

Dr Senathirajah Sellappah

Quality Report

Mill Road Surgery

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

Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Summary of findings

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	9
Areas for improvement	9

Detailed findings from this inspection

Our inspection team	10
Background to Dr Senathirajah Sellappah	10
Why we carried out this inspection	10
How we carried out this inspection	10
Detailed findings	12

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at the surgery of Dr Senathirajah Sellappah on Wednesday 28 September 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 been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- The practice had identified ten patients as carers (0.4% of the practice list).

- 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.
- Improvements were made to the quality of care as a result of complaints and concerns.
- 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.
- There was a clear leadership structure and staff felt supported by management.
- The practice sought feedback from staff and patients, which it acted on. A meeting of the Patient Participation Group had not taken place in the 18 months preceding the inspection. However the practice had booked a PPG meeting to take place four weeks after the inspection.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour.

There were areas where the provider should make improvements.

- The provider should consider proactive strategies to encourage patients to join the patient participation group (PPG) and to re-establish regular meetings of the group.

- The provider should review how patients with caring responsibilities are identified and recorded on the clinical system to ensure information, advice and support is made available to all carers on the practice list.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had 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 (QOF) showed that patient outcomes were comparable to the local and national averages. Exception reporting for most indicators was below the local and 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 for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice comparable to others for all 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 to them was easy to understand and accessible.
- We saw staff treated patients with kindness and respect and maintained confidentiality of patient information.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- 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 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.

Good



Are services well-led?

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

- 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 it.
- 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 practice meetings.
- The provider was aware of and complied with the requirements of the duty of candour. The provider encouraged a culture of openness and honesty.
- The practice had systems in place for the reporting and investigation of incidents and this was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients which it acted on.
- The patient participation group (PPG) contributed to the development of the practice improvement programme but had no meetings had been held in the 18 months preceding the inspection. However, a meeting had been planned for four weeks after the inspection date.
- There was a strong focus on continuous learning and improvement at all levels.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- Quality Outcomes Framework (QOF) performance indicators for conditions found in older people were comparable to local and national averages.
- The practice was responsive to the needs of older people and offered home visits and urgent appointments for those with enhanced needs. This group of patients were also offered a home visit to administer the flu vaccination.

People with long term conditions

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

Good



- GPs worked closely with practice nursing staff and community specialist nurses in the management of patients with long-term conditions.
- Patients at risk of hospital admission were identified as a priority.
- The practice performance rate for the Quality Outcomes Framework (QOF) diabetes related indicators was comparable to the local and national average.
- Longer appointments and home visits were available when needed.
- Patients with long-term conditions were offered a structured annual review with the GP to check that 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. These patients were discussed at the multi-disciplinary team meetings which took place every two months.

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 who were at risk, for example, children and young people who had a high number of A&E attendances.

Summary of findings

- Immunisation rates were comparable to local and national averages for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and we saw evidence to confirm this.
- The percentage of women aged 25 to 64 years who had received a cervical screening test in the preceding five years was comparable to the local and national averages.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

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.
- Extended hours appointments were available at the surgery three mornings a week and on Saturday morning.
- The practice was proactive in offering online services. Patients were sent text messages to remind them of appointments.
- A full range of health promotion and screening services were provided that reflects the needs for this age group.

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 and annual reviews for patients with a learning disability.
- The practice worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies.

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).

- 89% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the preceding 12 months. This was comparable to the local average of 81% and national average of 84%.
- 88% of patients diagnosed with a mental health disorder had a comprehensive agreed care plan documented in the preceding 12 months. This was comparable to the local average of 94% and national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health including those with dementia. The practice carried out advance care planning for patients with dementia.
- The practice told patients experiencing poor mental health 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.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2016 showed the practice was performing in line with local clinical commissioning group (CCG) and national averages. 301 survey forms were distributed and 93 were returned. This represented a response rate of 31% (3.7% of the practice's patient list).

- 100% of patients stated that they found it easy to get through to this practice by phone compared to the national average of 73%.
- 92% of patients stated that they were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 91% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 86% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the national average of 79%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our visit. We

received 33 comment cards which were all positive about the standard of care received. Patients described the care received as excellent and commented that staff were friendly and treated patients with courtesy and respect.

