

Dr Hegde & Partners

Quality Report

The Galleries Health Centre, Washington, Tyne and Wear, NE38 7NQ

Tel: 0191 416 1841

Website: www.drvandhonline.com

Date of inspection visit: 5 January 2016

Date of publication: 03/03/2016

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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	6
What people who use the service say	10
Outstanding practice	10

Detailed findings from this inspection

Our inspection team	11
Background to Dr Hegde & Partners	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Hegde and Partners on 5 January 2016. Overall, the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs. They were responsive to the needs of patients and had made reasonable adjustments to improve access to the service. For example, the practice had conducted an audit of their facilities and developed an action plan to ensure they were suitable and accessible for patients with dementia type conditions.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted upon.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw one area of outstanding practice:

- On the National GP Patient Survey, the practice consistently scored higher than the national and local averages for ease of access to the service. For example, 90.6% described their experience of

Summary of findings

making an appointment as good (compared to a CCG average 76.2% and a national average of 73.3%). 80.4% said they felt they do not normally have to wait too long to be seen (compared to a CCG average 65% and a national average of 57.7%).

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- 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.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

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

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of their local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework, which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The 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 and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted upon. There was an active patient participation group, which met regularly.
- There was a strong focus on continuous learning and improvement at all levels.

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.

Good



- Staff provided proactive, personalised care, which met the needs of older patients. Patients aged 75 and over were allocated a named GP to help ensure their needs were met.
- Good arrangements had been made to meet the needs of 'end of life' patients. Staff held regular palliative care meetings with other healthcare professionals to review the needs of these patients and ensure they were met.
- The practice offered home visits and longer appointment times where these were needed by older patients. The practice had a visiting practice nurse who focussed on meeting the needs of patients in care homes.
- Nationally reported data showed the practice had performed well in providing recommended care and treatment for the clinical conditions commonly associated with this population group. For example, performance for heart failure related indicators was better than the CCG and national average. The practice achieved 100% of the points available. This compared to an average performance of 98.7% across the CCG and 97.9% national average.

People with long term conditions

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

Good



- Effective systems were in place, which helped ensure patients with long-term conditions received an appropriate service, which met their needs. These patients all had a named GP and received an annual review to check that their needs were being met. For those people with the most complex needs, the named GP worked with other relevant health and care professionals to deliver a multidisciplinary package of care.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Nationally reported data showed the practice had performed well in providing recommended care and treatment for some of the clinical conditions commonly associated with this population group. For example,
- Longer appointments and home visits were available when needed.

Summary of findings

- Patients at risk of hospital admission were identified as a priority, and steps were taken to manage their needs.
- Staff had completed the training they needed to provide patients with safe care.

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 relatively high for all standard childhood immunisations. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96.2% to 100% and five year olds from 91.2% to 100%. The average percentage across the CCG for vaccinations given to under two year olds ranged from 96.2% to 100% and five year olds from 31.6% to 98.9%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Nationally reported data showed the practice had performed in line with average for providing recommended care and treatment for this group of patients.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses.

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 had assessed the needs of this group of patients and developed their services to help ensure they received a service, which was accessible, flexible and provided continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Nationally reported data showed the practice provided recommended care and treatment that was in line with or above national averages for this group of patients. For example,

Good



Summary of findings

the percentage of patients with hypertension having regular blood pressure tests was better than the national average. 86% of patients had a reading measured within the last nine months, compared to 83.7% nationally.

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 patients with learning disabilities.
- Staff carried out annual health checks for patients who had a learning disability and offered longer appointments.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- Staff provided vulnerable patients with information about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff understood their responsibilities regarding information sharing, the documentation of safeguarding concerns and contacting relevant agencies.

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).

- Nationally reported data showed performance for mental health related indicators was better than the local CCG and national averages.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review within the preceding 12 months was better than the national average at 90% (compared to a national average of 84.0%).
- The practice regularly worked with multi-disciplinary teams in the case management of people 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.
- They had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Good



Summary of findings

- Staff had a good understanding of how to support people with mental health needs and dementia. Staff had undertaken additional training in how to support people with dementia, and had signed up as dementia friends. The practice had dementia champions in place.
- The practice had undertaken an audit of their facilities and developed an action plan to ensure they were suitable and accessible for patients with dementia type conditions.

Summary of findings

What people who use the service say

The latest GP Patient Survey published in July 2015 showed the majority of patients were satisfied with their overall experience of the GP surgery (at 92.7%), this was higher than the local Clinical Commissioning Group (CCG) average (at 88.1%) and higher than the England average (at 84.8%). There were 334 survey forms distributed for Dr Hegde & Partners and 100 forms were returned. This was a response rate of 29.9% and equated to 1.7% of the practice population.

