

Dr G Singh and Partners

Quality Report

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

Ratings

Overall rating for this service	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 G Singh and Partners on 14 June 2016. We visited both the main and branch surgery sites. Overall the practice is rated as good. Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. The provider was aware of and complied with the requirements of the duty of candour.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained and had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints.

- The service was accessible to patients experiencing urgent problems the same day. Patients said they found it easy to make an appointment although it might take much longer to see their preferred GP.
- The practice had good facilities and was well equipped to treat patients and meet their needs. This was true of both the main and branch sites.
- There was a clear leadership structure and staff felt supported by management. The practice sought feedback from staff and patients and had responded positively to concerns and suggestions for improvement.

The areas where the practice should make improvements are:

- The practice should ensure that recent improvements in its performance, for example in relation to the management and control of diabetes are sustained.
- Increase its use of clinical audit as a driver for quality improvement within the practice.
- Establish regular multidisciplinary meetings to ensure patients with complex health needs receive well coordinated care.

Summary of findings

- Improve patient uptake of bowel and breast cancer screening.

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
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed at both the main and branch surgery.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed practice performance was improving and generally in line with other practices in the locality and nationally.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice monitored its performance and carried out some audit. However, the practice could do more to embed clinical audit as a driver for quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- All staff members had an annual appraisal including consideration of personal development.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Patients were positive about the service and said they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Good



Summary of findings

- The practice provided emotional support for patients, for example following a bereavement. The practice actively identified carers and offered them appropriate support.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice reviewed the needs of its local population and engaged with the clinical commissioning group and the GP locality group to secure improvements to services where these were identified.
- Most patients said they found it easy to make an appointment when they needed one. Urgent appointments were available the same day.
- Information about how to complain was available at the main and branch practice and easy to understand. The practice responded quickly to issues raised. Learning from complaints was shared with staff.

Good



Are services well-led?

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

- The practice had a vision and strategy to deliver high quality care and develop its services. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure. The practice had policies and procedures to govern activity and held regular governance meetings.
- There was an improving governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The practice proactively sought feedback from staff and patients and had an established patient participation group.

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.

- The practice offered proactive, personalised care to meet the needs of the older people in its population. The practice had a lead GP for the care of patients over 75.
- The practice was responsive to the needs of older people, and offered home visits by the GPs and urgent appointments for those with enhanced needs.
- The practice used risk stratification to identify older patients at raised risk of unplanned hospital admission. The practice developed care plans for patients identified at high risk and referred to relevant services such as the 'Home Ward'.

Good



People with long term conditions

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

- The practice kept registers of patients with long term conditions and carried out regular reviews of patients. Nursing staff took a lead role in chronic disease management. The practice was rolling out and had almost completed end of life training for all clinicians.
- There were high prevalence rates of diabetes in the practice population. Practice performance for diabetes tended to be lower than average for key indicators in 2014/15. For example, only 58% of diabetic patients had adequately controlled blood sugar levels compared to the CCG average of 74% and the national average of 78%. The practice was able to provide evidence of improvement in 2015/16.
- The practice employed an associate GP who was fluent in a range of languages. We were told this was particularly helpful, for example when discussing the management of longer term conditions with affected patients and their families.
- Longer appointments and home visits were available when needed.

Good



Families, children and young people

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

Good



Summary of findings

- 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 high for all standard childhood immunisations.
- Practice performance for asthma was in line with the national average. Seventy three percent of patients with asthma had an annual review compared to the national average of 75%.
- The practice observed strict confidentiality and age specific competency protocols to encourage teenagers and young people to engage with the practice and its services.
- Appointments were available outside of school hours at both the main and branch sites.
- The practice had emergency slots in every GP session available for young children.
- The premises at both the main and branch surgery sites were suitable for children and babies.

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 needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible and flexible.
- The practice was proactive in offering online services.
- The practice offered a full range of health promotion and screening that reflected the needs for this age group.
- The practice coverage for the cervical screening programme in 2014/15 was 78% which was the same as the CCG average. Bowel and breast screening uptake was lower than the national average in 2014/15.
- The practice offered late evening and weekend appointments at the time of the inspection. These appointments were proving popular with working patients.

Good



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 with a learning disability. The practice offered longer appointments for patients with a learning disability and an annual health check.