We spoke with ten patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. All patients commented that they would recommend the practice to other patients.

Results of the monthly Friends and Family survey were reviewed regularly. Recent survey results showed that the majority of patients would recommend the practice to friends and family:

- August 2016 (144 surveys sent - 40 respondents)) – 90% of patients were likely to recommend the practice.
- July 2016 (142 surveys sent - 28 respondents)) – 89% of patients were likely to recommend the practice.
- June 2016 (147 surveys sent - 34 respondents)) – 85% of patients were likely to recommend the practice

Areas for improvement

Action the service **SHOULD** take to improve

- The provider should consider proactive strategies to encourage patients to join the patient participation group (PPG) and to re-establish regular meetings of the group.

- The provider should review how patients with caring responsibilities are identified and recorded on the clinical system to ensure information, advice and support is made available to all carers on the practice list.

Dr Senathirajah Sellappah

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Inspector. The team included a GP Specialist Adviser and an Expert by Experience.

Background to Dr Senathirajah Sellappah

Dr Senathirajah Sellappah's practice is based in Mill Road Surgery. This is a converted two storey detached house in the London Borough of Bexley. It is located within a predominantly residential area of Erith with a small high street nearby. The property has been converted for the sole use as a surgery and now includes one consulting room, one treatment room, a reception area and waiting room and a first floor meeting and administration room. Bexley Clinical Commissioning Group (CCG) are responsible for commissioning health services for the locality.

The practice is registered with the CQC as a sole practitioner. Services are delivered under a Personal Medical Services (PMS) contract. The practice is registered with the CQC to provide the regulated activities of family planning; maternity and midwifery services; treatment of disease, disorder and injury, surgical procedures and diagnostic and screening procedures.

The practice has 2465 registered patients. The practice age distribution is similar to the national average with a slightly lower than average number of patients in the over 65 year age group. The surgery is based in an area with a deprivation score of 6 (with 1 being the most deprived and 10 being the least deprived).

Clinical services are provided by the full-time GP lead (male); two regular locum GPs (male and female) covering 5 sessions per week; one part-time Practice Nurse and two regular locum nurses (0.4 wte) and one part-time trainee Health Care Assistant (0.2 wte).

Administrative services are provided by a Practice Manager (0.8 wte) and five administration and reception staff (2.2 wte).

The practice provides the following Directed Enhanced Services (DES): Childhood Vaccination and Immunisation Scheme; Extended Hours Access; Facilitating Timely Diagnosis and Support for People with Dementia; Improving Patient On-line Access; Influenza and Pneumococcal Immunisations; Learning Disabilities; Minor Surgery; Patient Participation; Rotavirus and Shingles Immunisation and Unplanned Admissions. (Enhanced Services are services which require an enhanced level of provision above what is expected under a core contract).

The surgery reception is open between 8am and 7pm Monday to Friday and 8.30am to midday on Saturday. The surgery is closed on Sunday. Telephone lines are open from 8am to 6.30pm Monday to Friday.

Pre-booked and urgent appointments are available with a GP from 8am to 10am, midday to 1.30pm and 4.30pm to 6.30pm Monday and Tuesday; from 8am to 10am, midday to 1.30pm and 5.30pm to 6.30pm on Wednesday; from 8.30am to 12.30pm and 4.30pm to 6.30pm on Thursday; from 9am to 11am, midday to 2pm and 5.30pm to 6.30pm on Friday and between 9am and 10am on Saturday.

Pre-booked appointments are available with a practice nurse from 10am to 2pm on Monday and Wednesday, from 9am to midday on Tuesday and Saturday and from 3pm to 6pm on Thursday.

When the surgery is closed urgent GP services are available via NHS 111.

Detailed findings

A practice website provides details of services provided by the surgery and within the local area.

Why we carried out this inspection

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

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 28 September 2016.

