

Dr Bhupendra Modi

Quality Report

122 Canon Street

Leicester

LE4 6NL

Tel: 0116 266 1247

Website: www.drmodisurgeries.co.uk

Date of inspection visit: 24 February 2016

Date of publication: 21/04/2016

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10

Detailed findings from this inspection

Our inspection team	11
Background to Dr Bhupendra Modi	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13
Action we have told the provider to take	21

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Bhupendra Modi on 24 February 2016. Overall the practice is rated as good.

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

- There was an effective system in place for reporting and recording significant events and staff were aware how to report an incident.
- Safety alerts were distributed to all staff who signed to state they had read the alert and acted on them as necessary, however these were not discussed at practice meetings.
- Staff were knowledgeable about the actions they would take if they had any safeguarding concerns.
- There were embedded systems in relation to obtaining, prescribing, recording, handling, storing and security of medicines.

- Most risks to patients were assessed and well managed, however the practice had not carried out a legionella risk assessment. Following the inspection, the practice confirmed a date had been arranged with an external contractor to carry out this risk assessment.
- New guidelines from the National Institute for Health and Care Excellence (NICE) were discussed between the GP and registrar and documented. However, this did not include any changes made to practice as a result.
- The practice had templates set up on the patient record system which supported planning of patient care with specific long-term conditions.
- Staff had the skills, knowledge and experience to deliver effective care and treatment and there was evidence of appraisals and personal development plans for all staff.

Summary of findings

- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.
- Patients said they were treated with dignity and respect and they were involved in decisions about their care and treatment.
- We saw staff were polite and professional, they treated patients with kindness and respect, and maintained patient confidentiality.
- A GP partner attended locality meetings to assist with the review of the local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients told us they found it easy to make an appointment.
- Information about how to complain was available in the patient waiting area. Learning from complaints had been identified and the practice manager was taking action around the main theme.
- There was a clear vision with aims and objectives that all staff were aware of and could reflect on.
- Practice specific policies were implemented and were available to all staff.

- A programme of continuous clinical and internal audit was in place which was used to monitor quality and to make improvements.
- There was a leadership structure in place and staff felt supported by management.
- There was an active patient participation group which met on a regular basis. The practice acted on feedback from the group and also feedback from patients and staff.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty.

The area where the provider must make improvements are:

- To ensure a legionella risk assessment is carried out and appropriate action is taken as necessary.

The areas where the provider should make improvements are:

- Discuss safety alerts and any action required at practice meetings.

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 requires improvement for providing safe services.

Requires improvement



- There was an effective system in place for reporting and recording significant events and staff were aware how to report an incident.
- Detailed discussions were held to ensure lessons were learnt and shared.
- Safety alerts were shared and acted on, however these were not discussed at practice meetings.
- Staff were knowledgeable about the actions they would take if they had any safeguarding concerns.
- There were embedded systems in relation to obtaining, prescribing, recording, handling, storing and security of medicines.
- Most risks to patients were assessed and well managed, however the practice had not carried out a legionella risk assessment. Following the inspection, the practice confirmed a date had been arranged with an external contractor to carry out this risk assessment.
- A comprehensive business continuity plan was in place in the event of a major disruption to the service.

Are services effective?

The practice is rated as good for providing effective services.

Good



- The practice had templates set up on the patient record system which reflected best practice guidelines and supported planning of patient care with specific long-term conditions.
- Data from the Quality and Outcomes Framework showed patient outcomes were average compared to the national average.
- Clinical audits were carried out and improvements made to the service provision as a result.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Unplanned admissions and accident and emergency attendances were reviewed and care plans were altered, as necessary.

Summary of findings

- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.
- A range of health assessments and checks were available.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was displayed in patient waiting areas and was easy to understand.
- We saw staff were polite and professional, they treated patients with kindness and respect, and maintained patient confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- A GP attended locality meetings to assist with the review of the local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients told us they found it easy to make an appointment.
- Information about how to complain was available in the patient waiting area. Learning from complaints had been identified and changes to practice had been implemented.

Are services well-led?

