for primary medical services.

## Background to Dr Vridhagiri Nandini

Dr Vridhagiri Nandini's practice provides primary medical services in Gillingham, Kent. The practice is open between 9am and 5pm Monday, Tuesday and Friday, Wednesday 9am to 5pm with extended hours from 8.00 am and 6.00 pm Mon, Tues, Wed, Friday and Thurs 8.00 am – 12 noon

Dr Vridhagiri Nandini's practice is situated within the geographical area of NHS Medway Clinical Commissioning Group (CCG). Dr Vridhagiri Nandini is responsible for providing care to 2,100 patients of whom, 46% are male and 54% are female. The practice has a higher than average working age population and higher than average percentage of patients over 75 years of age.

When the practice is closed patients are directed to the NHS 111 out of hours service.

## Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This provider had not been inspected before and that is why we included them

## 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)
- 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 carried out an announced visit

# Detailed findings

on the 16 December 2014. We reviewed information provided on the day by the practice and observed how patients were being cared for. We spoke with six patients and four members of staff (one GP, one receptionist, the practice manager and one practice nurse). We observed how people were being cared for and talked with carers and/or family members as well as reviewed the personal care or treatment records of patients. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Good

# Are services safe?

## Our findings

**Safe track record**

The practice had systems to monitor patient safety utilising all the data and information available to them. Reports from NHS England indicated that the practice had a good track record for maintaining patient safety. Information from the General Practice Outcome Standards showed it was rated as an achieving practice. Information from the Quality and Outcomes Framework (QOF), which is a national performance measurement tool, showed that in 2013-2014 the provider was appropriately identifying and reporting significant events.

There was a system to report, investigate and act on incidents of patient safety, this included identifying potential risk. Staff we spoke with knew to report concerns and incidents. We reviewed significant events which had been recorded and saw that action had been taken.

Staff had access to multiple sources of information to help enable them to maintain patient safety and keep up to date with best practice. The practice had systems to respond to safety alerts. We looked at one safety alert from March 2014, relevant to general practice and saw that it had been received, recorded and dealt with properly. This was a small practice and staff we spoke with felt confident that they could raise any safety issues with the GPs and nursing staff.

The practice had investigated complaints in the past but had not received any in the last twelve months. However we found that the practice responded to patient feedback on an ongoing basis in order to maintain safe patient care. The practice had additional systems to maintain safe patient care specifically of those patients over 75 years of age, with long term health conditions, learning disabilities, vulnerable children and those with poor mental health. The practice maintained a register of patients with additional needs and / or who were vulnerable and closely monitored their needs in conjunction with other health and social care professionals where required. For patients who required annual reviews as part of their care the practice operated a system to help ensure reviews took place in a timely manner.

**Learning and improvement from safety incidents**

The practice had a system for reporting and recording significant events. Investigations had been carried out and the impact of each event had been analysed resulting in the changes required and learning was routinely shared with staff. All staff told us the practice was open and willing to learn when things went wrong and provided examples of where they had been supported following significant events

Staff told us they received updates on safety alerts relevant to their roles via emails. Action had been taken and the outcomes were recorded and audited. Staff told us they received regular updates as part of their on-going training and self-directed learning.

**Reliable safety systems and processes including safeguarding**

All staff we spoke with were able to tell us how they would respond if they believed a patient or member of the public were at risk. Staff told us that if they had concerns they would seek guidance from the GP who was the safeguarding lead or seek support from a colleague as soon as possible.

The practice had a detailed child protection and vulnerable adult's policy and procedure that included reference to the Mental Capacity Act 2005.

Where concerns already existed about a family, child or vulnerable adult, alerts were placed on patient records to help ensure information was shared between social and health care professionals promoting continuity of care. Records demonstrated that recent concerns regarding the safeguarding of a child had been promptly passed on to the relevant authorities by staff. The GP had been closely involved with the progression of the protection plan and supported the family.

The GP who was the safeguarding lead had completed training to level three and working closely with the practice manager who linked with the Local authority. Staff at the practice were knowledgeable about the contribution the practice could make to safeguarding patients. We were provided with examples of where staff had been proactive in safeguarding patients and worked alongside the school health team and social workers.

The practice had a chaperone policy. Staff who acted as chaperones had received relevant training and were clear

of their roles and responsibilities. Records demonstrated that all staff who acted as chaperones had been criminal records checked through the Disclosure and Barring Service (DBS).