During our visit we:

- Spoke with a range of staff including the lead GP, Practice Nurse, Practice Manager, trainee HCA and reception/administrative staff.
- Spoke with a representative of the patient participation group (PPG) and patients who used the service.
- Observed how patients were being cared for and talked with carers and family members

- Reviewed an anonymised sample of the 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 (QOF) 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 an incident recording form available. The incident reporting procedure supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of significant events and learning was shared with staff at practice meetings. Meetings were minuted and circulated to all staff.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The GP lead was the safeguarding lead for the practice. He attended safeguarding meetings when required and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and Nurses were trained to Child Safeguarding level 3.
- Notices in the consultation and treatment rooms advised patients that chaperones were available if required. The practice nurse or health care assistant would usually act as a chaperone but in their absence certain administrative staff would also act as chaperones. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The lead GP 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 all improvements identified.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits with the support of the local CCG pharmacy teams to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer some medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).
- We reviewed six personnel files and found appropriate recruitment checks had been undertaken prior to

Are services safe?

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

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office.
- The practice had up to date fire risk assessments and carried out annual 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, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all staffing groups to ensure sufficient staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- A panic alarm was easily accessible to staff in the treatment room, consultation room and reception. There was also 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 staff administering injections had received anaphylaxis training.
- A defibrillator was available on the premises and oxygen with adult and children's masks.
- 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 stored securely.
- A first aid kit and accident book were available.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and copies were available off-site.

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.

- 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 audits of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published QOF results (2014/15) showed that the practice achieved 91% of the total number of points available compared to a Clinical Commissioning Group (CCG) average of 97% and national average of 95%.

The practice exception reporting rate was 4% which was lower than the CCG average of 10% and the national average of 9%. (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 clinical targets. Data from (2014/15) showed:

- Performance for diabetes related indicators of 86% was comparable to the CCG average of 94% and national average of 89%.
- Performance for mental health related indicators of 99% was comparable to the CCG average of 97% and national average of 93%.

The practice participated in local audits, national benchmarking, accreditation and peer review. There was evidence that information about patients' outcomes and clinical audit was used to make quality improvements.

We looked at two clinical audits completed in the last two years where the improvements made were implemented

and monitored. For example, a two-cycle completed audit was carried out to review the management of minor surgery carried out in the practice. The three areas audited were identification and follow-up of post-surgery complications, obtaining and recording written consent and obtaining and follow-up of specimens sent for histology. Achievement targets were set by the practice for all three areas. The initial audit identified that some improvements were needed to achieve the targets set. Improvements were identified and implemented. A second audit was carried out six months later to ensure changes implemented had resulted in the required improvements to the practice management of minor surgery.

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. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example, by access to on-line resources and through discussion and support from colleagues.
- 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, one-to-one meetings, coaching and mentoring. All staff had received an appraisal with the lead GP within the last 12 months.
- Staff received mandatory training that included: safeguarding, Mental Capacity Act, fire safety awareness, basic life support, information governance and infection control. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

Are services effective?

(for example, treatment is effective)

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.
- 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 professionals 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. Meetings took place with other health care professionals on a two monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

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.
- Written consent was obtained and retained in patient records for minor surgery treatments.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example, patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were offered support by practice staff and signposted to the relevant support and advice services where appropriate.

The practice's uptake for the cervical screening programme was 78%, which was comparable to the CCG average of 83% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme and they ensured a female sample taker was available and appointments were available on Saturday morning. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 85% to 97% and five year olds from 82% to 92%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40 to 74 years. 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 that members of staff were courteous and 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 and 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 33 patient Care Quality Commission comment cards we received were positive about the care received. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with respect. Patients also said that it was easy to get an appointment and that the premises was always clean and well maintained. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with a member of the patient participation group (PPG) who told us they were satisfied with the care provided by the practice and that PPG members felt valued and listened to by the practice management.

Results from the most recently published national GP patient survey published in July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was comparable to the clinical commissioning group (CCG) and national average for its satisfaction scores on consultations with GPs and nurses. For example:

- 94% of patients said the GP was good at listening to them compared to the CCG average of 85% and the national average of 89%.
- 94% of patients said the GP gave them enough time compared to the CCG average of 83% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.

