

# Dr VK Dewan

## Quality Report

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Date of inspection visit: 26 November 2015  
Date of publication: 21/01/2016

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

### Ratings

#### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr VK Dewan on 26 November 2015. Overall the practice is rated as good.

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

- There were systems in place to address incidents and safeguard vulnerable adults and children who used the service. There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- The practice had effective procedures in place that ensured care and treatment was delivered in line with appropriate standards.
- Patients were treated with dignity and respect. Patients spoke positively of their experiences and of the care and treatment provided by staff.
- Information about services and how to complain was available and easy to understand.

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. Telephone consultations were available and home visits to those who required it.

The practice was located in a purpose built building and had accessible facilities to treat patients and meet their needs.

- Systems were in place to monitor the effectiveness of the service, identify and manage risks or learn from previous incidents. There was a clear leadership structure in place, quality and performance were monitored and risks were identified and managed.
- There was a leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

The areas where the provider should make improvement are:

# Summary of findings

- Minutes of meetings discussing incidents in particular should be detailed enough to allow staff members unable to attend the meeting to update themselves.
- Spot checks to ensure effective cleaning should be formalised.
- The practice business continuity plan should be robust with all appropriate details included.
- The practice should ensure all patients with caring responsibilities are registered so that they could be offered further help where appropriate.
- All staff should be aware of practice vision and values.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services. There was an effective system in place for reporting and recording significant events which were shared with staff in team meetings to prevent reoccurrence. The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse. The practice had most equipment required to manage any foreseeable emergencies. Equipment was regularly serviced and maintained.

Good



### Are services effective?

The practice is rated as good for providing effective services. Systems were in place for regular reviews of patients who had long term conditions. Data showed patient outcomes were above local and national average. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and patients' needs were assessed and care was planned and delivered in line with current legislation. The practice carried out clinical audits to demonstrate quality improvement. Staff had received training appropriate to their roles and the practice could show that appraisals and had been completed for all relevant staff. Staff worked well with multidisciplinary teams.

Good



### Are services caring?

The practice is rated as good for providing caring services. We found and patients told us that practice staff were caring and helpful. Patients told us they were satisfied with their care and they had confidence in the decisions made by clinical staff. The comment cards patients had completed prior to our inspection provided positive opinions about staff, their approach and the care provided to them. Translation services were available to people whose first language was not English and the practice website could be translated in various languages.

Good



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

The practice is rated as good for providing responsive services. Patients had access to screening services to detect and monitor certain long term conditions. Data we looked at showed that the practice performed better than average locally and nationally for management of long term conditions. There were immunisation clinics for babies and children. Patients we spoke with said they found it easy to make an appointment and that there was continuity of care.. Urgent appointments were available the same day as well as home visits and telephone consultations. There was an

Good



# Summary of findings

accessible complaints system with evidence demonstrating that staff were aware of the process. Evidence we looked at showed that complaints were dealt with appropriately and learning from them were shared with staff.

## Are services well-led?

The practice is rated as good for being well-led. It had a clear aim to deliver best possible care to patients with the available resources. Some staff members we spoke with were clear about the vision and their responsibilities in relation to this but others were not as clear. There was a leadership structure and staff felt supported by management. There were governance structures and processes in place to keep staff informed and engaged in practice matters. There was evidence of improvements made as a result of audits. The practice sought feedback from staff and patients, which it acted on. There was a Patient Participation Group (PPG) that met six monthly. Staff were encouraged and involved in the analysis of incidents and complaints for on-going improvements that benefitted patients.

**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 people. Data showed that outcomes for patients were similar to local and national averages for many conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. The practice was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Data showed that the practice's achievement for the management of long term conditions was generally similar compared to local and national average. Home visits were available when needed. The practice held a register of patients who had long term conditions and carried out regular reviews. For patients with the most complex needs, GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

The practice is rated as good for the care of families, children and young people. There were policies, procedures and contact numbers to support and guide staff should they have any safeguarding concerns about children. The clinical team offered immunisations to children in line with the national immunisation programme. The practice provided extended opening hours every Wednesdays between 6.30pm to 7.30pm. This allowed children and other patients who would be unable to visit the practice during normal working hours to attend. The practice was located in a purpose built building and all consultation rooms were on the ground floor making the practice accessible to patients who used wheelchairs or parents with pushchairs.

