# Dr Roman Sumira

## Quality Report

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

## Ratings

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|---|---|
| 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 of Dr Sumira on 6 October 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Incidents were investigated and where necessary changes made to prevent recurrences.
- Practice staff were proactive in utilising methods to improve patient outcomes, working with other local providers to share best practice.
- All patients spoken with said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Information was provided to help patients understand the care available to them.
- Practice staff worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet people's needs.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patient who were represented by the Patient Participation Group (PPG). PPG's work with practice staff in an effective way that may lead to improved services.
- The practice had a clear vision which concerned quality of patient care and safety as its priority. High standards were promoted by all practice staff with evidence of strong team working across all roles and good communications and relationships throughout.

We saw an area of outstanding practice:

- In conjunction with the other practice who shared the building, regular patient education evenings were arranged by practice staff and the PPG for patients to

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attend. For example, a presentation had been given by health professionals about diabetes and another for asthma. These events were advertised by sending out flyers to all patients.

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 to promote improvement and prevent similar recurrences. Information about safety was recorded, monitored, reviewed and addressed where possible. Risks to patients had been assessed, well managed and communicated to support improvement. Medicines and repeat prescriptions were checked and signed by GPs before they were dispensed at the branch practice.

**Are services effective?**

Good

The practice is rated as good for providing effective services. Data showed most patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and requests for further training had been acted on. Staff received their appraisals regularly and these included personal development plans. Staff worked with multidisciplinary teams to promote continuity of care and this was delivered in line with patient's wishes.

**Are services caring?**

Good

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect. Their health and care needs were explained to patients and they were involved in decisions. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality. We observed good relationships between patients and staff.

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

Good

The practice is rated good for providing responsive services. It reviewed the needs of its local population and engaged with the local Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Services were planned and delivered to take into account the needs of different patient groups. There were adequate facilities and equipment to treat patients and

# Summary of findings

meet their needs. Information about how to complain was available and evidence showed that the practice responded quickly to any issues raised. The outcomes and any necessary changes in staff practices were cascaded to all staff through an open culture.

**Are services well-led?**

Good

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about responsibilities and participated in on-going improvements. There was a clear staffing and leadership structure and staff felt supported by senior staff. The practice policies and procedures governed its activity and provided staff guidance. There were systems in place to monitor and improve quality and identify risks. Senior staff actively sought feedback from patients and staff and where possible acted on. The Patient Participation Group (PPG) was active and felt they were fully informed and made positive contributions for the benefit of patients.

# 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 care of older people. There was a higher than average number of older patients registered at the practice. The practice offered proactive, personalised care to meet the needs of older people and had a range of enhanced services. For example, a high flu vaccine uptake each year and delivery of medicines for branch practice patients who were not able to access the practice. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs or complex needs. Practice staff maintained regular contact with district nurses and participated in meetings with other healthcare professionals to discuss any concerns and patient's care needs. Patients who were at risk of re-admission to hospital were closely monitored.

**People with long term conditions**

Outstanding

The practice is rated as outstanding for the care of people with long-term conditions. Patients with complex needs were offered longer appointments to suit their needs. Home visits were available for those who were unable to access the practice. These patients had regular structured reviews to check that their health and medication needs were being met. For patients with complex needs the GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care. Care plans had been developed in conjunction with the patient's wishes and these were regularly reviewed.

In conjunction with the other practice who shared the building, regular patient education evenings were arranged by practice staff and the PPG for patients to attend. A presentation had been given by health professionals about diabetes and another for asthma. These events were advertised by sending out flyers to all patients. The practice manager and a member of the PPG told us they were well attended by approximately 20 patients registered between the two practices on each event. Clinical staff told us that the sessions assisted in raising patient's knowledge and of the importance of attending for their reviews. The next presentation had been arranged for 29 October 2015 concerning chronic obstructive pulmonary disease (COPD). The practice had achieved 100% reviews for patients who had asthma, COPD, epilepsy, hypertension and those who required palliative (end of life) care. The review achievements for patients with other long term conditions were above the national average.