**Medicines management**

The practice held medicines on site for use in an emergency and for administration during consultations such as vaccinations. Medicines administered by the nurses at the practice were given under a patient group direction (PGD), which allows nurses to supply and/or administer prescription-only medicines. This had also been agreed with the local clinical commissioning group. We saw signed up to date directives to support this.

Emergency medicines were checked to help ensure they were in date and safe to use. We checked a sample of medicines and found these were in date, stored safely and where required, were refrigerated. Medicine refrigerator temperatures were checked and recorded to help ensure the medicines were being kept at the correct temperature.

There was an up to date policy and procedure for repeat prescribing and medicine review. There was a system to help ensure that where changes to prescriptions had been requested by other health professionals, such as NHS consultants and/ or following hospital discharge, the changes were reviewed by the GP daily and the changes implemented in a timely manner. Safety checks were carried out prior to repeat prescriptions being issued and where there were any queries or concerns these were flagged with the GP before any repeat prescriptions were authorised.

The practice maintained a register to track prescriptions received and distributed. This was kept separate from the prescription pads which were securely locked away. Prescription pads held by GPs were locked away. A nominated member of staff was responsible for prescription ordering and management of prescriptions.

Prescriptions for collection were stored behind the reception desk, out of reach. Staff carried out necessary checks required when giving out prescriptions to patients who attended the practice to collect them. For example, date of birth and address of patient.

**Cleanliness and infection control**

The practice was clean and tidy. There was a dedicated lead for infection control and they carried out routine spot checks and audits to help ensure the practice was complying with recognised standards. All the patients we spoke with were happy with the level of cleanliness within the practice.

The practice had up to date policies and procedures to govern infection control. These included protocols for the safe storage and handling of specimens and for the safe storage of vaccines. These provided staff with clear guidance for sharps, needle stick and splashing incidents which were in line with current best practice.

Certification held in staff files showed that staff had received infection control training. All staff

we spoke with were clear about their roles and responsibilities for maintaining a clean and safe

environment. Rooms were well stocked with gloves, aprons, alcohol gel, and there were sufficient hand washing facilities throughout the practice.

The practice only used single use instruments that were stored correctly. Stock rotation was employed to reduce the risk of out of date sterile items being used.

Maintenance was managed by the building management team as was clinical waste. The practice met with the building management team routinely and were able to raise any concerns as and when required.

The practice carried out an annual infection control audit. The last audit completed in October 2014 noted a high level of compliance.

We looked in two consulting rooms. Both the rooms had hand wash facilities and work surfaces which were free of damage, enabling them to be cleaned thoroughly. The dignity curtains in each room were disposable and were clearly labelled as to when they required replacing.

**Equipment**

The practice manager had a plan to help ensure all equipment was effectively maintained in line with manufacturers' guidance and calibrated where required. We saw maintenance contracts for all equipment. Staff we spoke with told us they had access to the necessary equipment and were skilled in its use. Checks were carried out on portable electrical equipment in line with legal requirements.

Good

# Are services safe?

The computers in the reception and consulting rooms had a panic alert system for staff to call for assistance.

**Staffing and recruitment**

There were formal processes for the recruitment of staff to check their suitability and character for employment. The practice had a recruitment policy which was up-to-date. We looked at the recruitment and personnel records of four staff. Recruitment checks had been undertaken that included a check of the person's skills and experience through their application form, personal references, identification, criminal record checks through the Disclosure and Barring Service (DBS) and general health status, including, where relevant, an immunisation record.

Where relevant, the practice also made checks that members of staff were registered with their professional body and on the GP performer's list. This helped to evidence that staff met the requirements of their professional bodies and had the right to practice.

We were satisfied that Disclosure and Barring Service (DBS) checks had been carried out appropriately for all staff to help ensure patients were protected from the risk of unsuitable staff.

**Monitoring safety and responding to risk**

The practice had systems, processes and policies to manage and monitor risks to patients, staff and visitors to the practice. The practice had a health and safety policy. Health and safety information was displayed for staff to see and there was an identified health and safety representative.

Identified risks were included on a risk log, reviewed and managed by the practice manager who liaised with the buildings manager where required.