Good



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

The practice is rated as good for the care of working-age people (including those recently retired and students). The practice provided extended opening hours on Wednesday evenings for patients who were unable to visit the practice during normal working hours. The practice had arrangements for patients to have telephone consultations with a GP as well as offering online services

Good



# Summary of findings

through its website. The practice was proactive in offering a full range of health promotion and screening that reflected the needs of this age group. This included health checks for patients aged 40 to 74 years of age.

## People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with a learning disability. It had carried out annual health checks for patients with a learning disability and most of these patients had received a follow-up. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. Home visits were carried out to patients who were housebound and to other patients on the day that had a need. Patients that had difficulty with their mobility could borrow the practice wheel chair. 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.

Good



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

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). Care was tailored to patients' individual needs and circumstances including their physical health needs. The practice offered annual health checks to patients on the mental health register. The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. The practice had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results published on 8 July 2015. The results showed the practice was performing generally better than local and national averages. Four hundred and ten survey forms were distributed and 116 were returned. This represented a completion rate of 28%.

- 97% found it easy to get through to this surgery by phone compared to a CCG average of 63% and a national average of 73%.
- 95% found the receptionists at this surgery helpful (CCG average 82%, national average 87%).
- 89% were able to get an appointment to see or speak to someone the last time they tried (CCG average 77%, national average 85%).
- 97% said the last appointment they got was convenient (CCG average 89%, national average 92%).

- 89% described their experience of making an appointment as good (CCG average 64%, national average 73%).
- 77% usually waited 15 minutes or less after their appointment time to be seen (CCG average 54%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 20 comment cards which were all positive about the standard of care received. Patients said the service was very good, quick and polite. They also said the surgery was clean and staff were very helpful.

We spoke with four patients during the inspection. All four patients said that they were happy with the care they received and thought that the service was brilliant and the staff were helpful.

## Areas for improvement

### Action the service **SHOULD** take to improve

- Minutes of meetings discussing incidents in particular should be detailed enough to allow staff members unable to attend the meeting to update themselves.
- Spot checks to ensure effective cleaning should be formalised.
- The practice business continuity plan should be robust with all appropriate details included.
- The practice should ensure all patients with caring responsibilities are registered so that they could be offered further help where appropriate.
- All staff should be aware of practice vision and values.



# Dr VK Dewan

## 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.

### Background to Dr VK Dewan

Dr VK Dewan provides primary medical services for approximately 2100 patients. The practice is open Mondays, Tuesdays, Wednesdays and Fridays from 8:30am until 6.30pm. It closes at 1pm on Thursdays. On a Thursday afternoon an answerphone message directs patients to the out of hours service provided during this time. The practice has opted out of providing out-of-hours services to their own patients. This service is provided by 'an external out of hours service provider'. There were notices outside of the surgery to inform patients as well as through the practice website.

There are two GPs working at the practice (both male). The lead GP who is the provider works full time at the practice and the other GP is a regular locum GP who worked 2 sessions a week. There is a practice nurse who works part time on Mondays, Tuesdays, Wednesdays and Fridays. There are also three reception staff with a practice manager and a secretary who supported the practice manager and fulfilled their role when the practice manager was away.

The practice has a General Medical Service contract (GMS) with NHS England. A GMS contract ensures practices provide essential services for people who are sick as well as for example, chronic disease management and end of life care.

The practice is part of NHS Sandwell and West Birmingham Clinical Commissioning Group (CCG). A CCG is an NHS organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services.