Good



Summary of findings

- The practice actively identified patients who were carers, for example by asking patients about this when they registered at the practice. Carers were signposted to the local carers resource centre.
- The practice added alerts to the records of patients known to be vulnerable for example, patients who were homeless; those experiencing drug or alcohol problems or domestic violence.
- The practice coordinated with other health and social services professionals in the case management of vulnerable patients. Cases were discussed in clinical meetings and in local network multidisciplinary meetings. Changes to care plans were agreed and documented.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Patients in vulnerable circumstances were booked at quieter times when convenient, for example the Saturday morning clinics.

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).

- The practice was performing in line with national average for indicators of mental health. For example 81% of patients diagnosed with a psychosis had a care plan compared to the national average of 88%.
- The practice participated in a programme 'Shifting the setting of care' to meet patients' needs closer to home. The local NHS primary care mental health practitioner visited the practice monthly to see patients on this programme.
- In 2014/15, 23 of 28 patients diagnosed with dementia (82%) had attended a face to face review in the previous year compared to the national average of 84%. The practice referred these patients to specialist services for diagnosis and further support. The practice provided evidence that these figures had improved in 2015/16.
- The practice informed patients experiencing poor mental health how to access various support groups and voluntary organisations.

Good



Summary of findings

- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The national GP patient survey results were published on January 2016. Questionnaires were sent to 419 patients and 95 were returned: a completion rate of 23% (that is around 1% of the patient list). The results were generally in line with the clinical commissioning group (CCG) average.

- 66% of patients found it easy to get through to this practice by phone compared to the CCG average of 69% and the national average of 73%.
- 57% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 70% and the national average of 76%.
- 86% of patients said the last GP they saw was good at listening to them compared to the CCG average of 84% and the national average of 89%.
- 96% had confidence and trust in the last GP they saw or spoke to compared to the CCG average of 93% and the national average of 95%.
- 98% had confidence and trust in the last nurse they saw or spoke to compared to the CCG average of 94% and the national average of 97%.
- 81% of patients described the overall experience of this GP practice as good compared to the CCG average of 78% and the national average of 85%.

The national survey results showed that the practice scored significantly lower than average for patients' ability to obtain an appointment. However, both patients and staff told us during the inspection that this had improved. We reviewed the practice appointment system and did not have any concerns.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 24 comment cards which were completed at the Guru Nanak surgery. We also interviewed six patients and a member of the practice patient participation group.

- All of the cards included wholly positive comments about the service. Patients we interviewed were also happy with the practice although one patient had suggestions for further improvement, for example more written information in other languages.
- Patients told us they were listened to and the staff were professional, friendly and caring. One patient commented on how the staff took great care to explain things because they were not a fluent English speaker.

Areas for improvement

Action the service SHOULD take to improve

There are some areas where the practice should make improvements. The practice should:

- Ensure that recent improvements in its performance, for example in relation to the management and control of diabetes are sustained.
- Increase its use of clinical audit as a driver for quality improvement within the practice.
- Establish regular multidisciplinary meetings to ensure patients with complex health needs receive well coordinated care.
- Improve patient uptake of bowel and breast cancer screening.

Dr G Singh and Partners

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

Background to Dr G Singh and Partners

Dr G Singh and Partners provides primary care services to approximately 11500 registered patients in the surrounding areas of Southall and Hayes. The service is provided through a personal medical services (PMS) contract.

The practice is led by three GP partners and employs another three salaried GPs and an associate GP. Male and female GPs are available. The practice also employs three part time nurses and a health care assistant, business and practice managers, receptionists and administrators. In total the GPs typically provide 42 sessions per week.

The practice is run from a main practice, Guru Nanak Medical Centre in Southall, and a branch practice Botwell Medical Centre at 238 Botwell Lane, Hayes, UB3 2AP which is around three miles away. The main practice is located in purpose built premises and the branch practice in a smaller, converted property. Both sites have good access for patients with a disability. The GPs work across both sites and patients can attend either site as they wish.

The practice telephone lines are open from 9.00am to 1.00pm and 3.30pm to 6.00pm from Monday to Friday. Appointments can be booked from 9.30am until 1.00pm and 3.00pm until 6.30pm at both sites. The practice

offers late night opening at the Botwell Medical Centre on Wednesday with appointments available between 4.00pm and 7.30pm. The Guru Nanak Medical Centre additionally opens on Saturday morning between 9.00am and 1.00pm.