The practice manager had clear staffing levels identified and procedures to manage expected absences, such as annual leave and unexpected absences through staff sickness which was recorded within the business continuity plan. Staff told us that as they were such a small team, they worked together to manage staff shortages and plan annual leave so as not to leave the practice short of staff.

**Arrangements to deal with emergencies and major incidents**

The practice had arrangements to manage emergencies. Records showed that all staff had received training in basic life support. Emergency equipment was available including access to oxygen and an automated external defibrillator (AED) (used to attempt to restart a person's heart in an medical emergency). When we asked members of staff, they all knew the location of this equipment and records confirmed that it was checked regularly.

Emergency medicines were available in a secure area of the practice and all staff knew of their location. These included those for the treatment of cardiac arrest, anaphylaxis and hypoglycaemia. The practice had a process to check whether emergency medicines were within their expiry date and suitable for use. All the medicines held by the practice we checked were in date and fit for use.

There were emergency procedures for staff to follow if a patient informed staff face to face or over the telephone if they were experiencing chest pains, this included guidance form the Resuscitation Council (UK) and calling 999 for patients where required. Staff were able to clearly describe to us how they would respond in an emergency situation.

The practice had a business continuity plan to deal with a range of emergencies that may impact on the daily operation of the practice. Each risk was rated and mitigating actions recorded to reduce and manage the risk. Risks identified included power failure, adverse weather, unplanned sickness and access to the building. The document also contained relevant contact details for staff to refer to. For example, contact details of the building management, CCG and associated health and social care professionals.

The practice had carried out a fire risk assessment that included actions required to maintain fire safety. Records showed that staff were up to date with fire training and regular fire drills were carried out.

Good

# Are services effective?

(for example, treatment is effective)

## Our findings

**Effective needs assessment**

The GP and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners.

The staff we spoke with and the evidence we reviewed confirmed that these actions were designed to help ensure that each patient received support to achieve the best health outcome for them. Staff completed thorough assessments of patients' needs in line with NICE guidelines, and these were reviewed when appropriate. Patients with chronic diseases such as asthma received a health review on an annual basis. The national Quality Outcome Framework (QOF) data demonstrated that 100% of the outcomes had been achieved for patients with asthma, diabetes, chronic obstructive pulmonary disease and these were above the local clinical commissioning group (CCG) average.

The GP and nurse were aware of the issues and discussed the challenges of the population group in complying with healthy lifestyle advice. The nurse provided us with a number of examples of patient education they were providing during consultation for chronic illness and healthy lifestyle changes. The practice had a shared goal to improve the outcomes for patients and data showed the practice had obtained a high level of success for helping patients who were obese to lose weight.

The practice maintained a register of patients with a learning disability to help ensure they received the required health checks. All patients with learning disabilities had annual reviews carried out by the nurse or GP who explained to us they used the nationally recognised Cardiff Health Check to help ensure a comprehensive review was carried out encompassing emotional and physical wellbeing.

The GP carried out annual physical health reviews for patients diagnosed with schizophrenia, bi-polar and psychosis and provided health improvement guidance. The QOF data provided evidence that the practice responded to the needs of people with poor mental health, above the average for the local CCG, by ensuring for example they had access to health checks annually.

QOF data demonstrated that 100% of child development checks were offered at intervals that were consistent with national guidelines and policy. For children of refugees or new into the country, where records were not clear and up to date for child immunisation, there was a policy as well as guidance from the Health Protection Agency to help ensure children attending the practice had access to appropriate vaccinations.

Information available to staff, minutes of meetings and our discussions with staff demonstrated that care and treatment was delivered in line with recognised best practice standards and guidelines. Staff told us they received updates relating to best practice or safety alerts via emails and nursing staff told us they received regular updates as part of their on-going training.

Clinical staff were able to clearly describe to us how they assessed patients' capacity to consent in line with the Mental Capacity Act 2005. The practice worked within the Gold Standard Framework for end of life care and held a register of patients requiring palliative care.
Multi-disciplinary care review meetings were held with other health and social care providers.

**Management, monitoring and improving outcomes for people**

Assessments of care and treatment as well as support provided, enabled patients to self-manage their condition, such as diabetes or chronic obstructive pulmonary disease (COPD).

A range of patient information was available to patients which helped them understand their conditions and treatments. Staff said they could openly raise and share concerns about patients with colleagues to help enable them to improve patients' outcomes.