We reviewed the most recent data available to us from Public Health England which showed that the practice is located in one of the most deprived areas. The practice has a higher than national average number of patients from 0 to 10 years old and between 25 and 50 years. The practice also had a lower than average patient population that is aged between 50 and 85 years.

### Why we carried out this inspection

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

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

### How we carried out this inspection

Before visiting, we reviewed a range of information that we held about the practice and asked other organisations to share what they knew. We carried out an announced visit on 26 November 2015. During our visit we spoke with a range of staff including the practice manager, the secretary,

# Detailed findings

the lead GP, the regular locum GP and the practice nurse. We also spoke with four patients on the day of the inspection who used the service. We reviewed 20 comment cards where patients and 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 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)

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 a system in place for reporting and recording significant events and incidents. We saw that the practice had recorded three significant events for 2015. Two of the significant events were in regards to new cancer diagnosis. Another significant involved a patient who was verbally aggressive towards reception staff. This review of the incident showed that the staff member acted appropriately and that they were able to help the patient understand the difficulty for the practice to comply with their request. We saw that staff were supported to act appropriately in such situations as there was a 'Do's and don'ts when facing angry patients' in the reception room.

Although minutes of meeting looked at showed that significant events were discussed with staff members the notes were not detailed enough to record learning so that staff members who were unable to attend the meeting could update themselves.

The practice also had an incident book in the reception area and we saw that one incident had been recorded in October 2015. Staff members told us the accident book was used to record any incidents that involved staff members and which they felt were not to be significant. The staff members we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses involving patients and staff.

The practice manager was the lead for dealing with significant events and they populated the template on an electronic system which was shared with the Clinical Commissioning Group (CCG). CCGs are groups of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services.

National patient safety alerts were disseminated by the practice manager or the secretary to relevant staff. Alerts were also saved on the shared drive of the practice computer system. We saw a log of alerts that were kept in the practice with actions taken where relevant.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard vulnerable adults and children from abuse. There was a lead member of staff for safeguarding and staff knew who this was if they needed advice or support. Staff demonstrated they understood their responsibilities and had received training relevant to their role. There were policies in place and contact details were accessible to staff for reporting safeguarding concerns to the relevant agencies responsible for investigating. There was a system to highlight vulnerable patients on the practice's electronic records.
- There was a chaperone policy and notices in the waiting room and consultation rooms advised patients that staff would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS check). DBS checks help to identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- The practice nurse was the Infection Prevention and Control (IPC) lead for the practice. They were part of the local link scheme liaising with other local IPC leads to keep up to date with best practice.
- There was an infection control policy in place and staff had received up to date training.

We observed the premises to be clean and tidy. The practice maintained appropriate standards of cleanliness and hygiene. The practice had carried out an infection control audit which included an assessment of the minor surgery room in March 2015. This was undertaken by the practice nurse who was the practice IPC lead using a template developed by the local Clinical Commissioning Group (CCG). We saw that there were no actions identified as part of this audit.

- There were schedules in place for the cleaning of equipment used in consulting rooms and the nurse we spoke with told us that they were responsible for maintaining this and kept a log of this. The cleaning of the general environment was undertaken by an external cleaning company and we saw that cleaning specifications were in place and these had been completed appropriately to demonstrate the cleaning undertaken. The practice manager told us that they undertook visual spot checks to ensure cleaning was

## Are services safe?

done according to specification but did not document this. The practice used disposable curtains in the consultation rooms which were changed regularly within six months.

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). However, we saw emergency medicines and equipment were still in its boxes and plastic bags, rather than ready for immediate use. We pointed this out to the practice who confirmed that this had been actioned so that emergency medicines were more accessible.
- The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams. This was to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. We saw Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation and they were up to date.
- We reviewed four personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through DBS checks.

### Monitoring risks to patients

There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice was located in a health centre and the landlord carried out regular tests of fire alarms. The practice had up to date fire risk assessments and we saw records that regular fire drills that were carried out by the practice. 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 also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health (COSHH), infection control and legionella.