- 88.9% of patients found it easy to get through to this surgery by phone (CCG average 79.3%, national average of 73.3%).
- 88% found the receptionists at this surgery helpful (CCG average 89.9%, national average 86.8%).
- 84.2% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83.9%, national average 85.2%).
- 99.4% said the last appointment they got was convenient (CCG average 93.2%, national average 91.8%).
- 90.6% described their experience of making an appointment as good (CCG average 76.2%, national average 73.3%).
- 86.9% usually waited 15 minutes or less after their appointment time to be seen (CCG average 70.8%, national average 64.8%).

- 82.5% would recommend the practice to someone new to the area (CCG average 80.5%, national average 77.5%).

As part of our inspection, we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 11 comment cards, which were all positive about the standard of care received. Patients told us they could get an appointment quickly when needed; they felt they mattered to the practice staff and staff treated them as individuals; and overall, staff were friendly, caring and respectful.

We spoke with two patients during the inspection, who both said they were happy with the care they received and thought staff were approachable, committed and caring. They told us they thought the GPs were excellent and always had time for patients, and they would definitely recommend the practice to others.

This was also reflected in the national friends and family test (FFT) results. (The FFT is a tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience that can be used to improve services. It is a continuous feedback loop between patients and practices). In the period between May to November 2015 100% of patients completing the test said they were either 'extremely likely' or 'likely' to recommend the service to family and friends.

Outstanding practice

On the National GP Patient Survey, the practice consistently scored higher than the national and local averages for ease of access to the service. For example, 90.6% described their experience of making an appointment as good (compared to a CCG average 76.2%

and a national average of 73.3%). 80.4% said they felt they do not normally have to wait too long to be seen (compared to a CCG average 65% and a national average of 57.7%).

Dr Hegde & Partners

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector. The team included a GP specialist advisor and a practice manager specialist advisor.

Background to Dr Hegde & Partners

Dr Hegde & Partners is registered with the Care Quality Commission to provide primary care services. They provide the following regulated activities:-

- Diagnostic and screening procedures
- Maternity and midwifery services
- Treatment of disease, disorder or injury

We asked the practice to check the regulated activities they were registered to provide with CQC to make sure they were correct and to consider adding family planning and surgical procedures. The practice confirmed with us they would not undertake any procedures relevant to these regulated activities until appropriate registration was in place.

The practice provides services to approximately just over 5,700 patients from one location, The Galleries Health Centre, Washington, Tyne and Wear, NE38 7NQ, which we visited as part of this inspection. There are a number of other GP practices based within the Galleries Health Centre.

Dr Hegde & Partners is a small practice providing care and treatment to patients of all ages, based on a General Medical Services (GMS) contract. They are situated in Washington, next to the Galleries shopping centre. There are good links to local transport from the Galleries

transport hub. The practice is part of the NHS Sunderland Clinical Commissioning Group (CCG). There is level access with an internal ramp to make it easier for patients with physical disabilities to access the practice. All patient services are delivered from the ground floor. There are no allocated car parking spaces for the practice, but there is plenty of parking, including disabled parking, across the Galleries Shopping Centre.

The practice has two GP partners, both of which are male and the practice manager is also a partner. In addition, there is one female regular locum GP, three practice nurses, two healthcare assistants and a team of six administrative and reception staff. Prior to the inspection, the practice had submitted applications to make changes to their partnership and registered manager. These were still in progress at the time of the inspection.

The surgery is open 8.00am - 6.00pm, Monday to Friday. Extended hours surgeries were offered on Tuesday evening until 7.30pm and on a Thursday and Friday morning from 7am for those patients unable to attend during normal working hours.

The consultation times are:

- Monday and Wednesday - 8.30am to 11.40am and 3.00pm to 5.50pm
- Tuesday - 8.30am to 11.40am and 3.00pm to 7.30pm
- Thursday - 7.00am to 11.40am and 3.00pm to 6.00pm
- Friday - 7.00am to 11.40am and 4.00pm to 5.50pm

The service for patients requiring urgent medical attention out of hours is provided by the NHS 111 service and Northern Doctors Urgent Care Limited (NDUC).

Information taken from Public Health England placed the area in which the practice was located in the fifth most deprived decile. In general, people living in more deprived areas tend to have greater need for health services. There were a slightly higher proportion of people in the area in

Detailed findings

paid work or full time employment at 61.5% (compared to an England average of 60.2%). The unemployment rate in the area is lower than the National average at 4.1% compared to the national average at 6.2%). The average male life expectancy is 78 years, which is one year lower than the England average and the average female life expectancy is 81 years, which is two years lower than the England average.