The practice monitored patient data which included full clinical audits that demonstrated changes to patient outcomes. Clinical Audit is a process or cycle of events that help ensure patients receive the right care and the right treatment. The practice used the information they collected for the Quality and Outcomes Framework (QOF) and their performance against national screening programmes to monitor outcomes for patients. QOF was used to monitor the quality of services provided. The QOF report from 2013-2014 showed the practice was supporting patients well with long term health conditions such as asthma and heart failure. They were also monitoring that

Good

# Are services effective?

## (for example, treatment is effective)

childhood immunisations were being taken up by parents. NHS England figures showed in 2013, 95.7% of children at 24 months had received the measles, mumps and rubella (MMR) vaccination. Information from the QOF 2013-2014 indicated the practice had maintained this high level of achievement with 100% of outcomes achieved.

The practice had systems to monitor and improve the outcomes for patients by providing annual reviews to check the health of patients with learning disabilities, patients with chronic diseases and patients on long-term medication.

Patients told us the staff at the practice managed their conditions well and if changes were needed they were fully discussed with them before being made.

**Effective staffing**

Practice staffing included medical, nursing, managerial and administrative staff. We reviewed staff training records and saw evidence that staff had attended mandatory courses such as annual basic life support. The GP and nurse had taken up additional training and qualifications. For example, diabetes care, smoking cessation, end of life care and children's health. The GP was up to date with their yearly continuing professional development requirements and had been revalidated. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practice and remain on the performers list with NHS England).

Records showed that all staff were appropriately qualified and competent to carry out their roles safely and effectively. The practice had an appraisal system for all staff. We saw appraisals were up to date All staff we spoke with told us they were happy with the support they received from the practice. Staff told us they were able to access training and received updates.

**Working with colleagues and other services**

Staff at the practice worked closely as a team. The practice worked with other agencies and professionals to support continuity of care for patients and help ensure there were care plans for the most vulnerable patients. The GP and the practice manager arranged mutli-disciplinary

meetings where required. Communication on a daily basis with community midwives, health visitors and district nurses took place by telephone and fax. The practice had identified some difficulties contacting health visitors and were working with the CCG to address this. The practice worked with other service providers to meet patients' needs and manage those of patients with complex conditions. It received blood test results, X ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service both electronically and by post. The practice had 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 on the day they were received. The GP who saw these documents and results was responsible for the action required. All staff we spoke with understood their roles and felt the system worked well.

For patients at the end of their life the practice worked closely with the palliative care team to help ensure co-ordinated care. Patients who required emotional support were referred to counselling services.

**Information sharing**

The practice used an electronic system to communicate with other providers. For example, there was a shared system with the local GP out-of-hours provider to help enable patient data to be shared in a secure and timely manner. There were also electronic systems for making referrals such as the Choose and Book system. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital). Staff reported that this system was easy to use.

The practice had systems to provide staff with the information they needed. Staff used an electronic patient record to co-ordinate, document and manage patients' care. All staff were fully trained on the system, and commented positively about the system's safety and ease of use. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

The practice provided the 'out of hours' service with information, to support patients and uphold their wishes. For example, patients receiving 'end of life care.' Information received from other agencies, such as accident

Good

# Are services effective?

## (for example, treatment is effective)

and emergency or hospital outpatient departments, were read and actioned by the GP on the same day. Information was scanned onto electronic patient records in a timely manner.

The practice worked within the Gold Standard Framework for end of life care, where they provided a summary care record and information that was shared with local care services and out of hour providers. For the most vulnerable 2% (a nationally agreed percentage) of patients over 75 years of age, and patients with long-term health conditions, information was shared routinely with other health and social care providers through multi-disciplinary meetings to monitor patient welfare and provide the best outcomes for patients and their family.

**Consent to care and treatment**

The practice operated a policy and procedure for staff in relation to consent. The policy incorporated implied consent, how to obtain consent, consent from under 16's and consent for immunisations. There were policies and procedures for staff to refer with regard to the Mental capacity Act 2005 (MCA) and staff had completed training. Clinical staff had an understanding of the principles of gaining consent, were able to identify clearly their roles and responsibilities in line with the Mental Capacity Act 2005 and were able to describe how they implemented it in their practice. When interviewed, staff gave examples of how a patient's best interests were taken into account if they did not have capacity to make a decision. All clinical staff demonstrated a clear understanding of Gillick competencies. (These are used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions).

