

Dr Rahil's Surgery

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

We carried out an announced comprehensive inspection at Dr Rahil's Surgery 17 November 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- There were systems in place to reduce risks to patient safety. For example, infection control practices were good and there were regular checks on the environment and on equipment used.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Data showed that outcomes for patients at this practice performed better when compared to local and national data.
- Feedback from patients about their care was consistently and highly positive. Patients said they were treated with dignity and respect and they were involved in decisions about their care and treatment.

- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Staff felt well supported in their roles and had undergone a regular appraisal of their work.
- The practice had good facilities and was equipped to treat patients and meet their needs.
- The practice actively reviewed complaints and responded to them compassionately and constructively.
- The practice had a clear vision which had quality and safety as its top priority.
- The practice had strong and visible clinical leadership and governance arrangements.

There were areas where the practice could make improvements. The practice should

- Prioritise the replacement of fabric covered chairs in consulting rooms.
- Provide chaperone training and updated policy guidance to staff.

Letter from the Chief Inspector of General Practice

Summary of findings

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. Staff learnt from significant events and this learning was shared across the practice.
- When things went wrong patients received support and an apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had defined systems, processes and practices in place to keep patients safe and safeguarded from abuse. Risks to patients were assessed and well managed.
- The practice had a well-established staff team and staff recruitment checks had been carried out appropriately.
- Systems for managing medicines were effective and the practice was equipped with a supply of medicines to support people in a medical emergency.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Patients' needs were assessed and care was planned and delivered in line with best practice guidance.
- The practice monitored its performance data and had systems in place to improve outcomes for patients. Data showed that outcomes for patients at this practice performed better when compared to local and national data. Staff worked alongside other health and social care professionals to understand and meet the range and complexity of patients' needs.
- Clinical audits were carried out to drive improvement in outcomes for patients.
- Staff felt well supported and they had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Patients gave us very positive feedback about the caring nature of staff. They told us they were treated with dignity and respect and they were involved in decisions about their care and treatment.

Good



Summary of findings

- We saw that staff treated patients with kindness and respect, and maintained confidentiality. We noted that staff and clinicians were proud to work for the practice.
- When we spoke with patients they told us they felt privileged to be patients at the practice and described how well cared for they felt when attending the practice.
- Data from the national patient survey showed that patients rated the practice higher than others locally and nationally for all aspects of care. For example, for being treated with care and concern. This aligned with what patients told us and their positive experiences.
- Information about the services provided was made readily available to patients.
- The practice maintained a register of patients who were carers in order to tailor the services provided. The practice had a carers champion who supported patients to access support.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice reviewed the needs of the local population and worked in collaboration with partner agencies to secure improvements to services where these were identified and to improve outcomes for patients.
- The appointment system was very responsive to patients' needs.
- Patients told us they found it easy to get an appointment. The majority of patients could get an appointment for the same day or the following day if required.
- The practice had good facilities and was equipped to treat patients and meet their needs.
- Information about how to complain was available and the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a vision and strategy to deliver high quality care and promote the very best outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. Levels of staff engagement were high, with staff speaking of how they were proud to work at the practice.

Good



Summary of findings

- There were systems in place to govern the practice and support the provision of good quality care. This included arrangements to identify risks and to monitor and improve quality.
- The provider encouraged a culture of openness and honesty and complied with the requirements of the duty of candour.
- There was a strong focus on development and improvement linked to outcomes for 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

The practice is rated as good for the care of older people.

- The practice offered proactive, personalised care and treatment to meet the needs of the older people in its population. The practice kept up to date registers of patients with a range of health conditions (including conditions common in older people) and used this information to plan reviews of health care and to offer services such as vaccinations for flu.
- Patients over the age of 75 had a named GP and had received a structured annual review to check that their health needs were being met.
- Care planning was carried out for patients with dementia care needs.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. Nationally reported data showed that outcomes for patients for conditions commonly found in older people were above average when compared to local and national averages.
- Uptake of the flu vaccine amongst older patients was above average, with 90% of patients receiving the vaccine.