Out of hours primary care is contracted to a local out of hours care provider. The practice provides patients with information in the practice leaflet and by answerphone about how to access urgent care when the practice is closed. Patients are advised to ring “111” to access the out of hours primary care service.

The practice population has expanded rapidly in recent years and is currently characterised by relatively high proportions of male patients and young adults aged under 40. The population is ethnically diverse, with a high proportion of black, Asian and minority ethnic patients particularly in the Southall area. The practice has a multilingual staff team and the associate GP was recruited in part because they were fluent in a number of Indian languages.

The practice is registered to provide the following regulatory activities: diagnostic and screening procedures; treatment of disease, disorder or injury; surgical procedures; maternity and midwifery services and family planning.

The practice has not previously been inspected by the Care Quality Commission.

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. The inspection was planned to check whether the provider is meeting the legal

Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 14 June 2016. During our visit we:

- Visited both the main surgery (Guru Nanak Medical Centre) and the branch site (Botwell Medical Centre)
- Spoke with a range of staff at both sites (including the practice managers, a GP partner, a salaried doctor, a practice nurse, health care assistant and members of the reception team).
- We spoke with six patients who used the service and another patient who was a member of the patient participation group.
- Observed how patients were greeted and treated at reception.
- Reviewed 24 comment cards where patients shared their views and experiences of the service.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

- We reviewed policies, procedures and written checks and risk assessments recorded by the practice.
- We inspected the premises and equipment to check these were well maintained and suitable for use.

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 were provided for specific groups of people and what good care looked 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 an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there were recording forms available on the practice computer system.
- The practice carried out a thorough analysis of significant events. There had been three incidents to date in the previous year.
- The examples we reviewed were recorded in detail and had been discussed at clinical meetings. The practice understood its obligations under the duty of candour.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice.

The practice also shared relevant learning at the locality multidisciplinary meetings and with senior managers who could share lessons with other practices in the provider group.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. The practice could provide examples where they had raised concerns about patients at risk from abuse to the appropriate agencies. Policies were accessible to all staff including locums. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead clinician for safeguarding vulnerable adults and children. The GPs provided written reports in relation to patients at risk when appropriately requested by other agencies.

Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. The GPs were trained to child safeguarding level 3 and the nurses to level 2.

- Notices around the practice advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises at both the Guru Nanak and Botwell sites to be clean and tidy. One of the practice nurses was the day-to-day infection control clinical lead and the practice liaised with the local infection prevention teams and regional managers to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Quarterly infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The practice had also recently had an external inspection of its infection control.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal).
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Patient group directions (PGDs) had been adopted by the practice to allow the practice nurse to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).
- We reviewed the personnel files of clinical and non-clinical staff members who had joined the practice within the past two years. Appropriate recruitment

Are services safe?

checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had identified health and safety leads among the staff team. The practice had up to date fire risk assessments for both sites and carried out regular monitoring checks and periodic fire drills including a simulated evacuation.
- Electrical equipment and clinical equipment was checked to ensure it was working properly. There were a range of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs. One of the partners was always available and planned leave taken to minimise

disruption to the service. The practice had a rota system in place for all the different staffing groups to ensure enough staff were on duty to cover both the Guru Nanak and Botwell sites.

Arrangements to deal with emergencies and major incidents

The practice had 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 at both the Guru Nanak and Botwell sites.
- The practice had a defibrillator available and oxygen with adult and children's masks at both sites. A first aid kit, accident book and spillage kits were also available.
- Emergency medicines were accessible to staff in a secure area of the practice and all staff knew of their location. This was the case for both sites. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. A copy was kept at both sites and the partners also kept personal copies off-site. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to electronic guidelines from NICE and the clinical commissioning group and used this information to deliver care and treatment that met patients' needs. The practice used electronic templates as an aid to managing long term conditions in line with guidelines.
- The practice monitored that guidelines were being followed through audit, reflection and learning at clinical meetings, peer review and checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The practice QOF results cover both the Guru Nanak Medical Centre and Botwell Medical Centre sites.