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**Families, children and young people**

Good

The practice is rated good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were consistently high for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals. The practice participated in the 'C card scheme' whereby patients could receive advice about sexual health and be given a free supply of barrier methods of contraception. There were no extended hours but telephone consultations were available during the opening hours of 8am until 6.30pm each day.

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

Good

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. Cervical screening of women was promoted and provided by the practice nurse. Telephone consultations were encouraged during the opening hours so that patients could be given advice.

**People whose circumstances may make them vulnerable**

Good

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. Practice staff offered longer appointments for people with a learning disability and all of these patients had received annual health checks at the practice or in the patient's own home. Practice staff regularly worked with multi-disciplinary teams in the case management of vulnerable people. Staff knew how to recognise signs of abuse in vulnerable adults and children and were aware of their responsibilities regarding information sharing, documentation and how to contact relevant agencies in normal working hours and out of hours.

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

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). All patients experiencing poor mental health had received an annual physical health check. The practice regularly worked with multi-disciplinary

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| teams in the case management of people experiencing poor mental health, including those with dementia. Staff informed patients about how to access support groups and voluntary organisations. Staff had received training on how to care for people with mental health needs and dementia. The GPs and 50% of staff had received training in the Mental Capacity Act 2005 and the remaining staff were due to attend the training. | |

# Summary of findings

## What people who use the service say

The national GP patient survey results published July 2015 showed the practice was performing above local and national averages in some areas and below in others. There were 109 responses and a response rate of 30%.

- 88% found the receptionists at this surgery helpful compared with a CCG average of 92% and a national average of 87%.
- 54% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 64% and a national average of 65%.
- 66% feel they don't normally have to wait too long to be seen compared with a CCG average of 61% and a national average of 58%.
- 83% said last time they spoke with a GP they were good at giving them enough time compared with a CCG average of 90% and a national average of 87%.
- 91% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 83% and a national average of 85%.
- 95% find it easy to get through to this surgery by phone compared with a CCG average of 77% and a national average of 73%.
- 95% say the last appointment they got was convenient compared with a CCG average of 92% and a national average of 92%.

During our inspection we spoke with eight patients. All patients told us they were satisfied with the service they received. As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 38 comment cards which were all positive about the standard of care received and some described it as excellent. We did not receive any negative comments about the practice or the staff.

## Outstanding practice

- In conjunction with the other practice who shared the building, regular patient education evenings were arranged by practice staff and the PPG for patients to attend. For example, a presentation had been given by health professionals about diabetes and another for asthma. These events were advertised by sending out flyers to all patients.

# Dr Roman Sumira

**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 Roman Sumira

The practice of Dr R P Sumira is located in Corby area and serves approximately 1740 patients. The practice holds a General Medical Services contract and provides GP services.

The practice is managed by Dr Sumira who provides 11 clinical sessions and is assisted by a regular locum GP who provides two or three clinical sessions per week depending on patient demand. They are supported by a practice nurse who is employed for 17 hours per week. There is a vacancy for a part time health care assistant (HCA). The practice employs a practice manager for four days per week, one receptionist, one receptionist/dispenser and one administrator/dispenser who work varying hours. Dr Sumira holds a clinical session at the local satellite site of Kettering Green Hospital each Wednesday for patient appointments and to perform minor surgical procedures.

The practice is open from 8.00am until 6.30pm Monday to Friday. Appointments are available from 9.15am until 10.05am and 4pm until 6pm each day except Tuesdays. Urgent appointments are available on the day and when full these are extended to accommodate patient's needs. Routine appointments can be pre-booked in advance in person, by telephone or online. Telephone consultations and home visits are available daily as required.

The practice has a branch surgery in the village of Weldon. It is located at 11a High Street, Weldon, Northamptonshire, NN17 3JJ, telephone 01536 266086. Although patients can access either surgery we were informed that generally patients visit one of the sites. The branch practice serves 400+ patients and is a dispensing practice. The branch surgery is staffed from 10am until 12pm Mondays, Tuesdays and Fridays. Patients can access the surgery from 10.30am until 11.30am. The surgery is also staffed from 4pm until 6pm each Tuesday and patients have access between 4.30pm and 5.30pm. We inspected the branch surgery as part of this inspection.