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 5 January 2016. During our visit we:

- Spoke with a range of staff including the GP partners, the practice manager, a practice nurse, a receptionist and spoke with patients who used the service.

- Observed how patients were being cared for and talked with carers and/or family members
- 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.

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

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

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Please note that when referring to information throughout this report, for example, any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, as a result of a missed home visit the practice had tightened procedures to check these took place by adding in additional checks for staff.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and 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 GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to children's safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. Clinical staff mainly undertook this role, but trained reception and administration staff acted as chaperones if no clinical staff were available. All staff who acted as chaperones were trained for the role and had 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).

- 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. The practice planned additional training for staff and to undergo an external audit in January / February to provide assurance of their infection control procedures.
- The arrangements for managing medicines, including emergency drugs 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 pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises. (PGD's are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. PSD's are a written instruction, from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.)
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through 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

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had 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 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 and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice had arranged for an independent company to carry out a full health and safety risk assessment in January 2016.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms, which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). Nationally reported data taken from the Quality Outcomes Framework (QOF) for 2014/15 showed the practice had achieved 96.3% of the points available to them for providing recommended treatments for the most commonly found clinical conditions. This was higher than the national average of 94.2%. The practice had 9.7% clinical exception reporting. (The QOF scheme includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect.)

This practice was not a statistical outlier for any QOF (or other National) clinical targets.

Data from 2014/15 showed:

- Performance for diabetes related indicators was slightly worse than the clinical commissioning group (CCG) and national average. The practice achieved 90.7% of the points available. This compared to an average performance of 93.5% across the CCG and 92.2% national average. Within this, there were some indicators the practice performed well in, for example, the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 91.3%, compared

to a national average of 88.3%. The percentage of patients on the diabetes register who had an influenza immunisation was 87.2%, compared to a national average of 94.5%. Practice staff told us they recognised there was poor uptake of dietician and weight management services for patients with diabetes, which are provided through external services. Patients with diabetes were referred to the community clinic, but not all attended when referred, despite the practice encouraging this.

- Performance for asthma related indicators was better than the CCG and national averages. The practice achieved 100% of the points available. This compared to an average performance of 97.1% across the CCG and 97.4% national average.
- Performance for heart failure related indicators was better than the CCG and national average. The practice achieved 100% of the points available. This compared to an average performance of 98.7% across the CCG and 97.9% national average.
- The percentage of patients with hypertension having regular blood pressure tests was better than the national average. 86% of patients had a reading measured within the last nine months, compared to 83.7% nationally.
- Performance for mental health related indicators was better than the CCG and national average. The practice achieved 100% of the points available. This compared to an average performance of 91.8% across the CCG and 92.8% national average. For example, 92.9% of patients with schizophrenia, bipolar affective disorder and other psychosis had a comprehensive agreed care plan documented within the preceding 12 months. This compared to a national average of 88.5%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review within the preceding 12 months was better than the national average at 90% (compared to a national average of 84.0%).
- This practice performance on the number of emergency admissions for 19 ambulatory care sensitive conditions per 1,000 population was slightly better than the national average. (Ambulatory care conditions are

Are services effective?

(for example, treatment is effective)

conditions where effective community care and case management can help prevent the need for hospital admission.) The practice performance for this indicator was 14.7 compared to the national average of 15.9.

Clinical audits demonstrated quality improvement.

- There had been two clinical audits completed in the last year, both of these were completed audits where the improvements made were implemented and monitored. There were also several audits in progress.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included monitoring and changing the prescribing of identified medicines in line with NICE guidance.

Information about patients' outcomes was used to make improvements such as, monitoring the effectiveness of minor surgeries and cervical cytology screening to inform how the practice could improve.

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

during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. 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 and their intranet 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.

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 that multi-disciplinary team meetings took place on a weekly basis and that care plans were routinely reviewed and updated.

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 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 or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Are services effective?

(for example, treatment is effective)

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, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- Weight management and smoking cessation advice was available and delivered by the practice.

The practice's uptake for the cervical screening programme was 83.5%, which was higher than the national average of 81.8%. The practice had a system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice ensured a female sample taker was available. The practice also encouraged their patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96.2% to 100% and five year olds from 91.2% to 100%. The average percentage across the CCG for vaccinations given to under two year olds ranged from 96.2% to 100% and five year olds from 31.6% to 98.9%.

Flu vaccination rates for the over 65s were 69.6%, and at risk groups 49.1%. These were below the national averages of 73.2% and 53.4% respectively. The practice told us they had contacted and encouraged all eligible patients to get flu vaccinations, and took an opportunistic approach to offering this when patients attended the surgery. However, they had found some patients were reluctant to have the flu vaccination because of recent media reports of its ineffectiveness or personal experience of feeling unwell when they had previously had flu vaccination.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. 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 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; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 11 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 helpful, caring and treated them with dignity and respect.