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

Good



- There was a documented overarching governance framework to support the delivery of a strategy and good quality care. This included a detailed vision, aims and objectives.
- Practice specific policies were implemented and were available to all staff.
- Staff were aware of their own roles and responsibilities.
- A programme of continuous clinical and internal audit was in place which was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks. Actions were carried out to mitigate potential risks.
- There was a leadership structure in place and staff felt supported by management.

Summary of findings

- There was an active patient participation group which met on a regular basis. The practice acted on feedback from the group and also feedback from patients and staff.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty.

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 provider is rated as good for the care of older people.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent on the day appointments.
- Those at high risk of hospital admission and end of life care needs were identified and reviewed regularly, this included working with other health professionals to provide co-ordinated care.
- Those identified as high risk had a care plan in place.

People with long term conditions

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

Good



- The GP led chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators, for example monitoring of blood sugar levels, was better compared to the national average. 85% compared to 78%.
- The practice offered longer appointments and home visits to those that needed it.
- A structured annual review was carried out to check their health and medicines needs were being met. For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care, including domiciliary services.

Families, children and young people

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

Good



- 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 for the standard childhood immunisations were comparable to the CCG averages.
- 91% of patients diagnosed with asthma had an asthma review in the last 12 months. This was slightly higher than the national average of 75%.

Summary of findings

- The practice's uptake for the cervical screening programme was 72%, which was comparable to the CCG average of 69% and the national average of 74%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice offered contraception services, including the insertion and removal of contraceptive implants.

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, flexible and offered continuity of care.
- The practice offered online services to book appointments and order repeat prescriptions.
- Health promotion advice was offered during consultations and a range of accessible health promotion material was available in the patient waiting area.
- Telephone consultations were also available on a daily basis.

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 living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- An annual review was carried out by the practice nurse for patients living with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people and ensured regular reviews and care plans were in place.
- 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 and knew how to contact relevant agencies in normal working hours and out of hours.
- All staff had received training in safeguarding vulnerable adults and children.

Good



Summary of findings

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).

- 100% of patients with a diagnosis of dementia had their care reviewed in a face-to-face review, compared to 84% nationally.
- 100% of those with a diagnosis of schizophrenia, bipolar affective disorder or other had a comprehensive and agreed care plan in place, compared to 88% nationally.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those living with dementia. This included working closely with the mental health facilitator.
- The practice carried out advance care planning for patients with dementia and offered dementia screening services.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- Longer appointments were available for patients who needed additional support from the GP.

Good



Summary of findings

What people who use the service say

The national GP patient survey results was published on January 2016. The results showed the practice was performing in line with national averages. 398 survey forms were distributed and 121 were returned. This represented 4% of the practice's patient list.

- 85% found it easy to get through to this surgery by phone compared to a national average of 73%.
- 77% were able to get an appointment to see or speak to someone the last time they tried (national average 76%).
- 82% described the overall experience of their GP surgery as fairly good or very good (national average 85%).

As part of our inspection, we also asked for CQC comment cards to be completed by patients before our inspection. We received 39 comment cards, 36 of these were positive about the standard of care received, 3 were neither positive or negative. The comment cards stated the surgery were very friendly, had a trustful GP and had no complaints.

We spoke with two patients during the inspection. They said they were happy with the care they received from reception staff through to the GP. The NHS Friends and Families Test (FFT) results for February 2016 showed that 100% of patients would recommend the practice.

Areas for improvement

Action the service **MUST** take to improve

The area where the provider must make improvements are:

- To ensure a legionella risk assessment is carried out and appropriate action is taken as necessary.

Action the service **SHOULD** take to improve

The areas where the provider should make improvements are:

- Discuss safety alerts and any action required at practice meetings.

Dr Bhupendra Modi

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 and a practice manager specialist adviser.

Background to Dr Bhupendra Modi

Dr Bhupendra Modi is a GP practice providing primary medical services to around 3,019 patients within a residential area in Leicester City. There is a high diversity within the patient population. Leicester City Clinical Commissioning Group (LCCCG) commission the practice's services.

The service is provided by a male GP. The practice is a training practice, and therefore can also offer appointments with another qualified doctor. There is a nursing team comprising of a part-time practice nurse and a part-time healthcare assistant. A practice manager and a team of reception and administration staff support them.