The practice has opted out of providing GP services to patients out of hours such as nights and weekends. During these times GP services are provided currently by a service commissioned by Corby Clinical Commissioning Group (CCG). When the practice is closed, there is a recorded message which gives out the details of how to access the out of hours' service.

## Why we carried out this inspection

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.

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.

# Detailed findings

## 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 inspecting, 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 inspection on 6 October 2015. During our inspection we spoke with a range of staff including one GP, the practice nurse, the practice manager, one receptionist and two dispensers. We spoke with eight patients who used the service and one member of the Patient Participation Group (PPG). We observed how people were being cared for and talked with family members and 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**

There was an open and transparent approach and all staff were aware of the system for reporting and recording significant events. Where necessary people affected by significant events received a timely apology and were told about actions staff had taken to improve care. Staff told us they would inform the practice manager or the lead GP of any incidents and there was a form available for staff to record incidents. Some complaints received had been entered onto the system and treated as a significant event. The practice staff carried out an analysis of significant events and where possible made changes to prevent similar recurrences.

We reviewed safety records, incident reports and minutes of meetings where these had been discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, following an accident the respective patient was examined by the lead GP. A risk assessment was carried out and had been regularly reviewed to ensure prevention of a similar event.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

**Learning and improvement from safety incidents**

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

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff and they knew where to access them. The policies included the contact details of external professionals who could provide further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding. The lead GP attended safeguarding meetings when possible or provided reports if requested for other agencies. Staff demonstrated they understood their responsibilities and they had received relevant training.
- Notices were on display advising patients of their right to have a chaperone. All staff who acted as chaperones had been trained for the role and demonstrated good knowledge of how to carry it out. All staff had received a disclosure and barring check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- There were procedures in place identifying and managing risks to patient and staff safety. There was a health and safety policy and staff knew where it was located. The practice had up to date fire risk assessments and regular fire drills were carried out. All electrical equipment was checked regularly to ensure its safety and clinical equipment was checked and calibrated to ensure it was fit for purpose. There was a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.
- The premises of the practice and branch surgery were visibly clean and tidy. The practice nurse was the infection control clinical lead. There was an infection control protocol in place and staff had received training. An infection control audit had been carried out in June 2015 at Studfall Court but this did not include Weldon Surgery. Actions identified from this had been carried out such as; repair of the fabric of an examination couch. The practice nurse told us they planned to carry out another audit in January 2016 and that it would include Weldon Surgery.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing.
- We reviewed the arrangements for dispensing at the branch surgery. No controlled drugs were dispensed, patients were asked to take their prescriptions to a pharmacy for these. All prescriptions were checked and signed by the GP before they were dispensed. Medicines were stored securely, dispensed after being checked by

another dispenser and patients were asked for their address before medicines were handed to them. There was a system in pace for re-ordering of new supplies and staff told us they did not run out of stocks. Staff had received appropriate training for dispensing medicines. Security arrangements for when the surgery was closed were robust.

- Recruitment checks were carried out and the two files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional bodies and checks through the Disclosure and Barring Service.
- Arrangements were in place for monitoring the number of staff and mix of staff needed to meet patients' needs. We were told by the practice manage that the number of patients remained stable. The practice manager regularly reviewed the number of patients against the number of clinical sessions provided. The locum GP carried out two clinical sessions per week but they did increase to three sessions depending on patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty at both sites. Staff covered each other during absences and worked extra shifts. When the GP was absent a locum GP was used.

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

There was a messaging system on the computers which alerted staff to any emergency. All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a defibrillator available at Studfall Medical Centre and oxygen at both sites with adult and children's masks. There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. A copy of this was kept off site by the practice manager to ensure that appropriate response would be instigated in the event of eventualities such as loss of computer and essential utilities.