Good



People with long term conditions

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

- The practice held information about the prevalence of specific long term conditions within its patient population. This included conditions such as diabetes, chronic obstructive pulmonary disease (COPD), cardio vascular disease and hypertension. The information was used to target service provision, for example to ensure patients who required immunisations received these.
- Data from 2014 to 2015 showed that the practice was performing above average in comparison with other practices nationally for the care and treatment of people with chronic health conditions such as diabetes.
- For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Summary of findings

- Longer appointments and home visits were available when needed. We saw that staff knew the practice population well and ensured any patients needing longer appointments had access to these when necessary.
- The practice provided an in house phlebotomy service five days per week and patients were able to have blood collected at the practice.

Families, children and young people

The practice is rated as 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 above average 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.
- Data for rates of cervical screening by the practice showed the percentage of women receiving this intervention was higher than local and national averages, at 84%. (Clinical Commissioning Group average (CCG) 83% and national average 81%).
- Premises were suitable for children and babies and baby changing facilities were available.
- Babies and young children were always offered an appointment as a priority and appointments were available outside of school hours.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The practice 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. Online services included the booking of appointments and request for repeat prescriptions. Electronic prescribing was also provided.
- Screening uptake for people in this age range was above national averages. For example 100% of females aged 50-70 had been screened for breast cancer in the last three years which was above the national average.

Good



Summary of findings

- Extended hours appointments were provided until 8pm one evening per week each Wednesday.
- Telephone consultations were provided daily. This was advantageous for people in this group as it meant they did not always have to attend the practice in person.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice was accessible to people who required disabled access and facilities and services such as a hearing loop system (used to support patients who wear a hearing aid) and translation services were available for those that required them.
- 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.

Good



People experiencing poor mental health (including people with dementia)

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

- Data about how people with mental health needs were supported showed that outcomes for patients using this practice were above average compared to local and national averages. For example, data showed that 93% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the preceding 12 months. This compared to a national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Good



Summary of findings

- Staff had a good understanding of how to support patients with mental health needs and dementia. The GP is a specialist Mental Health Practitioner.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing above all local and national averages. In the survey, 303 forms were distributed and 114 were returned. This represented just less than 3% of the practice's patient list.

- The percentage of respondents to the GP survey who described the overall experience of their GP surgery as fairly good or very good was 100%, compared to the national average of 85%.
- The percentage of respondents to the GP survey who stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery were able to get an appointment, was 96%, compared to the national average of 78%.
- Of those who responded, 94% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the national average of 79%.

- We spoke with five patients during the course of the inspection visit and they told us the care and treatment they received was of a high standard. As part of our inspection process, we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 37 comment cards. All of these were positive about the standard of care and treatment patients received, 37 of which were very positive about the staff and referred in person to the names of staff, especially the GP. Staff in all roles received praise for their professional care. Descriptions of staff in the comment cards we received included: 'excellent', 'outstanding', 'caring', 'no complaints.' Their comments aligned with the positive scores achieved in the national GP patient survey results.

Areas for improvement

Action the service SHOULD take to improve

- Prioritise the replacement of fabric covered chairs in consulting rooms.
- Provide chaperone training and updated policy guidance to staff.

Dr Rahil's Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser.

Background to Dr Rahil's Surgery

Dr Rahil's Surgery is located in Haydock, St Helens. The practice was providing a service to approximately 2900 patients at the time of our inspection. The practice is located within an adapted domestic property within the local area. Patient services are provided on the ground floor level. The building is fully accessible for patients with limited mobility. Car parking is available outside the practice and outside along the main road. Patient toilets are available which are fully accessible and have been upgraded to provide baby change facilities. Part of the reception desk has been dropped down to allow easier wheelchair access and communication for disabled customers.

The male life expectancy for the area is 79 years which is comparable to national levels of 79 years of age. Female life expectancy is 82 years compared to national levels of 83 years. The percentage of the patient population with a long standing health condition is 65% which is higher than the national average of 54%.