We spoke with two members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was mostly in line with or higher than the clinical commissioning group (CCG) and national averages for their satisfaction scores on consultations with doctors and nurses. For example:

- 90.6% said the GP was good at listening to them compared to the CCG average of 90.6% and national average of 88.6%.
- 92.5% said the GP gave them enough time compared to the CCG average of 89.4% and national average of 86.6%.
- 96.6% said they had confidence and trust in the last GP they saw compared to the CCG average of 95.7% and national average of 95.2%
- 88.6% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87.5% and national average of 85.1%.

- 91.6% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93.3% and national average of 90.4%.
- 88% said they found the receptionists at the practice helpful compared to the CCG average of 89.9% and national average of 86.8%.

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 on the comment cards we received was also positive and aligned with these views.

Results from the National GP Patient Survey we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were higher than local and national averages. For example:

- 90.2% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88.6% and national average of 86.0%.
- 86% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84.9% and national average of 81.4%.

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

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 193 as carers, which equated to 3% of the practice list. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

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 their local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered extended opening hours Tuesday evening until 7:30 and on a Thursday and Friday morning from 7am for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had undertaken an audit of their facilities and developed an action plan to ensure they were suitable and accessible for patients with dementia type conditions. Staff had also attended 'Sage and Thyme' training to help them meet the needs of patients with dementia and were signed up as dementia friends. The practice had dementia champions in place.
- The practice had achieved a certificate for investing in children's services through a nearby local authority scheme. This demonstrated the practice had involved children in the development of the service and changes had been made as a result.
- The practice planned to undergo 'safe haven' training to help support patients who were vulnerable in periods of crisis, by providing them with a safe place to go to.

Access to the service

The surgery was open from 8.00am to 6.00pm, Monday to Friday. Extended hours surgeries were offered on Tuesday evening until 7:30pm and on a Thursday and Friday morning from 7am for those patients unable to attend during normal working hours.

The consultation times were:

- Monday and Wednesday - 8.30am to 11.40am and 3.00pm to 5.50pm
- Tuesday - 8.30am to 11.40am and 3.00pm to 7.30pm
- Thursday - 7.00am to 11.40am and 3.00pm to 6.00pm

- Friday - 7.00am to 11.40am and 4.00pm to 5.50pm

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

The results of the national GP patient survey with how satisfied patients were with how they could access care and treatment was better than national and local clinical commissioning group averages.

- 84.2% of patients surveyed said they were able to see or speak to someone last time they tried, compared to a local CCG average of 83.9% and England average of 85.2%.
- 99.4% of patients found the appointment was very or fairly convenient, compared to an average of 93.2% in the local CCG area and 91.8% across England.
- 88.3% of patients were satisfied with opening hours, compared to a local CCG average of 81.2% and England average of 74.9%.
- 88.9% found it easy to get through to this surgery by phone compared to a CCG average of 79.3% and a national average of 73.3%.
- 90.6% described their experience of making an appointment as good compared to a CCG average 76.2% and a national average of 73.3%.
- 86.9% usually waited 15 minutes or less after their appointment time to be seen compared to a CCG average 70.8% and a national average of 64.8%.
- 80.4% said they felt they do not normally have to wait too long to be seen compared to a CCG average 65% and a national average of 57.7%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them.

Listening and learning from concerns and complaints

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

- Their 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.

Are services responsive to people's needs?

(for example, to feedback?)

- We saw that information was available to help patients understand the complaints system. For example, complaints leaflets were available for patients and information on how to complain was included on the practice website.

We looked at three complaints received in the last 12 months and found the practice dealt with these in a timely way with openness and transparency. The practice had responded to these by meeting with the patient to ensure

they were satisfied with the response and / or resolution. However, they had not followed this up with a written response for any of the complaints received within the last year. Best practice in complaint handling is to provide the complainant with a written response to confirm the findings of the investigation and where appropriate action agreed. However, lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

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 clear vision to deliver high quality care and promote good outcomes for patients. There was a robust strategy and supporting business plans which reflected the vision and values, and these were regularly monitored.

Governance arrangements

The practice had an overarching governance framework, which supported the delivery of the strategy and good quality care. This outlined 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.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit, which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of 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 practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gave affected patients reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public 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 and complaints received. There was an active PPG, which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, by facilitating the promotion of options for consultations, including the use of telephone consultations.
- The practice had gathered feedback from staff through staff away days and generally 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.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, they were a part of a local pilot scheme to improve the care provided to patients who lived in care homes to improve the effectiveness and efficiency of medicines.