There were forms for which consent other than implied consent was recorded. This consent form, once signed was scanned into patients' notes.

**Health promotion and prevention**

New patients looking to register with the practice were able to find details of how to register on the practice website or by asking at reception. New patients were provided with an appointment for a health check with the nurse.

The practice had a range of written information for patients in the waiting area, including information they could take away on a range of health related issues, local services and health promotion. Staff promoted healthy lifestyles during consultations. The clinical system had built in prompts for clinicians to alert them when consulting with patients who smoked or had weight management needs. Health promotion formed a key part of patients' annual reviews and health checks. The practice offered NHS Health Checks to all its patients aged 40 to 75 years. The practice followed the guidance to help ensure patients were followed up in a timely manner if any risk factors for disease were identified at the health check.

The nurse provided lifestyle advice to patients which included dietary advice for raised cholesterol, alcohol screening, weight management and smoking cessation.

The practice offered a full range of immunisations for children, travel vaccines and influenza vaccinations in line with current national guidance. The practice had provided 93% of patients over 65 with the influenza vaccination during the 2014 winter campaign, which was better than the national average. The practice operated a children's immunisation and vaccination programme. Data from NHS England showed the practice was achieving high levels of child immunisation including MMR (a combined vaccine that protects against measles, mumps and rubella, Hepatitis C and Pertussis (whooping cough). QOF data showed that 100% of child development checks were offered at intervals that were consistent with national guidelines and policy. There was a clear policy for following up non-attenders by the practice staff.

The practice's performance for cervical smear uptake was 86%, which was in line with national averages and slightly higher than the CCG average. There was a policy to offer telephone reminders for patients and follow up those who did not attend.

The practice was proactive in following up patients when they were discharged from hospital. When the practice received a discharge letter from the hospital, the reception, staff made contact with patients to establish if the patient required a telephone consultation or visit. Any patient aged 75 or known to be vulnerable received a telephone call from the GP on the day.

Good

# Are services caring?

## Our findings

**Respect, dignity, compassion and empathy**

During our inspection we observed staff to be kind, caring and compassionate towards patients. Reception staff took time with patients and tried where possible to meet patient's needs. We spoke with six patients and reviewed 40 comment cards received the week leading up to our inspection. All were positive about the level of respect patients received and the dignity offered during consultations.

The practice had information available to patients in reception and on the website about confidentiality and how their information and care data was used, as well as who may have access to that information, such as other health and social care professionals. Patients were provided with an opt out if they did not want their data shared. Staff were careful to follow the practice's confidentiality policy when discussing patients' treatments so that confidential information was kept private. All telephone calls from and to patients were carried out in a private area behind reception which helped to maintain patient confidentiality.

We spent time with reception staff and observed courteous and respectful face to face communication and telephone conversations. A room was available for patients to speak privately with reception staff if required. All the patients we spoke with gave positive feedback about the helpfulness and support they received from the reception staff.

Results from the GP Patient Survey 2013 showed that 93% of respondents found the receptionists at this practice helpful. Staff were able to clearly explain how they reassured patients who were undergoing examinations, and described the use of chaperones as well as modesty sheets to maintain patient's dignity. All consultation and treatment rooms had dignity screens or lockable doors to help maintain patients' dignity and privacy whilst they were undergoing examination or treatment.

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

The patients told us they were happy to see the GP or the nurse as they felt all were competent and knowledgeable. Patients we spoke with told us the GP and the nurse were patient, listened and took time to explain their condition and treatment options. The results from the National GP Patient Survey showed 99% of respondents had confidence and trust in the last nurse they saw or spoke with. However, 68% of respondents stated the GP they saw or spoke with was good at involving them in decisions about their care and treatment.

The Quality and Outcomes framework (QOF) data for 2013/14 showed that 100% of patients with poor mental health had a comprehensive care plan documented in their records agreed between individuals, their family and/or carers as appropriate. The nurse took the lead on developing care plans for those over 75 years of age. For those vulnerable patients at risk of unplanned hospital admissions, care plans had been developed and these were reviewed every three months. Staff told us relatives, carers or advocates were involved in helping patients who required support with making decisions.