The practice is run by a single handed male GP who is supported by a practice nurse. The practice administration team is overseen by a practice manager. The practice manager oversees the work of administration and reception staff who are all multi-skilled.

The practice is open from 8am to 6.30pm each day, with extended hour's appointments available from 6.30pm – 8pm each Wednesday evening. When the practice is closed patients can access the out of hour's service provided by St Helens GP Rota service.

Patients can book appointments in person, via the telephone or online. The practice provides telephone consultations, pre-bookable consultations, urgent consultations and home visits. The practice treats patients of all ages and provides a range of primary medical services.

The practice is part of St Helens Clinical Commissioning Group (CCG). All services are delivered under a General Medical Services contract (GMS). The practice provides a range of enhanced services, for example: extended hours, childhood vaccination and immunisation schemes, checks for patients who have a learning disability.

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 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.

Detailed findings

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 17 November 2016. During our visit we:

- Spoke with a range of staff including the administrators, the GP, and spoke with five patients who used the service.
- Observed how patients were being cared for and how staff interacted with patients on arrival at the practice.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Spoke with members of the patient participation group (PPG).

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.

- The provider was aware of their responsibilities to report notifiable incidents under 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 practice carried out a thorough analysis of significant events. Significant events and matters about patient safety were discussed at practice meetings.
- We looked at a sample of safety alerts and how they had been managed. The information had been disseminated and action had been taken to make required changes to practise for the sample we looked at. For example we saw that staff had revised how patient names were checked and prescriptions provided to ensure they were correctly allocated to the right patient. Staff told us they would inform the practice manager of any incidents.
- In all records of significant events we reviewed, we saw the practice carried out a thorough analysis of the significant events.

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.

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare.
- There was a lead member of staff for safeguarding. The GP attended safeguarding meetings when possible and had provided reports where necessary for other agencies, when they had been requested to do so. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children

and vulnerable adults relevant to their role. The majority of staff had received safeguarding training at a level relevant to their role. For example the GPs were trained to Safeguarding level three

- A notice in the waiting room advised patients that chaperones were available if required. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). All staff who acted as chaperones had received a Disclosure and Barring Service (DBS) check. (DBS for this role. They were able to describe good practice in how they provided this support. They had not received formal training for chaperoning.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result and the practice scored 96% in their last audit.
- The practice had carried out a rolling programme of improvements to the practice and they told us they were continuing with refurbishments. We did note that chairs in consulting rooms were not made of wipeable material and these should be replaced to help improve infection control procedures.
- 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 had been adopted by the practice to allow nurses to administer medicines in line with legislation.

Are services safe?

- The practice had a good level of staff retention and many of the staff across all roles had been in post for a number of years. We reviewed a sample of staff personnel files in order to assess the staff recruitment practices. Our findings showed that appropriate recruitment checks had been undertaken prior to employment.
- **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. A range of health and safety related policies and procedures were readily available to staff.
- The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked regularly to ensure it was working properly.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty to meet patient need.
- **Arrangements to deal with emergencies and major incidents**
- The practice had adequate arrangements in place to respond to emergencies and major incidents.
- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received basic life support training and there were emergency medicines available in the treatment room. All medicines we checked were in date and ready for use.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- A first aid kit and accident book were available and all staff we spoke with knew where this was kept and the procedures to follow when recording any accident on the premises.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The clinicians assessed patients' 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 GPs clearly demonstrated that they followed treatment pathways and provided treatment in line with the guidelines for people with specific health conditions. They also demonstrated how they used national standards for the referral of patients to secondary care, for example the referral of patients with suspected cancers.

The practice monitored the implementation of best practice guidelines through regular clinical meetings. The practice used a system of coding and alerts within the clinical record system to ensure that patients with specific needs were highlighted to staff on opening their clinical record.

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). Results published from data from April 2014 to March 2015 showed the practice achieved 100% of the total number of points available. Overall exception reporting was 9%, which is comparable to the national average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets.

- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale was 99% (CCG average 91%, national average of 89%).
- Data showed performance for diabetes related indicators was in line with or above the national average. For example:

- The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c was 64mmol/mol or less in the preceding 12 months was 88%, compared to the CCG average of 82% and national average of 77%.
 - The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 78%, compared to the CCG average of 81% and national average of 78%.
 - Performance for mental health related indicators was above both local and national averages. For example:
 - The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive care plan documented in their record, in the preceding 12 months, was 100%, compared to the CCG average of 92% and national average of 88%.
 - The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a record of alcohol consumption, in their records in the preceding 12 months was 94%, compared to the CCG average of 91% and national average of 89%.
 - We looked at the processes in place for clinical audit. Clinical audit is a way to find out if the care and treatment being provided is in line with best practice and it enables providers to know if the service is doing well and where they could make improvements. The aim is to promote improvements to the quality of outcomes for patients. A number of clinical audits had been completed in the last twelve months. One of these was a qualitative audit following the patient's journey through their diagnosis and treatment for cancer. The staff identified areas of learning through this audit to help themselves in how to support other patients going through such treatment.

The practice worked alongside other health and social care professionals in monitoring and improving outcomes for patients. The needs of patients with more complex health or social care needs were discussed at multi professional meetings.

Effective staffing

Are services effective?

(for example, treatment is effective)

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- An induction programme was provided to newly appointed members of staff.
- Staff told us they felt appropriately trained and experienced to meet the roles and responsibilities of their work. Staff had access to and made use of e-learning training modules and in-house training. There was a training plan in place to ensure staff kept up to date with their training needs. Two staff told us about how they had been employed and supported by the practice to attend training to help their roles as they had never worked in a GP practice before. They told us that they were very well supported and this had continued in supporting them in their future developments including attending university for further study.
- Staff had been provided with training in core topics including: safeguarding, fire procedures, basic life support and information governance awareness. Staff had also been provided with role-specific training. For example, staff that provided care and treatment to patients with long-term conditions had been provided with training in the relevant topics such as diabetes. Other role specific training included topics such as administering vaccinations and taking samples for the cervical screening programme.
- Clinical staff were kept up to date with relevant training, accreditation and revalidation. There was a system in place for annual appraisal of staff. Appraisals provide staff with the opportunity to review/evaluate their performance and plan for their training and professional development.
- Staff attended a range of internal and external meetings. The GP attended locality meetings and meetings with the CCG.
- **Coordinating patient care and information sharing**
- The information needed to plan and deliver care and treatment was available to relevant staff in a timely

and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and investigation and test results.

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. GPs followed national standards for the referral of patients with suspected cancers meaning they would be seen within two weeks.
- Staff worked together with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.
- Hospital discharge letters were managed appropriately and the practice reviewed hospital admissions data on a regular basis.
- **Consent to care and treatment**
- Staff sought patients' consent to care and treatment in line with legislation and guidance.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff were aware of their responsibility to carry out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.
- **Supporting patients to live healthier lives**
- The practice identified patients who may be in need of extra support. For example:
- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Information and advice was available about how patients could access a range of support groups and voluntary organisations.

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

- The practice monitored how it performed in relation to health promotion. Information from QOF and other sources were used to identify where improvements were needed and to take action.
- Information from QOF for the period of April 2014 to March 2015 showed outcomes relating to health promotion and ill health prevention were comparable to and above average to other practices locally and nationally. The practice's uptake for the cervical screening programme was 84%, which was higher than the CCG average of 83% and the national average of 81%.
- The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Bowel and breast cancer screening rates were around the national average with persons (aged 60-69) screened for bowel cancer in the last 30 months at 52% (national average 58%) and females (aged 50-70) screened for breast cancer in the last 36 months at 78% (national average 72%).
- Childhood immunisation rates for the vaccinations given were comparable to or higher than CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93% to 100% and five year olds from 93% to 100%.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40-74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