In 2014/15, the practice had achieved 92.1% of the total number of points available compared to the national average of 94.8%. We saw unverified evidence that the practice had improved its QOF performance in 2015/16, achieving 95.8%. The practice exception reporting rate was 7% for the clinical domain, which was lower than the clinical commissioning group (CCG) average of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Practice data from 2014/15 showed:

- Practice performance was lower than the CCG and national averages for key diabetes indicators. For example, only 58% of registered diabetic patients had adequately controlled blood sugar levels (that is, their last HbA1c level was 64 mmol/mol or less) compared to

the CCG average of 74% and the national average of 78%. Seventy-two per cent of diabetic patients had a normal blood pressure reading which was closer to the CCG average of 75% and the national average of 78%.

- There was evidence of positive improvement in 2015/16. The practice supplied data showing it had achieved 72.5 of the available 86 points for its QOF performance for diabetes compared to 55 (again of 86 points) the previous year.
- Performance for mental health related indicators were comparable to the CCG and national averages. For example, in 2014/15 the practice had put in place a care plan for 81% of patients with a diagnosed psychosis compared to the national average of 88%. Twenty-three patients of 28 (82%) patients diagnosed with dementia had received a face-to-face review within the previous year compared to the national average of 84%.

Staff were engaged in activities to monitor and improve quality and outcomes. Areas for improvement were identified by analysis of comparative performance data, significant events, patient feedback and updates to local and national guidelines, 'care pathways' and safety alerts.

- We saw two examples of clinical audits completed in the last two years. These were both on going audits related to services provided by the practice under 'local improvement scheme' (LIS) contracts. The on going nature of these audits meant that the practice could ensure that any improvements were monitored and sustained.
- The practice participated in local prescribing audits, national benchmarking and locality reviews.
- The practice had not developed its own audit programme. We found there was scope to increase the use of clinical audit as a tool for improvement within the practice.
- Findings were used by the practice to improve services. For example the practice was able to show that it had significantly improved its QOF performance in 2015/16.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. Staff were encouraged to develop their skills, competencies and knowledge.

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on-going support, one-to-one meetings and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received mandatory training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules, in-house training and external learning opportunities.

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 electronic patient record system and shared electronic computer drives.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- Staff worked together and with other health and social services professionals to understand the range and complexity of patients' needs and to plan on-going care and treatment. This included when patients moved between services or after they were discharged from hospital.

The practice participated in the wider locality multidisciplinary meetings with other health and social services professionals. Care plans were reviewed and updated for patients with complex needs with input from community health and specialist teams as appropriate. We were told that the practice's own multidisciplinary meetings had not been held regularly over the previous year but the practice now planned to run these on a monthly basis to ensure patients benefited from coordinated case management.

The care plans we reviewed were well completed with evidence of involvement of patients and carers and other professionals when appropriate.

Consent to care and treatment

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

- Staff were confident in carrying out assessments of younger patients' capacity to consent in line with relevant guidance, for example should younger patients not wish their parents to be informed or involved.
- The GPs had not undertaken specific training on the Mental Capacity Act. The GPs we spoke with understood the importance of carrying out and recording mental capacity assessments in relation to significant decisions faced by patients when their mental capacity was in any doubt.
- Staff, including the receptionists, were aware of the need to obtain the patient's consent before sharing their information with relatives.

Supporting patients to live healthier lives

The practice identified patients in need of extra support, for example, patients with long-term physical and mental health conditions and those at risk of developing a long-term condition such as diabetes. The practice offered newly registering patients a health check and invited eligible patients for 'NHS health checks'.

- Childhood immunisation rates were high. For example, the practice had achieved 97% coverage for the 'five-in-one' immunisation for babies under two and 94% of the five year old cohort had received both the MMR initial and booster immunisations.
- The practice coverage for the cervical screening programme in 2014/15 was 78% which was the same as the CCG average. The practice followed up patients with

Are services effective? (for example, treatment is effective)

reminders if they did not respond to their invitation. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

- The practice encouraged its patients to participate in national programmes for bowel and breast cancer

screening but uptake rates were comparatively low in 2014/15. For example only 29% of eligible patients were screened for bowel cancer within six months of their invitation compared to the CCG average of 43%. The practice had introduced a bowel cancer screening 'do not attend' protocol to follow these patients up.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed that members of staff were polite and helpful to patients arriving at the practice, spoke discreetly and treated patients with respect. Our findings applied to both the main and branch surgery sites.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff told us they would talk to patients in a quieter area of the waiting room when patients needed to discuss a sensitive matter or appeared distressed.

