Dr Ahmed Choudhury

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out a comprehensive inspection of Dr Ahmed Choudhury (Oldham Family Practice) on 2 March 2015. We found that the practice was performing at a level which led to a ratings judgement of good.

Our key findings were as follows:

Specifically, we found the practice to be good for providing well-led, effective, caring and responsive services. It was also good for providing services for the population groups we assess.

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

- Staff understood and fulfilled their responsibilities to raise concerns. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Staff received training appropriate to their roles and any further training needs had been identified and planned.
- 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.
- Generally patients said they found it easy to make an appointment with a named GP with urgent appointments available the same day. Some patients told us they found it difficult to get through on the phone to make an appointment.
- 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 proactively sought feedback from staff and patients, which it acted on.

However, there were also areas of practice where the provider needs to make improvements. In addition the provider should:

- Ensure all staff know who takes responsibility for managing safeguarding issues at the practice.
- Ensure a Disclosure and Barring Scheme check is completed for all staff who act as a chaperone.

Summary of findings

- Ensure more detailed records are kept of any audits completed in relation to the management of medicines.
- Ensure a record is kept of the fire safety checks completed by the building's maintenance management team.
- Ensure the oxygen cylinder is checked weekly with a record of this check being kept for the purpose of monitoring its condition and any faults that may occur.
- Ensure a record is kept of team meetings and meetings held with other health care professionals for the purpose of ensuring good communication.

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?

Good

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns. Lessons were learned and communicated to staff to support improvements to patient care. Information about safety was recorded, monitored, appropriately reviewed and addressed. There were enough staff to keep patients safe.

Are services effective?

Good

The practice is rated as good for providing effective services. GPs referred to guidance from National Institute for Health and Care Excellence and used it routinely in patient care. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff received training appropriate to their roles. There was evidence of appraisals and personal development plans for staff. Staff worked with multidisciplinary teams.

Are services caring?

Good

The practice is rated as good for providing caring services. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. Most 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. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised.

Are services well-led?

Good

The practice is rated as good for being well-led. The practice had a clear vision and strategy. 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 support staff in their role. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on.

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

Good

The practice is rated as good for the care of older people. Patients over 75 years of age were provided with a named GP. The practice was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. Reviews were held every 6 to 12 months for people who were housebound. Telephone consultations were available when necessary. Details of patients' carers were kept so that support could be offered when necessary. A phlebotomy surgery was provided for elderly or frail people and regular contact was maintained with the community matron to ensure information about patients was shared and up to date.

People with long term conditions

Good

The practice is rated as good for the care of people with long term conditions. There was a recall system in place for chronic disease reviews and anti-rheumatic drugs were monitored closely. Cardio vascular risk monitoring was in place for patients with long term conditions and access to the asthma and chronic obstructive pulmonary disease clinic had improved. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. For patients with complex needs, the named GP worked with relevant health care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people. Child health surveillance was in place. Child immunisation and vaccines were given and all children had access to a GP on the day of contact, telephone consultations were available as needed. Dental health advice was given along with advice around healthy eating and smoking. The practice liaised with health visitors and paediatric community nurses to ensure information was shared and up to date and to ensure families, children and young people received the health care and advice they needed. Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

Good

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

Summary of findings

hours were available along with daily unlimited telephone consultations. The practice had developed links with the local college and was proactive in offering online services as well as a full range of health promotion and screening which reflected the needs for this age group. Two appointments were set aside each day for students, although the uptake of these appointments was limited.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the care of people whose circumstances may make them vulnerable. If a vulnerable person attended the practice they would be referred to the appropriate service i.e. community services and nurses etc. The practice liaised with social workers and key workers when necessary. A drug misuse clinic was available to patients every Friday. The practice had carried out annual health checks for people with a learning disability. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including dementia). Appropriate length appointments were available to patients who needed extra time to talk about their health issues. Mental health and dementia reviews were held along with dementia screening. Health reviews for people with a learning disability were also held. Counselling was available to patients experiencing poor mental health and information was given to patients about other community support services.
GPs liaised with patients' support workers, key workers, mental health nurses and social workers to ensure patients received the care and treatments they needed

Summary of findings

What people who use the service say

We spoke with nine patients who used the service on the day of our inspection and reviewed 49 completed CQC comment cards. The patients we spoke with were complimentary about the service. Patients told us that they found the staff to be friendly and helpful. The all said they were always treated with respect. The comments on the cards provided by CQC were also very complimentary about the staff and the service provided.

The national GP survey results published in July 2014 indicated that the practice was best in the following areas:

- 83% of respondents to the GP patient survey stated that the last time they saw or spoke to a GP; the GP was good or very good at involving them in decisions about their care. The national average was 81.8%.
- 94% of respondents to the GP patient survey stated that the last time they saw or spoke to a nurse, the nurse good or very good at involving them in decisions about their care. The national average was 85%.
- 99% of respondents to the GP patient survey stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern. The national average was 90%.
- 89% of respondents to the GP patient survey stated that the last time they saw or spoke to a GP; the GP was good or very good at treating them with care and concern. The national average was 85%.
- 79% of patients gave a positive answer to 'Generally, how easy is it to get through to someone at your GP surgery on the phone?' The national average was 75%.
- 87% of patients were 'Very satisfied' or 'Fairly satisfied' with their GP practice opening hours. The national average was 79%

The national GP survey results published in July 2014 indicated that the practice could improve in the following area:

- 81% of respondents to the GP patient survey described the overall experience of their GP surgery as fairly good or very good. The national average is 85%.