We made patient comment cards available at the practice prior to our inspection visit. We received 37 completed comment cards and all of these were highly positive and complimentary about the caring nature of the service provided by the practice. Patient feedback in comment cards described staff as; 'excellent', 'outstanding', 'caring' and 'no complaints.' We spoke with five patients who were attending the practice at the time of our inspection including one member of the Patient Participation Group (PPG). Patients gave us highly positive feedback about the caring nature of the GP and the whole staff team. Patients overall said they felt the practice offered good quality care. Staff demonstrated a patient centred approach to their work during our discussions with them. Staff told us they felt the staff knew the needs of the patients well and often went the extra mile for their patients who sometimes needed assistance picking up prescriptions and staff taking them home. Patient's views aligned with staff examples of going the extra mile. Patients described personal experiences where they felt the staff had gone above and beyond in their role and gave them great support emotionally and responded compassionately when they needed help. Some patients felt that they were like relatives in regard to how warm and friendly the staff were to them and in the stability of long term staff who knew their needs and their families very well.

Patients had recently nominated the GP to a national newspaper for an "Unsung hero" award. The certificate was displayed in reception to share with all the patients.

We noted that the practice staff knew the patient population well and were able to respond quickly and appropriately to their needs. For example, staff were aware of people who were carers and could identify which times would be easiest for them to attend the surgery for appointments.

Results from the national GP patient survey showed patients felt they were treated with care and concern. The practice received scores that were consistently higher than local and national averages. The practice had commissioned an external company to survey their patients each year from 2012 to present day. The results showed consistently high levels of patient satisfaction which

aligned to the results of the national GP patient survey and to what patients told us during the inspection. The patient survey contained aggregated data collected between July to September 2015 and January to March 2016. The practice received high scores in all areas including; for patients being given enough time, being treated with care and concern and having trust in clinical staff. For example:

- 96% of respondents said the last GP they saw gave them enough time compared to a CCG average of 88% and a national average of 86%.
- 99% said the last nurse they saw or spoke to was good at giving them enough time (CCG average of 92%, national average of 91%).
- 97% said that the last time they saw or spoke to a GP; the GP was good or very good at treating them with care and concern (national average 85%).
- 98% said that the last time they saw or spoke to nurse; they were good or very good at treating them with care and concern (national average 90%).
- 98% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%).
- 100% said they had confidence and trust in the last nurse they saw or spoke to (CCG average of 97%, national average 97%).
- The practice scored higher than local and national averages with regards to the helpfulness of reception staff and patients' overall experiences of the practice: For example:

Are services caring?

- 97% of respondents said they found the receptionists at the practice helpful compared to a CCG average of 85% and a national average of 86%.
- 100% of respondents described their overall experience of the practice as 'fairly good' or 'very good' (national average 85%).
- The percentage of patients who stated that they would probably or definitely recommend their GP surgery to someone who had just moved to the local area was 94% compared to a national average of 79%.
- 97% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.
- The practice provided facilities to help patients be involved in decisions about their care:
- Staff told us that translation services were available for patients who did not have English as a first language.

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

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect. Information about how patients could access a number of support groups and organisations was available at the practice. Information about health conditions and support was also available at the practice and on the practice's website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 121 patients as carers. Written information was available to direct carers to the various avenues of support available to them.

Patients receiving end of life care were signposted to support services. The practice had a policy and procedure for staff to adopt following the death of a patient. The GP made contact with family members or carers following bereavement to offer them support and signposted them to bereavement support services.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were consistently higher than local and national averages. For example:

- 92% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 98% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 81%.

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, the practice worked to ensure unplanned admissions to hospital were prevented through identifying patients who were most at risk and developing care plans with them to prevent an unplanned admission.

- There were longer appointments available for patients who required these.
- Home visits were available for older patients, patients with a learning disability and patients who had clinical needs which resulted in difficulty attending the practice.
- Patients were able to get an appointment on the day they contacted the practice or the following day. Same day appointments were available for children and those patients with medical conditions that require same day consultation.
- The practice provided facilities for disabled people and a translation service was available.
- The practice offered extended opening hours one day per week until 8pm.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8am throughout the day. The appointment system was well managed and sufficiently flexible to respond to peoples' needs. People told us on the day that they were able to get appointments when they needed them. The practice told us most patients were seen the same day they contacted the surgery or the following day. Patients confirmed this was the case and they told us they found the whole process of making an appointment easy.