We received 24 comment cards which were completed at the Guru Nanak surgery. We also interviewed six patients and a member of the practice patient participation group. We spoke with patients who had attended both the main and branch surgery sites.

- All of the cards included wholly positive comments about the service. Patients we interviewed were also happy with the practice although one patient had suggestions for further improvement, for example more written information in other languages. One patient also commented that it could take a long time to book an appointment with their preferred GP.
- Patients told us they were listened to and the staff were professional, friendly and caring. One patient commented on how the staff took great care to explain things because they were not a fluent English speaker.
- Patients and staff members were able to give us individual examples of personalised, compassionate care.

The results from the most recent national GP patient survey showed the practice tended to score in line with the clinical commissioning group (CCG) and national averages for patient satisfaction with clinical consultations with a GP. For example:

- 86% of patients said the GP was good at listening to them compared to the CCG average of 84% and the national average of 89%.

- 80% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 80% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 79% and the national average of 85%.
- 87% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 91%.
- 81% of patients said they found the receptionists at the practice helpful compared to the CCG average of 82% and the national average of 87%.

The practice had also conducted its own questionnaire survey with a much larger sample of patients (521) in 2015. This survey also found that patients rated the practice positively.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. We also saw that care plans were personalised and included the views of patients and where appropriate, their carers or family members. Results from the national GP patient survey showed the practice scores tended to be in line with the national average for these aspects of the service. For example:

- 80% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 86%.
- 81% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 74% and the national average of 82%.
- 86% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 85%.

The practice provided facilities to help involve patients in decisions about their care:

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

Are services caring?

The receptionists added an alert to the records system when patients were known to use an interpreter. The practice team were also able to speak multiple languages between them.

- The practice had a hearing induction loop.

Patient and carer support to cope emotionally with care and treatment

The practice provided information for patients on how to access relevant support groups and organisations.

The practice was working towards becoming a 'carer friendly' practice and had so far identified 159 patients who

were carers (1.4% of the patient list). The receptionists asked patients whether they were carers when they registered at the practice or collecting prescriptions on behalf of someone else. The practice staff were aware of the cultural sensitivities in asking these questions. Written information was available to direct carers to social services, the local carers centre and other relevant sources of support and was displayed in the waiting area.

The practice had a bereavement and condolence policy. The most appropriate GP rang bereaved patients and offered a consultation and could advise on bereavement counselling and other support services.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England area team and clinical commissioning group (CCG) to secure improvements to services where these were identified. For example, following patient feedback, the practice was planning to expand the range of diagnostic services they could offer at the practice.

- The practice was aware of the socio-demographic and cultural characteristics of its population and used this knowledge to tailor its approach, for example in relation to identifying 'hidden' carers.
- The practice facilitated continuity of care for patients with longer-term conditions and those in more vulnerable circumstances.
- The practice offered evening appointments every Wednesday at the branch practice and on Saturday morning at the main practice. These appointments were proving popular with working patients.
- There were longer appointments available for patients with a learning disability or mental health problems.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for pregnant women, young children and babies.
- The practice offered a range of NHS and private travel vaccinations with information about relevant costs and when to seek vaccination in order to have sufficient protection while abroad.
- There were disabled facilities, a hearing loop and translation services available. Several members of staff could speak other languages (including Punjabi, Hindu, Gujarati, Urdu and Swahili) and the associate GP had been recruited to help explain clinical issues with patients in their own language.
- The practice premises were located on the ground floor at the branch practice. There was a lift at the main practice site.

Access to the service

The practice telephone lines were open from 9.00am to 1.00pm and 3.30pm to 6.00pm from Monday to

Friday. Appointments could be booked from 9.30am until 1.00pm and 3.00pm until 6.30pm at both sites. The practice offered late night opening at the Botwell Medical Centre on Wednesday with appointments available between 4.00pm and 7.30pm. The Guru Nanak Medical Centre additionally opened on Saturday morning between 9.00am and 1.00pm. The practice offered online appointment booking and an electronic prescription service and text reminders and was trying to raise patient awareness of these services with posters in the waiting areas.

Results from the national GP patient survey showed that patient satisfaction with access to the service tended to be in line with the CCG and national averages with the exception of patients reporting being able to book an appointment:

- 66% of patients said they could get through easily to the practice by phone compared to the CCG average of 69% and the national average of 73%.
- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and the national average of 78%.
- 57% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 70% and the national average of 76%.
- 68% describe their experience of making an appointment as good compared to the CCG average of 66% and the national average of 73%.