The practice has one location registered with the Care Quality Commission (CQC). The location we inspected was Dr Bhupendra Modi, 122 Canon Street, Leicester.

The practice is located within a converted two-storey semi-detached house. Most patient facilities are situated on the ground floor, however the treatment room is based on the first floor.

The practice is open from 8am to 6.30pm Monday to Friday and offers extended hours on a Monday between 6.30pm and 7.30pm. Clinics are from 8.30am to 11.30am and 4pm to 6pm. Telephone triage is carried out by the GP from 8.30

am to 9.20am. Patients can access out of hours support from the national advice service NHS 111. The practice also provides details for the nearest walk-in centres to treat minor illnesses and injuries, as well as accident and emergency departments.

Why we carried out this inspection

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

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 24 February 2016. During our visit we:

- Spoke with a range of staff, including GPs, practice manager, practice nurse and administrative and reception staff, and a visiting midwife.
- Spoke with patients who used the service and observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

Detailed findings

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services 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 would inform the practice manager of any incidents and knew how to record incidents using a reporting template.
- The practice carried out an analysis of the significant events and discussed them at monthly practice meetings.

When there were unintended or unexpected safety incidents, the GP personally contacted patients and they received a verbal or written apology, an explanation regarding the incident and were told about any actions to improve processes to prevent the same thing happening again.

We reviewed incident reports and minutes of meetings where these were discussed. We found that minutes recorded discussions specific to the incidents and lessons were shared to make sure action was taken to improve safety in the practice. Staff were also required to sign to say they had read and understood the discussions.

Copies of safety alerts were given to the GPs and practice nurse and action was taken as necessary. Staff were required to sign to the copy of the safety alert, however these were not discussed at practice meetings.

Overview of safety systems and processes

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

- The practice had safeguarding children and vulnerable adults policies in place that reflected relevant legislation and local requirements. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Staff were aware of their responsibilities and knew who the lead staff member was for safeguarding. All staff had received training in safeguarding adult and children relevant to their role. Safeguarding concerns were discussed with the relevant persons and the GP attended multi-disciplinary meetings, as required.
- A notice in the waiting room advised patients that chaperones were available and to ask at reception if a chaperone was required. All staff who acted as chaperones were trained for the role and received a Disclosure and Barring Service check (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).
- We observed the premises to be visibly clean and tidy. The practice nurse and GP were the infection control clinical leads 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. We saw records of monthly infection control checklists completed and cleaning audits carried out by an external company responsible for the cleaning of the premises. Two clinical waste bins stored outside were not secured in line with Health and Safety Executive guidance. However, the day after our inspection, the practice provided evidence to show that these bins were now secured.
- The arrangements for managing medicines, including emergency medicines and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescriptions 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. The practice nurse was assessed as competent by the GP. The practice also had a clear system in place to monitor prescriptions that had not been collected; the GP reviewed these on a monthly basis and took action as appropriate.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken before employment for four of the five staff members. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Are services safe?

- 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.

Monitoring risks to patients

Some risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available in the reception office that identified local health and safety representatives. The practice had up to date fire risk assessments and regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. A detailed risk assessment had been carried out for the control of substances hazardous to health (COSHH). However, the practice had not completed a risk assessment to monitor legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The day following our inspection, the practice provided the inspection team with a date for an external company to attend and complete a risk assessment in relation to legionella.
- There was a rota system in place for staff to ensure that enough staff were on duty to meet the patient needs. Staff covered each other's planned leave, as well as sickness.
- The practice used the same locum GP to cover annual leave. We saw that the appropriate recruitment checks

were carried out before employment. This included references, identification, evidence that they were registered on the local performers lists and registration with the appropriate professional body.

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. This alerted staff to any emergency.
- All staff received basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- A first aid kit and accident book was available in the reception.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff, as well as suppliers for electricity and gas.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed patient 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. The GP received an email with regards to new guidelines from NICE. We saw evidence of discussions between the GP and registrar of the new guidelines, however this did not include what changes to practice were required, if any.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. Risk assessments had links to the relevant NICE guidance and Royal College of General Practitioners (RCGP) guidelines.
- The practice had care plans and templates on the patient record system which supported planning of patient care with specific long-term conditions.