- 91% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 95% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 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 and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local clinical commissioning group (CCG) and national averages. For example:

- 94% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and the national average of 86%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 92% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that interpreting services were available for patients who did not have English as a first language. Notices were not displayed in the reception area informing patients of this service. However, the practice took immediate action to rectify this.
- Information leaflets were available in the waiting room on a variety of health related subjects.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Patient information leaflets and notices were available in the patient waiting area which 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 ten patients as carers (0.4% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that there was no system in place to contact families who had suffered bereavement but information leaflets were available in the waiting room with advice on how to access support services if required.

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.

- The practice offered extended hours appointments with the GP or nurse on a Saturday between 9am and midday for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and patients who requested them.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required an urgent consultation.
- Patients were able to receive travel vaccinations available on the NHS and were directed to other clinics for vaccines available privately.
- Facilities were available for patients with a disability, such as toilets accessible for patients in a wheelchair and a hearing loop in reception.
- Interpreting services were available for patients who required it.

Access to the service

The surgery reception was open between 8am and 7pm Monday to Friday and 8.30am to midday on Saturday. The surgery was closed on Sunday.

Telephone lines were open from 8am to 6.30pm Monday to Friday.

Pre-booked and urgent appointments were available with a GP from 8am to 10am, midday to 1.30pm and 4.30pm to 6.30pm Monday and Tuesday; from 8am to 10am, midday to 1.30pm and 5.30pm to 6.30pm on Wednesday; from 8.30am to 12.30pm and 4.30pm to 6.30pm on Thursday and from 9am to 11am, midday to 2pm and 5.30pm to 6.30pm on Friday. Pre-booked appointments were also available with the GP between 9am and 10am on Saturday.

Pre-booked appointments were available with a practice nurse from 10am to 2pm on Monday and Wednesday, from 9am to midday on Tuesday and Saturday and from 3pm to 6pm on Thursday.

Telephone consultations with the GP were available daily.

Results from the national GP patient survey showed that patients' satisfaction rates with how they could access care and treatment was above the national average:

- 90% of patients were satisfied with the practice's opening hours compared to the national average of 79%.
- 100% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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

Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits. The practice had a system in place to assess the urgency of the need for medical attention and whether a home visit was clinically necessary. The GP telephoned the patient or carer to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP visit, alternative emergency care arrangements were made.

Listening and learning from concerns and complaints

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

- The practice complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that an information leaflet was available to help patients understand the complaints system.

We looked at the two complaints received in the last 12 months and found that these were satisfactorily handled, in a timely way, with openness and transparency. Lessons were learnt from individual concerns and complaints. For example, following a complaint from a parent who attended A & E the day following a GP consultation, the GP now emphasises to parents that they should return to the

Are services responsive to people's needs?

(for example, to feedback?)

practice immediately if they still have concerns and reception staff have been instructed to inform the GP if no appointments are immediately available to offer the patient.

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. The practice had a robust strategy and supporting plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had a governance framework which outlined the structures and procedures in place to support the delivery of their strategy for the provision of good quality care.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities and those of colleagues.
- 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 clinical and internal audit 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

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support for all staff when communicating with patients about notifiable safety incidents.

The provider encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment the

practice gave affected people reasonable support, truthful information and a verbal and written apology. The practice kept written records of 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 practice team meetings and we saw evidence to support this.
- 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 and supported in doing so.
- Staff said they felt respected, valued and supported and all staff were involved in discussions about how to develop the practice. The provider 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 provider encouraged and valued feedback from patients, the public and staff.

The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG had been introduced four years ago but had not held a PPG meeting in the 18 months preceding the inspection. A meeting was however planned to take place four weeks after the date of the inspection.

The PPG consisted of eight members. We spoke to a representative of the PPG who told us that they felt the practice were keen to improve the services it provided and acted on the suggestions of the PPG. Examples of changes that had been implemented by the practice following feedback from the PPG included the introduction of early morning and Saturday appointments. A suggestion box was available in the waiting room.

The practice had gathered feedback from staff through annual staff appraisals and discussion at staff meetings. 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.