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 was on

duty. We spoke with the practice nurse who told us that they always provided sufficient notice for annual leave and the practice manager told us that they had access to locum staff if necessary. Reception staff told us that a new staff member had been recruited recently and this had given them more flexibility in regards to ensuring adequate staff numbers at reception especially during unplanned absences.

### 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 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 did not have a defibrillator and oxygen available immediately. The practice was located in a health centre with other medical, dental and community services being provided. We were told that there was shared defibrillator for the building and the practice had an arrangement with a dental service provider located in the building for oxygen. We spoke with some staff members and asked them to tell us how they would access them in an emergency. Staff members we spoke with were unsure of this. This did not provide us with confidence that the practice would be able to respond appropriately in an emergency. Following the inspection the practice confirmed that a defibrillator and oxygen cylinder were purchased and were now available in the practice.

The practice had a business continuity plan in place for major incidents such as power failure or damage to the building. For example, the practice had a disaster box with emergency consultation items such as paper clinical notes, blood test forms and prescriptions. This was coupled with an arrangement with another GP provider within the building to use their premises in the event of an emergency.

Although some arrangements were in place, the business continuity plan was not fully completed. For example, in the event of the practice server going down the business

## Are services safe?

continuity plan stated 'the CCG have advised it would be possible to get the practice server up and running within X days'. The practice had not confirmed the time frame required by the CCG.

# Are services effective?

## (for example, treatment is effective)

## Our findings

### Effective needs assessment

The GPs 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). The practice carried out assessments and treatment in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE). The practice had systems in place to ensure all clinical staff were kept up to date. A GP we spoke with told us they had recently completed eLearning on Hyponatraemia, condition that occurs due to abnormally low levels of sodium in blood.

The practice was undertaking an enhanced service to reduce unnecessary emergency admissions to hospital. GP practices can opt to provide additional services known as enhanced services that are not part of the normal GP contract. By providing these services, GPs can help to reduce the impact on secondary care and expand the range of services to meet local need and improve convenience and choice for patients. The focus of this enhanced service was to optimise coordinated care for the most vulnerable patients to best manage them at home. These patient groups included vulnerable, older patients, patients needing end of life care and patients who were at risk of unplanned admission to hospital. We found that the practice had identified patients appropriately and we saw evidence of personalised care plans that were in place. The GP told us that they would make home visit to patients that were registered as house bound so that they were receiving regular reviews. The GP also informed us that the practice unplanned admission rate was 10% below that of the CCG which they felt was a reflection of the proactive work they were undertaking.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 96% of the total number of

points available, with 4% exception reporting. The QOF includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect. Data from 2014/15 achievement showed;

- Performance for diabetes related indicators was 84%; this was worse than the CCG average of 86% and the national average of 90%.
- The percentage of patients with hypertension having regular blood pressure tests was 86%. This was better than the local CCG average of 82% and better than the the national average of 84%.
- Performance for mental health related indicators was 92% and above the CCG average of 89%. The practice performance was was comparable nationally.
- The dementia diagnosis rate was slightly better than both local CCG and national average.

Clinical audits demonstrated quality improvement. There had been two clinical audits completed in the last two years, one of the audits was carried out in September 2014. Although the findings did not show improvements were required a re-audit had not been done. Another audit on haemoglobin level was undertaken recently and actions were taken to make improvements. For example, all the Identified patients had been investigated and appropriate treatment provided or referred to specialists. The practice had also undertaken an out of hours (OOH) contact audit and had been auditing quarterly since April 2014. Findings were used by the practice to improve services.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. We looked at recruitment files and spoke with a staff member who had started the previous month. They confirmed that they had shadowed other staff members and we saw documentation that confirmed they had been through an induction process.

The learning needs of staff were identified through a system of appraisals and meetings. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing



# Are services effective?

## (for example, treatment is effective)

support during meetings and appraisals. For example, we spoke with the practice nurse who told us that training had been booked for then in January 2016. This training had been identified as part of their appraisal process.

Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of eLearning training modules and in-house training such as acting as a chaperone.

### **Coordinating patient care and information sharing**

The practice worked with other service providers to meet patient's needs and manage those of patients with complex needs. 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 secretary told us that they scanned hospital letters and reports on to the practice computer system after the GP had reviewed them. They also told us that some of the reception staff were also trained and carried out this role. Communication received from the out-of-hours care provider was printed out and forwarded to the GP to action along with unplanned hospital admissions letters on the day they were received.

Staff worked together with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people 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 quarterly basis and that care plans were routinely reviewed and updated.

### **Consent to care and treatment**

We found that staff were aware of the Mental Capacity Act 2005, the Children Acts 1989 and 2004 and their duties in fulfilling it. All the clinical staff we spoke with understood the key parts of the legislation and were able to describe

how they implemented it. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

Patients with a learning disability and those with dementia were supported to make decisions through the use of care plans, which they were involved in agreeing and were reviewed annually or more frequently if appropriate.

### **Health promotion and prevention**

The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. For example, 91% of patients registered as smokers were given cessation advice.

There were various health promotion posters available in the practice for various health issues and practice leaflet and website also had details of services for patients to access. The practice website had information on self-help treatments such as back pain, colds and flu, head lice amongst others.

The practice had a comprehensive screening programme. Data showed that the practice's uptake for the cervical screening test this year was 82% which was slightly better than the CCG average of 80%. There was a system in place to recall and follow up patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example, 92% of eligible patients had received screening for bowel cancer over the last two years. For breast cancer the figures for the last three years were 81% of eligible patients.

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

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people dignity and respect. Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff we spoke with knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

We received 20 patient CQC comment cards and they were all positive about the service experienced. Patients said it was very good, quick and polite. Other comments included were that staff were always caring and courteous.

We also spoke with four patients including two members of the Patient Participation Group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff were always welcoming and polite. PPGs are groups of patients registered with a practice who work with the practice to improve services and the quality of care.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with doctors and nurses compared locally to the Clinical Commissioning Group (CCG). However, it was generally slightly below the national average. For example:

- 87% said the GP was good at listening to them compared to the CCG average of 84% and national average of 89%.
- 85% said the GP gave them enough time (CCG average 82%, national average 87%).
- 92% said they had confidence and trust in the last GP they saw (CCG average 92%, national average 95%)
- 83% said the last GP they spoke to was good at treating them with care and concern (CCG average 80, national average 85%).

- 91% said the last nurse they spoke to was good at treating them with care and concern (CCG average 87, national average 90%).
- 95% said they found the receptionists at the practice helpful (CCG average 63%, national average 73%)

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

Patients told us that they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

- 86% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and national average of 87%.
- 82% said the last GP they saw was good at involving them in decisions about their care (CCG average 76%, national average 81%)

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Some of the staff including the lead and locum GP could speak languages spoken by some of the patient population such as Punjabi, Hindi and Urdu. The practice website could also be translated in various languages.

### Patient and carer support to cope emotionally with care and treatment

The patients we spoke with on the day of our inspection and the comment cards we received highlighted that staff responded compassionately when they needed help and provided support when required.

Notices in the patient waiting room and the practice website 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



## Are services caring?

identified 14 patients as carers which was just under 1% of the registered patient population. Written information was available to direct carers to the various avenues of support available to them.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

We found the practice was responsive to patient's needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs in the way services were delivered. The practice worked with the local Clinical Commissioning Group (CCG) to plan services and to improve outcomes for patients in the area. A CCG is an NHS organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services. For example, the practice provided an enhanced service for childhood vaccination and immunisations, facilitated timely diagnosis and support for people with dementia as well as offering immunisations against flu to those at most risk.