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 most recent published results were 99.7% of the total number of points available, with 4% exception reporting. (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. Data from 2014/15 showed;

- Performance for diabetes related indicators, for example monitoring of blood sugar levels, was better compared to the national average. 85% compared to 78%.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the national average. 87% compared to 84%.

- Performance for mental health related indicators was better compared to the national average. For example, 100% of those with a diagnosis of schizophrenia, bipolar affective disorder or other had a comprehensive and agreed care plan in place, compared to 88%. 100% of patients with a diagnosis of dementia had their care reviewed in a face-to-face review, compared to 84%.

Clinical audits demonstrated quality improvement.

- There had been three clinical audits in the last two years, two of which were a completed audit cycle. We saw improvements were implemented and monitored as a result. For example, the practice had seen an improvement in the referral rate for dementia screening.
- The practice participated in local audits which were led by the local CCG, as well as external peer review and local benchmarking.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. All staff were also provided with a staff handbook.
- 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 vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings and protected learning time.
- The learning needs of staff were identified through a system of appraisals and reviews of practice development needs. New employees also had a mid-term review, which was documented in staff files. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during one-to-one meetings, appraisals, clinical supervision and facilitation and support for revalidating GPs. All staff had had a 360

Are services effective?

(for example, treatment is effective)

degree appraisal within the last 12 months. A 360 degree appraisal is a system or process in which employees receive confidential, anonymous feedback from the people who work around them.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

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.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. Referrals made through the choose and book system were completed whilst the patient was present.
- There was a system in place to ensure all incoming mail was reviewed by the GP. Any action required, including a referral or medicine changes was initiated immediately.
- We saw that A&E attendances and unplanned admissions were reviewed and discussed at practice meetings, as well as peer group meetings.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence of multi-disciplinary meetings which included a health visitor, district nurse and MacMillan nurse. Services were also able to fax or create task notes to each other as appropriate, we saw this in practice.

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 (MCA). When providing care and treatment for children and young people, staff carried 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 assessed the patient's capacity and, recorded the outcome of the assessment.
- All staff had received training in the MCA and the GP had training in the Deprivation of Liberty Safeguards (DoLS).

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, carers and those at risk of developing a long-term condition. Patients were then signposted to the relevant service.
- Various information and leaflets were available in the patient waiting area. This included a local podiatry service, Richmond Fellowship and Mosaic helpline (the Mosaic helpline provided advice on any topics relating to disability).

The practice's uptake for the cervical screening programme was 72%, which was comparable to the CCG average of 69% and the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 100% and five year olds from 92% 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, as well as annual health checks for patients with long-term conditions. Appropriate follow-ups for 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 saw that staff members were polite, considerate and professional to patients and treated them with dignity and respect. All staff had also received training in customer service.

- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew if patients wanted to speak in private, they could offer them a private room to discuss their needs.

Thirty-six of the 39 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were caring.

We spoke with the chair of the patient participation group. They told us the practice offered good continuity of patient care and treated patients with dignity and respect.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was on average for its satisfaction scores on consultations with GPs and nurses. For example:

- 84% said the GP was good at listening to them compared to the CCG average of 86% and national average of 89%.
- 84% said the GP gave them enough time (CCG average 82%, national average 87%).
- 94% said they had confidence and trust in the last GP they saw (CCG average 93%, national average 95%).
- 89% said the nurse was good at listening to them compared to the CCG average of 88% and national average of 91%.
- 85% said the nurse gave them enough time (CCG average 88%, national average 92%).
- 96% said they had confidence and trust in the last nurse they saw (CCG average 95%, national average 97%).
- 88% said they found the receptionists at the practice helpful (CCG average 84%, national average 87%).

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. Patient feedback on the comment cards we received was also positive and said they felt supported by staff to make an informed decision about the choice of treatment available to them.

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 in line with local and national averages. For example:

- 87% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 88% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 90%.
- 76% said the last GP they saw was good at involving them in decisions about their care (national average 82%).
- 86% said the last nurse they saw was good at involving them in decisions about their care (national average 85%).