The practice had conducted its own survey with 521 patients and found that 14% of patients were dissatisfied with the appointment system. Patients who participated in the inspection reported that it was reasonably easy to book an appointment particularly if they were happy to consult any available GP. On the day of the inspection, routine appointments could be booked with a GP (either male or female) or a nurse within the same week at both sites. We also received some patient feedback on the day of the inspection that the appointment system had improved over recent months. Patients consistently confirmed that they had been able to access the service the same day for urgent problems.

Practice patients were also able to access the local primary care 'hub' services offering evening and weekend appointments.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and

Are services responsive to people's needs?

(for example, to feedback?)

- the urgency of the need for medical attention. Patients unable to obtain an appointment the same day were able to speak with a GP over the telephone who could provide advice or assess whether an emergency appointment was appropriate.

Patients requiring home visits were requested to ring before 10.00am and their request was passed to a GP. The GP might telephone the patient or their carer to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, for example the practice included information about how to make a complaint in its practice leaflet which was available in reception. There was little information about the complaints process on the practice website.

We looked at three complaints received in the last 12 months and found these were handled in line with the practice complaints policy. The practice was open in following up complaints with the patients concerned, for example, meeting patients to discuss the problem. The practice responded to complaints in writing with an apology. Lessons were learnt from compliments, concerns and complaints and shared with the wider team.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a vision to deliver high quality primary care to its local population and to develop its services to best meet local needs.

- The practice had a statement of purpose which outlined the service aims and objectives. Staff broadly understood these and were committed to providing a good service to their patients.
- The practice was developing a strategy and supporting business plans which reflected the vision and values and were regularly monitored. The practice was using the flexibility of its personal medical services contract to employ a GP associate who was fluent in local languages and to provide appointments at the Guru Nanak surgery on Saturday morning.
- The practice was outward-looking. One of the partners was the vice chair of the local clinical commissioning group.

Governance arrangements

The practice had worked on an overarching governance framework to support the delivery of the strategy and good quality care. This ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. The practice had assigned lead and deputy roles to individual members of staff or partners.
- Practice specific policies were implemented and were available to all staff, including locum clinicians. These had recently been reviewed. Staff members described the practice as organised with clear protocols.
- A comprehensive understanding of the performance of the practice was maintained.
- The practice could demonstrate that it was meeting its targets and used clinical audit to monitor some aspects of its performance. There was scope to further improve and embed the use of audit as a driver for improvement.
- There were effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The practice partners and senior staff demonstrated they had the experience, capacity and capability to run the

practice and ensure high quality care. Staff told us the partners and practice managers were approachable and took the time to listen to all members of staff. Staff members were clear on which individuals held lead roles.

The practice had recently experienced a period of turbulence, which had resulted in its measured performance dipping in 2014/15. It had responded by recruiting a new partner, reviewing its objectives and strengthening its governance. We saw evidence that its performance was recovering in 2015/16.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of all correspondence.

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

- The practice held regular meetings. The regularity of meetings had improved and these were now being minuted. The practice did not yet have fully functional multi-disciplinary meetings at the practice but had identified this as a priority for action.
- Staff said they felt respected. Staff were involved in discussions about how to run and develop the practice, and the company encouraged staff to identify opportunities to improve the service delivered by the practice.
- The practice operated with relatively long clinical sessions. The GPs we spoke with (both salaried and partners) said the working pattern was appropriate for them as individuals and there was sufficient opportunity within the working day for breaks and protected time to deal with administration.
- We were consistently told that the clinical team communicated with and supported each other. The practice organised social events for the whole team, for example at Christmas and Diwali.

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

Are services well-led?

Good 

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

The practice encouraged and valued feedback from patients, the public and staff.

- The practice had gathered feedback from patients through the Friends and Family questionnaire and also regularly reviewed the national GP patient survey results.
- The practice had an established patient participation group (PPG). It was also trying to organise a virtual group to gain feedback from patients who found it difficult to attend meetings.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

There was a focus on learning and improvement within the practice. The practice participated in locality meetings and was keen to share ideas and good practice. The practice had applied for funding to expand its premises to enable it to host additional services, offer space to the local community for events if appropriate and become a training practice for both trainee GPs and student nurses.