Results from the national GP patient survey showed that patient's satisfaction with how they could access the practice was consistently higher than local and national averages. The results aligned to what patients told us on the day of inspection. For example:

- 93% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 78%.
- 100% of patients said they could get through easily to the practice by phone compared to the CCG average of 66% and the national average of 73%.
- 96% said they were able to get an appointment the last time they wanted to see or speak with a GP or nurse (national average 76%).
- 100% of patients described their experience of making an appointment as good (national average 73%).
- 100% said the last appointment they got was convenient (CCG average 93%, national average 92%).
- The practice was located in a domestic style property that had been adapted. The premises were accessible and facilities were provided for people who were physically disabled. Reasonable adjustments were made and action taken to remove barriers when people found it hard to use or access services. For example, a baby changing facility was provided and translation services were available.

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 procedure and how they could expect their complaint to be dealt with.
- There was a designated member of staff who handled complaints. We looked at a sample of complaints received in the last 12 months. Complaints had been logged, investigated and responded to in a timely manner and patients had been provided with an explanation and an apology when this was appropriate. We found that lessons had been learnt from concerns and complaints and action had been taken to improve the quality of care and patients' experience of the service.

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 statement of purpose which outlined its aims and objectives. These included the provision of high quality, safe and effective healthcare. Staff we spoke demonstrated that they supported the aims and objectives and the values linked to these. They consistently demonstrated a patient centred approach to their work.

The provider had knowledge of and incorporated local and national objectives. They worked alongside commissioners and partner agencies to improve and develop the primary care provided to patients in the locality.

Governance arrangements

The practice had a governance framework. They had effective arrangements in place to govern the service and ensure good outcomes were provided for patients. The structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. Staff we spoke with knew how to access these and any other information they required in their role.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The GP used evidence based guidance in their clinical work with patients.
- The GP had a clear understanding of the performance of the practice. The practice used the Quality and Outcomes Framework (QOF) and other performance indicators to measure their performance.
- The QOF data showed that the practice achieved results higher than other practices locally and nationally for the indicators measured.
- Clinical audits had been carried out to evaluate the operation of the service and the care and treatment provided and to improve outcomes for patients.
- The GP had met their professional development needs for revalidation (GPs are appraised annually and every

five years they undergo a process called revalidation whereby their licence to practice is renewed. This allows them to continue to practise and remain on the National Performers List held by NHS England).

- There were clear methods of communication across the staff team. Records showed that regular meetings were carried out as part of the quality improvement process to improve the service and patient care.

Leadership and culture

On the day of inspection the GP demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the GP was approachable and always took the time to listen to all members of staff.

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 processes for reporting concerns were clear and staff told us they felt confident about raising any concerns. The GP 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 support, information and an apology
- Staff in all roles felt well supported and appropriately trained and experienced to meet their responsibilities. Staff described a good working environment, good team working and they told us they felt valued.

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

The practice actively encouraged and valued feedback from patients. Feedback we attained from patients was very positive and they told us they felt staff provided a high quality service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys. The PPG met regularly, and submitted proposals for improvements to the practice

Are services well-led?

Good 

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

management team. For example, in requesting a notice board to help advertise the PPG role and to provide a comments area for patients to raise any suggestions they had.

- 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. Staff told us they felt involved and engaged to improve how the practice was run.
- The practice also sought patient feedback by utilising the Friends and Family test. The NHS friends and family test (FFT) is an opportunity for patients to provide feedback on the services that provide their care and treatment. It was available in GP practices from 1

December 2014. Results for 2016 showed that the vast majority of patients who had completed the survey were either likely or extremely likely to recommend the practice.

- The practice used information from complaints received to make improvements to the service.
- **Continuous improvement**
- There was a focus on continuous learning and improvement within the practice. The provider was aware of challenges to the service. They were clear on the areas they intended to develop and were open about the areas of work which they felt required improvement. They were equally clear about what they did well and about their drive to provide high quality healthcare that meets the needs of the practice population.