The practice offered an extended opening hours on Wednesdays between 6.30pm to 7.30pm for working patients who could not attend during normal opening hours. There were longer appointments available for people with a learning disability. For example, 40 minute appointments with the nurse was available and 20 minute's appointments with the GP. Home visits were available for older patients / patients who would benefit from these such as those with dementia. Same day appointments were available for children and those with serious medical conditions. There were disabled facilities, hearing loop and translation services available. The practice was located in a purpose built building and was accessible to patients who used a wheelchair. The practice staff showed us a wheelchair that patients could borrow when accessing the surgery. Staff members told us that they would take the wheelchair to the car park and help patients to access the surgery.

### Access to the service

The practice was open between 8.30 6.30pm Mondays to Fridays except Thursdays when it closed at 1pm. Morning

surgery times were between 9am and 12pm Mondays to Fridays. Afternoon surgery times were between 4pm and 6.30pm except Thursdays. On Wednesdays extended hours surgery was offered between 6.30pm to 7.30pm. The GP told us that as part of the new GP contract they will be opening on a weekend in the new year.

Results from the national GP patient survey from 8 July 2015 showed that patient's satisfaction with how they could access care and treatment was better compared to local and national averages. People told us on the day that they were able to get appointments when they needed them.

- 79% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and national average of 75%.
- 97% patients said they could get through easily to the surgery by phone (CCG average 63%, national average 73%).
- 89% patients described their experience of making an appointment as good (CCG average 64%, national average 73%).
- 77% patients said they usually waited 15 minutes or less after their appointment time (CCG average 54%, national average 65%).

### 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. The complaints procedure was available in the practice and the practice website also informed patients of the process. The practice manager was the designated responsible person who handled all complaints.

The practice had not received any complaints for 2014/15. However, it had received one verbal complaint for 2011/13 and that was resolved. The practice had received three complaints for 2011/12 and that had been investigated, learning discussed in team meetings and resolved.

# 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 objective of the practice was to provide the best possible care to patients with the available resources. Some staff members we spoke with told us their aim was to provide the best service so that the patient was happy when leaving the practice. However, other staff were not aware of the aims and objectives of the practice.

The practice was aware that patients had requested late night appointments with the practice nurse and was looking at how it could provide that. The practice manager told us they were looking to recruit a nurse to specifically provide late appointments.

### Governance arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff on the desktop on any computer within the practice. We looked at a selection of these policies and procedures and saw that they had been reviewed annually and were up to date. Staff members we spoke with told us that they had access to them electronically.

There was a clear leadership structure with named members of staff in lead roles. For example, there was a lead staff member for infection control and one of the GP partners was the lead for safeguarding. Staff members we spoke with 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. For example, one of the administration staff had started recently and told us that they received training and help from other staff. Staff told us that the practice manager was responsible for the day to day management of the practice and if the practice manager was away they would go to the secretary.

### Leadership, openness and transparency

We saw that practice staff held regular quarterly meetings. The minutes of some of the meetings we looked at showed that all aspects of the running of the practice were discussed as well as ways of taking corrective actions to meet patient's needs.

All staff we spoke with described the GP and management as being very approachable and had no concerns about any aspect of the practice, its staffing or relationship with patients. Most of the staff had been working at the practice for a long time and told us they enjoyed working at the practice and there were excellent working relationships within the wider team. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. For example, staff members told us that there were previously two reception staff (as one had left recently) and another reception staff had been recruited. However, staff felt that having an additional reception staff member would help further, especially during staff leave and unplanned absences. We were told that this had been fed back by staff and the GP provider were considering this.

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

The practice encouraged feedback from patients and staff by engaging with staff through staff meetings and with patients through the Patient Participation Group (PPG). PPGs are groups of patients registered with a practice who work with the practice to improve services and the quality of care. We spoke with two patients who were part of the PPG group and had come into the practice to speak with us. Both patients told us that they had not attended many meetings but the practice had listened to their feedback. For example, one PPG member told us that the practice had discussed how they should deal with patients who regularly miss their appointments. Another PPG member told us that they wanted a charity box in the reception which the practice had actioned.