Good

# Are services effective?

(for example, treatment is effective)

## Our findings

**Effective needs assessment**

Clinical staff carried out assessments and treatment in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. There were systems in place to ensure all clinical staff were kept up to date. The practice staff had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. Staff monitored these guidelines through risk assessments and audits. Clinical staff also carried out checks of patient records were carried out to ensure appropriate pathways were followed.

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

Clinical staff actively participated in recognised clinical quality and effectiveness schemes such as the national Quality Outcomes Framework (QOF) and the local Clinical Commissioning Group (CCG) enhanced service schemes. QOF is a national performance measurement tool. The CCG is a group of GPs who are responsible for commissioning local NHS services. The data for the year 2013-14 was;

- The dementia review rate of 100% was the same as the CCG average and 6.6% points above the national average.
- Performance for asthma related indicators was 100% was the same as the CCG average and 2.8% points above the national average.
- Performance for diabetes related indicators was 96.0% which was 0.5% points above the CCG average and 5.9% points above the national average.
- The percentage of patients with hypertension having regular blood pressure tests was 100% which was the same the CCG average and 11.6% above the national average.
- Performance for cancer was 100% which was the same as the CCG average and 4.5% points above the national average.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. We looked at two clinical audits that had been carried out within the last 12 months. They identified where improvements had been made and monitored for their effectiveness. The audits included dates for when they would be repeated in order to check that improvements made had been sustained.

The practice participated in applicable local audits, national benchmarking and accreditation. Findings were used by the practice to improve services. For example, good practice was shared between other local practices to improve and provide consistent patient care.

Information about patient's outcomes were used to make improvements such as; a problem was identified by the practice about the dispensing from a local pharmacy. Discussions were held with the pharmacy staff to resolve the issue to ensure patients received their medicines in a timely way.

**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, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through annual appraisals, practice meetings and from reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. The practice nurse told us that lists of available training were regularly circulated to them. They told us they could book to attend any courses they wished to. For, example they had requested to attend a more in depth infection control training course. There was on-going support during sessions, coaching and mentoring, clinical supervision and for the revalidation of doctors. All staff had had received their annual appraisals.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Other training was provided that was relevant to their roles. Staff had access to and made use of e-learning training modules and in-house training. For example, the GPs and 50% of staff had completed Mental Capacity Act training and the remaining staff were scheduled to attend the training.

Good

# Are services effective?

## (for example, treatment is effective)

- There was a mentoring system in place for staff. The staff we spoke with told us it worked well and that it enhanced effective team working.

**Coordinating patient care and information sharing**

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. All relevant information was shared with other services in a timely way, for example when people were referred to other services or those who received care from community professionals.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when people moved between services, when they were referred, or after they were discharged from hospital. Correspondence received from hospitals was dealt with on the day it arrived and any necessary actions taken. We saw evidence that multi-disciplinary team meetings took place on a quarterly basis and that care plans were routinely developed, reviewed and updated.

**Consent to care and treatment**

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 (MCA). Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. Staff had electronic access to MCA guidance. The process for seeking consent was monitored through records and audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

The two clinical staff we spoke with knew how to assess the competency of children and young people about their capability to make decisions about their own treatments. GPs demonstrated a clear understanding of Gillick competencies. (These help clinicians to identify children aged under 16 years of age who have the legal capacity to consent to medical examination and treatment).

**Health promotion and prevention**

In conjunction with the other practice who shared the building, regular patient education evenings were arranged by the practice and the PPG for patients to attend. A presentation had been given by health professionals about diabetes and another for asthma. These events were advertised by sending out flyers to all patients. The practice manager and a member of the PPG told us they were well attended. The next presentation had been arranged for 29 October 2015 concerning chronic obstructive pulmonary disease (COPD).

The practice had achieved 90% vaccinations for two and five year old children for the year 2013-14, which were comparable with the 90% target of NHS England. All patients who were considered at risk under the age of 65 years had received their flu vaccination an uptake of 88% of patients 65 years or more had been vaccinated.