Extended appointments for reviews were provided for patients with learning disabilities or multiple conditions to help ensure staff had sufficient time to help patients be involved in decisions.

**Patient/carer support to cope emotionally with care and treatment**

All staff we spoke with were articulate in expressing the importance of good patient care, and having an understanding of the emotional needs as well as physical needs of patients and relatives.

From the National GP survey 81% of respondents stated the last GP they saw or spoke to was good at listening to them and 65% stated the last GP they saw or spoke to was good at treating them with care and concern.

The practice had identified within their patient population many families who cared for an elderly relative within the home and were proactive in identifying carers, establishing a carer's register and providing carers with a support pack.

Patients who were receiving care at the end of life were identified and received joined up care as part of a multi-disciplinary approach with the palliative care team. Bereaved patients were visited by a GP and provided with support.

Good

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**Responding to and meeting people's needs**

The practice was responsive to patient's needs and had systems to maintain the level of service provided. The needs of the practice population were understood and there were systems to address identified needs in the way services were delivered.

The practice worked with patients and families and in a joined up way with other providers to deliver palliative care and ensured patient's wishes were recorded and shared, with consent, with out of hours providers at the end of life. The practice made reasonable adjustments to meet patients' needs. Staff and patients we spoke with provided a range of examples of how this worked, such as accommodating home visits and booking extended appointments. Where patients required referrals to another service these took place in a timely manner.

A repeat prescription service was available to patients, via the telephone, website, and a box at reception or through requesting repeat prescriptions with staff at the reception desk.

The practice did not have an active patient participation group (PPG). However, a list of patients who had expressed an interest in forming a PPG had been collated and the practice was in the process of setting this up. The practice implemented suggestions for improvements from patients surveys they had carried out and made changes to the way it delivered services in response to feedback, such as more book on the day appointments on Mondays.

**Tackling inequity and promoting equality**

The practice was located on the ground floor of a building with a small flight of stairs leading up to the entrance. The practice was not therefore accessible by wheelchair and access was difficult for patients with prams and mobility issues. Staff told us that disabled patients and those with mobility issues were offered home visits. Accessible toilet facilities were available for all patients attending the practice.

The practice had a predominant population of English speaking patients although it was able to cater for patients whose first language was not English through translation services. The practice had access to a telephone translation service but had not had to use it to date.

The practice provided extended appointments where necessary and appointments were available from 6.30pm to 7.30pm on a Wednesday to enable patients to make appointments outside of normal working hours.

**Access to the service**

Appointments were available from 9am and 5pm Monday, Tuesday, and Friday, Wednesday 9am to 5pm with an extra hour from 6.30pm to 7.30pm and Thursday from 9am to 11am. The practice had a reciprocal arrangement with a nearby practice to cover Thursday afternoons for emergency appointments. Patients were able to make appointments in advance, in person at reception or over the telephone. On the day emergency appointments were available by telephoning the practice. When all appointments were filled, reception staff took patients details which were followed up by the GP and where required same day appointments or telephone consultations were arranged.

For vulnerable patients there was an alert system to help ensure whatever time of day they phoned, if required a same day appointment were provided. All children under five were seen on the day. Older patients who walked into the practice for an appointment, wherever possible were seen by a GP the same day.

Comprehensive information was available to patients about appointments in a practice leaflet. Information included how to arrange urgent appointments and home visits. Home visits were available for patients each day by telephoning the practice before 10am. There were also arrangements to help ensure patients received urgent medical assistance when the practice was closed. If patients telephoned the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances. Information on the out-of-hours NHS 111 service was provided to patients.

Longer appointments were available for patients who needed them such as those with long-term conditions or patients with learning disabilities. This included appointments with the GP or nurse. The majority of patients we spoke with were satisfied with the appointment system with the only concern raised being more book on the day appointments should be provided. The practice was monitoring access and had increased the number of book on the day appointments. This was being

Good

# Are services responsive to people's needs?

## (for example, to feedback?)

analysed to see if the increase was sufficient or deficient. The National GP survey showed that 96% of patients were able to get an appointment to see or speak to someone the last time they tried and 100% said the last appointment they got was convenient. Results from the practice survey carried out in September 2014 showed that patients were generally happy with the appointment system but would like more book on the day appointments especially on Mondays.