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Practice staff also spoke a variety of languages, which patients were aware of.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 0.9% of the practice list as carers. All carers were offered an annual check. The practice manager carried out an annual audit to identify any carers that were not on the carers register, any new patients identified were then invited to the surgery.

Are services caring?

Staff told us that if families had suffered bereavement, the practice manager would write to the families and an information booklet would also be sent. Extended appointments were available if a family member wanted to see a GP.

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.

- Additional appointments were offered on a Monday evening for those patients unable to attend during a normal working day.
- There were longer appointments available for patients with a learning disability and for those whose circumstances made them vulnerable.
- Home visits were available for older patients and other patients who would benefit from these, including patients experiencing poor mental health.
- Same day appointments were available for children and those with serious medical conditions.
- The practice offered a telephone triage service every morning.
- A hearing loop and translation services available.
- Most of the patient facilities were located on the ground floor. The nurse treatment room was located on the first floor, however there was not a lift for those patients unable to use the stairs. Staff told us there was an alert on the patient record system to identify patients unable to use the stairs and a room on the ground floor would be made available.
- The practice had made adjustments to the premises, including putting in a ramp at the entrance door and a door bell for those who needed additional assistance. However, the practice had not completed an access audit which would identify any areas where reasonable adjustments may be required to ensure all patients could access the services without difficulty. However, the day after the inspection, the practice provided the inspection team with a date an external company was to attend to carry out an access audit.
- The practice referred patients to a local group which supported and promoted exercise through walking, this was specific to female patients of a minority ethnic group.

Access to the service

The practice was open from 8am to 6.30pm Monday to Friday and offered extended hours on a Monday between 6.30pm and 7.30pm. Clinics started at 8.30am to 11.30am and 4pm to 6pm. Telephone triage was carried out by the GP from 8.30 am to 9.20am. In addition to pre-bookable appointments for up to one week, urgent on-the-day appointments were also available for patients that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to national averages.

- 87% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 85% patients said they could get through easily to the surgery by phone (national average 73%).
- 39% patients said they always or almost always see or speak to the GP they prefer (national average 36%).

Patients told us they were able to get appointments when they needed them. Thirty-six of the 39 comment cards we received were positive about access to the practice.

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 a complaints leaflet and poster was available to help patients understand the complaints system.

We looked at two complaints received in the last 12 months and found these had been dealt with in a timely way. The practice had taken action to improve the staff induction programme and increased its stock as a result of a complaint.

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 priority for the practice was collaborative working and integrated care. A development plan was in place which clearly identified the practice's vision and their aims and objectives. Staff were aware that the vision for the practice was to improve the health, well-being and lives of the patients registered at the practice.

Governance arrangements

The practice had a documented overarching governance framework to support the delivery of a strategy and good quality care.

- Practice specific policies were implemented and were available to all staff. The GP and practice nurse reviewed policies on a rolling system to ensure all were up-to-date with current guidance and in date.
- Staff were aware of their own roles and responsibilities and had received training in governance.
- A programme of continuous clinical and internal audit was in place which was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks. Actions were carried out to mitigate potential risks.

Leadership and culture

The GP and practice management team had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The GP and practice manager were visible in the practice and staff told us they were approachable and always took the time to listen to all staff members.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The practice gave a verbal or written apology and provided reasonable support.
- They kept written records of verbal interactions as well as written correspondence.

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

- Clinical and non-clinical meetings were held on a monthly basis and detailed minutes of the meetings were kept.
- Staff told us they could raise any issues at team meetings and were able to raise concerns if they had any. Staff told us they felt listened to.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys. There was an active PPG which met regularly, assisted with practice patient surveys and discussed areas for improvement to the practice management team. For example, the PPG discussed implementing a newsletter, which the practice put into place and has continued for roughly two years. This provided information to patients about the practice as well as community health groups and health promotion.
- Patient satisfaction surveys were carried out by the practice to review access to the practice as well as patient doctor consultations. Feedback from these were very positive and the results were discussed at practice meetings.
- The practice had gathered feedback from staff through practice meetings. Staff told us they felt able to give feedback and discuss any concerns or issues with colleagues, the practice manager and GP.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	How the regulation was not being met: The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. They had failed to identify the risks associated with legionella. This was in breach of regulation 12(1)(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.