All patients who had obesity had been given guidance and support towards a healthy lifestyle.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 100%, which were the same as the CCG average and 1.2% points above the national average for 2013-14. Practice staff encouraged patients to attend national screening programmes for bowel and breast cancer screening. Posters were on display informing patients of the importance of screening.

The practice offered general health checks to patients and newly registered patients but had not signed up to the enhanced service for NHS health checks. Appropriate follow-ups on the outcomes of health assessments and checks were made where abnormalities or risk factors were identified.

A range of tests were offered by practice staff including spirometry (breathing test) blood pressure monitoring and health checks for patients with diabetes to regularly monitor their health status. The practice nurse told us they gave advice to patients about healthy lifestyles when they visited the practice.

A professional from the local health trust visited the practice on a weekly basis and offered a well-being service to patients who have been referred to them. They provided help and guidance on coping with stressful situations.

Good

# Are services caring?

## Our findings

**Respect, dignity, compassion and empathy**

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations and procedures. 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 encouraged patients to inform them when they wanted to discuss sensitive issues or responded to those who appeared distressed. These patients were offered a private room to hold discussions.

All of the 38 patient CQC comment cards we received were positive about the service they experienced. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. The eight patients we spoke with said they felt the practice offered a good or excellent service and that staff were helpful, caring and treated them with dignity and respect. We spoke with a member of the patient participation group (PPG) on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy were respected.

Results from the national GP patient survey showed most patients were happy with how they were treated. The satisfaction scores on consultations with doctors and nurses were mixed. For example:

- 78% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 83% said the GP gave them enough time compared to the CCG average of 90% and national average of 87%.
- 93% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%
- 73% said the last GP they saw or spoke with was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.
- 95% said the last nurse they spoke with or saw was good at treating them with care and concern compared to the CCG average of 94% and national average of 90%.
- 99% of patients said they had confidence and trust in the last nurse they saw or spoke with compared to the CCG average of 98% and national average of 97%.

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

Patients we spoke with told us that health issues were explained to them so that they understood and felt involved in decision making about any tests, care or treatment they received. They told us they felt listened to and supported by staff and had sufficient time during consultations to make informed decisions about the choice of treatment available to them. Patient feedback on all of the comment cards we received was positive and aligned with these views.

Results from the national GP patient survey we reviewed showed patients responses were mixed to most questions about their involvement in planning and making decisions about their care. For example:

- 82% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 86%.
- 74% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 81%.
- 97% said the last nurse they saw was good at giving them enough time compared to the CCG average of 95% and national average of 92%.
- 96% said the last nurse they saw was good at listening to them compared to the CCG average of 93% and national average of 91%.

Staff told us that translation services were available for patients who did not have English as a first language.

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

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

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers. Practice staff provided guidance and support to carers by offering health checks and offered flu

Good

# Are services caring?

vaccinations and referral for support from other services. Written information was available for carers to ensure they understood the various avenues of support available to them.

The practice manager told us that all staff were notified when families suffered bereavement. The lead GP contacts the family to offer them an appointment or referral to the well-being service or counselling service.

Good

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

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

The practice staff worked with the local Clinical Commissioning Group (CCG) to plan services and to improve outcomes for patients in the area. The practice held information about the prevalence of specific diseases. This information was reflected in the services provided, for example medicines management, reduction of hospital readmissions of elderly patients. These were led by CCG targets for the local area, and the practice engaged regularly with the CCG to discuss local needs and priorities.

The lead GP was a member of the local Care Federation to promote agreed arrangements for continuity of patient care.