**Listening and learning from concerns and complaints**

The practice had a system for handling complaints and concerns. Their complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there is a designated responsible person who handled all complaints in the practice. There had not been any complaints made to the practice over the past twelve months. Staff were able to describe how they responded to any complaint made and how they followed their complaints policy.

Complaints information was available in the practice leaflet in the waiting area. Patients we spoke with told us they knew how to make a complaint if they felt the need to do so.

# Are services well-led?

Good

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

## Our findings

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. Details of the vision and practice values were part of the practice's aims, objectives and statement of purpose. These values were clearly displayed on the practice website. The practice vision and values included providing personalised, effective and high quality general practice services.

Commitment to the healthcare of all patients and treating all patients and staff with dignity, respect and honesty. The practice demonstrated a commitment to compassion, dignity, respect and equality. This was demonstrated in the way staff interacted with patients and spoke of the professional relationship developed with patients over a number of years.

We spoke with four members of staff who all expressed their understanding of the core values and there was evidence that the latest guidance and best practice was being used to deliver care and treatment.

**Governance arrangements**

The practice had policies and procedures to govern activity and these were available to staff within the practice. We looked at twelve of these documents and saw they were up to date and reflected current guidance and legislation.

There was a clear leadership structure with named members of staff in lead roles. For example, the nurse was the lead for infection control and the GP was the lead for safeguarding. We spoke with four members of 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.

The practice made use of data provided from a range of sources including the clinical commissioning group (CCG), the General Practice Outcome Standards (GPOS) and the national patient survey to monitor quality and outcomes for patients such as services for avoiding unplanned admissions. The practice used the range of data available to them to improve outcomes for patients and work with the local CCG. The practice also used the Quality and Outcomes Framework (QOF) data to measure their performance.

The QOF data for this practice showed it was performing in line with national standards. The Practice manger and GP met on a regular basis to discuss practice issues, significant events and complaints. Where required multi–disciplinary meetings with external health and social care professionals were arranged. All staff told us of an open culture among colleagues in which they talked daily and sought each other's advice.

The practice had an on-going programme of clinical audits which it used to monitor quality as well as systems to identify where action should be taken. For example, surveillance programme for patients with a particular gastric condition and patients attendance at Accident and Emergency and the Urgent Care Centre.

The practice held monthly staff meetings and governance meetings. Minutes from the last three meetings demonstrated that performance, quality and risks had been discussed. The practice had arrangements for identifying, recording and managing risks. There were records demonstrating that maintenance and equipment checks had been carried out over the past twelve months. These helped ensure equipment was safe to use and maintained in line with manufactures' guidelines. Risk assessments had been carried out and where risks were identified action plans had been produced and implemented.

Team meetings were held regularly, at least monthly. Staff told us that there was an open culture within the practice, they had the opportunity to raise issues at team meetings and there was never a time when there was no one to speak with to seek support, advice or guidance.

The practice had human resources documents that guided staff such as a recruitment policy and an induction programme. Other documents were available to guide staff that included information on health and safety, equality, leave entitlements, sickness, whistleblowing as well as bullying and harassment. Staff we spoke with knew where to find these policies if required.

**Leadership, openness and transparency**

Staff felt able to speak out regarding concerns and comments about the practice and said they would interrupt a consultation if they had an urgent concern and GPs supported this. Staff had job descriptions that clearly defined their roles and tasks at the practice. All staff we

# Are services well-led?

Good

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

spoke with said they felt valued by the practice and able to contribute to the systems that delivered patient care. All the staff had responsibility for different activities such as checking on QOF performance.

**Practice seeks and acts on feedback from its patients, the public and staff**

The practice had gathered feedback from patients through the national patient survey, The NHS friends and family test, patient surveys, suggestions, compliments and complaints.

We reviewed the results of the national patient survey carried out in 2013/14 and noted 87% described their overall experience of the practice as good.

The practice was preparing a patient participation group (PPG) which was beginning to take shape.

The practice made available to patients a newsletter, providing patients with information such as the number of missed appointments, repeat prescriptions and information for carers. Staff told us they were able 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.

The practice had a whistle blowing policy which was available to all staff in the staff policies file.

**Management lead through learning and improvement**

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. We looked at six staff files and saw that regular appraisals took place which included a personal development plan. Staff told us that the practice was very supportive of training and development opportunities.