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

- Extra appointments were made available when all appointment had been filled for those patients who needed to be seen on the day.
- When patient demand increased an extra clinical session was provided by the locum GP.
- There were longer appointments available for people with a learning disability and other complex conditions.
- Home visits were available for older patients and patients who found it difficult to attend the practice.
- Urgent access appointments were available for children and those with serious medical conditions.
- There was level access to the practice to accommodate wheelchairs and prams/pushchairs to manoeuvre. There was a bell at the access to the premises to alert staff of those who required assistance with accessing the premises. All clinical rooms were located on the ground floor and there were disabled facilities. Access to the branch surgery was limited. Patients with restricted mobility needed to access the main practice or have home visits.
- The GPs worked closely with the local pharmacy to support vulnerable patients such as those who required extra assistance with their medicines.
- The branch surgery dispensed medicines to patients who lived in excess of one mile from a pharmacy. In exceptional circumstance patients who had difficulty in accessing the premises of the branch surgery had their prescribed medicines delivered to them.

**Access to the service**

The main surgery was open between 8.00am and 6.30pm each weekday to enable patients to contact staff for advice or to make appointments. The branch surgery was staffed from 10am until 12pm Monday, Thursday and Friday and from 4pm until 6pm each Tuesday. Pre-bookable appointments were available up to 12 weeks in advance. Telephone consultations were offered to patients who had to determine if they needed to make an appointment. Urgent appointments were also available for people that needed them. Children and patients with complex needs were given on the day appointments.

The out of hour's contact details were on display in the waiting rooms, in the practice leaflet and a message was in the telephone system for patients who rang when the practice was closed.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment were better than the local and national averages and people we spoke to on the day were able to get appointments when they needed them. For example:

- 91% said they were able to get an appointment or speak with someone last time they tried compared to the CCG average of 83% and national average of 85%.
- 95% patients said they could get through easily to the surgery by phone compared to the CCG average of 77% and national average of 73%.
- 84% reported they were satisfied with the opening hours compared to the CCG average of 83% and national average of 75%.
- 87% said their overall experience was good compared with 79% CCG average and 78% national average.

**Listening and learning from concerns and complaints**

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible

Good

# Are services responsive to people's needs?

## (for example, to feedback?)

person who handled all complaints in the practice. They ensured that investigations were completed, appropriate responses sent to patients and where necessary actions taken to make improvements.

We saw that information was available to help patients understand the complaints system for example, posters displayed, summary leaflet available and reception staff would signpost the patients to the practice manager. Some of the patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at the two complaints received in the last 12 months and found these had been satisfactorily handled and dealt with in a timely way, with openness and transparency and in line with the practice's own complaints policy. If necessary an apology had been given to the complainant.

Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, a complaint concerned the delay in a diagnosis. An apology was provided to the patient and the member of staff attended a training course towards improving their skills.

# Are services well-led?

Good

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

## Our findings

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

The practice staff worked with the local Clinical Commissioning Group (CCG) to plan services and to improve outcomes for patients in the area. The practice held information about the prevalence of specific diseases. This information was reflected in the services provided, for example medicines management, reduction of hospital readmissions of elderly patients. These were led by CCG targets for the local area, and the practice engaged regularly with the CCG to discuss local needs and priorities.

The lead GP was a member of the local Care Federation to promote agreed arrangements for continuity of patient care.

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

- Extra appointments were made available when all appointment had been filled for those patients who needed to be seen on the day.
- When patient demand increased an extra clinical session was provided by the locum GP.
- There were longer appointments available for people with a learning disability and other complex conditions.
- Home visits were available for older patients and patients who found it difficult to attend the practice.
- Urgent access appointments were available for children and those with serious medical conditions.
- There was level access to the practice to accommodate wheelchairs and prams/pushchairs to manoeuvre. There was a bell at the access to the premises to alert staff of those who required assistance with accessing the premises. All clinical rooms were located on the ground floor and there were disabled facilities. Access to the branch surgery was limited. Patients with restricted mobility needed to access the main practice or have home visits.
- The GPs worked closely with the local pharmacy to support vulnerable patients such as those who required extra assistance with their medicines.
- The branch surgery dispensed medicines to patients who lived in excess of one mile from a pharmacy. In exceptional circumstance patients who had difficulty in accessing the premises of the branch surgery had their prescribed medicines delivered to them.

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