Areas for improvement

Action the service SHOULD take to improve

- Ensure all staff know which GP takes responsibility for managing safeguarding issues at the practice.
- Ensure a Disclosure and Barring Scheme check is completed for all staff who act as a chaperone.
- Ensure more detailed records are kept of any audits completed in relation to the management of medicines.
- Ensure a record is kept of the fire safety checks completed by the building's maintenance management team.
- Ensure the oxygen cylinder is checked weekly with a record of this check being kept for the purpose of monitoring its condition and any faults that may occur.
- Ensure a record is kept of team meetings and meetings held with other health care professionals to ensure information about patients is shared effectively.

Dr Ahmed Choudhury

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP, a specialist advisor with management experience and an expert by experience. Experts by experience are people who have experience of using or caring for someone who uses health and/or social care services.

Background to Dr Ahmed Choudhury

Dr Ahmed Choudhury (Oldham Family Practice) has 2180 registered patients and is part of Oldham Clinical Commissioning Group.

There are two male GPs working at the practice, both are partners of the practice. The practice staff include a practice nurse, a practice manager and a supporting administration / reception team which comprises of four reception staff.

The practice delivers commissioned services under the General Medical Services contract.

The CQC intelligent monitoring placed the practice in band 6. The intelligent monitoring tool draws on existing national data sources and includes indicators covering a range of GP practice activity and patient experience including the Quality Outcomes Framework (QOF) and the National Patient Survey. Based on the indicators, each GP practice has been categorised into one of six priority bands, with band six representing the best performance band. This banding is not a judgement on the quality of care being given by the GP practice; this only comes after a CQC inspection has taken place.

Surgery opening hours are:

Monday 9.00am - 5.30pm

Tuesday 7.30am - 5.30pm

Wednesday 9.00am - 11.30am

Thursday 7.30am - 5.30pm

Friday 9.00am - 5.30pm

Go To Doc provide urgent out of hours medical care when the practice is closed.

Information about appointments was available to patients on the practice website. This includes how to arrange urgent appointments and home visits and how to book appointments through the website.

Why we carried out this inspection

We inspected this service as part of our 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. This 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.

This provider had not been inspected before and that was why we included them.

Detailed findings

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.

How we carried out this inspection

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 are provided for specific groups of people and what good care looks 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)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 2 March 2015. During our visit we spoke with a range of staff including both GP partners, the practice manager, the practice nurse and two reception staff. We also spoke with patients who used the service.

Good

Are services safe?

Our findings

Safe track record

Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated to support improvement to patient care. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. There were enough staff to keep patients safe.

There were clear lines of leadership and accountability in respect of how significant incidents (including mistakes) were investigated and managed. Before visiting the practice we reviewed a range of information we hold about the practice and asked other organisations (for example NHS England and Oldham Clinical Commissioning Group to share what they knew). No concerns were raised about the safe track record of the practice

The practice used a range of information to identify risks and improve patient safety. These included complaints, health and safety incidents, findings from clinical audits and feedback from patients and others. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. There were records of significant events that had occurred during the last year and we were able to review these. Significant events were not always discussed at formal meetings although information was shared with staff by email. GPs were aware that more clinical meetings needed to take place to formalise any discussions held in relation to this issue.

Staff, including receptionists, administrators and nursing staff, knew how to raise an issue for consideration at the meetings and they felt encouraged to do so.

Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. We looked at training records which showed that all staff had received training on safeguarding patients from abuse and harm.

Staff knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities and knew how to share information, properly record documentation of safeguarding concerns and how to contact the relevant agencies in working hours and out of normal hours. Most staff we spoke with knew who took responsibility for managing safeguarding referrals and who to speak with in the practice if they had a safeguarding concern. A newly recruited staff member had not been informed about safeguarding issues or who took responsibility for managing safeguarding referrals.

The practice had an appointed GP who took responsibility for managing safeguarding referrals for vulnerable adults and children. They had been trained to the appropriate level.

There was a system in place to highlight vulnerable patients on the practice's electronic records. This included information to make staff aware of any relevant issues when patients attended appointments; for example children subject to child protection plans.

There was a chaperone policy, which was displayed in the patient waiting area. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). Nursing staff and receptions staff had been trained to be a chaperone so they understood their responsibilities when acting as chaperones, including where to stand to be able to observe the examination. Staff who acted as a chaperone had not received a Disclosure and Barring Scheme check to ensure they were suitable for this role.

Medicines management

Temperature sensitive medicines were stored safely and a daily check of the fridge temperatures was completed. Medicines were stored securely and stocks were well organised.

A record of medicine checks was in place, however the check did not indicate exactly what had been checked so there was no way of identifying any specific problem.

The patients we spoke with said they were happy with the way their prescriptions were handled and patients who used repeat prescriptions said the system in place worked

well. An effective safety system was in place for monitoring the more serious medicines. An alert was raised when medicines needed re-authorising. Blood checks were completed and a recall system was in place.

Vaccines were stored at the practice and we were told that guidelines were in place for the administration of these vaccines. The practice nurse who administered vaccines was trained in this area and had completed an update of the training in October 2014.

Medicine safety alerts were received by the practice manager then distributed to all clinical staff so they kept up to date with any changes to clinical practice. The practice nurse confirmed they received medical alerts relating to medicines. They told us that changes to patients' medicines had been made as a result of one of the alerts. Patients were informed of this change by letter prior to their next prescription being given.

Unused medicines were returned to the supplying pharmacist. A record of these medicines was not kept so it was not possible to track the amount and type of medicines being returned.

Cleanliness and infection control

Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control. The practice was cleaned daily by domestic staff employed by the building's maintenance management team. The practice manager was not sure whether the building's maintenance management team completed Legionella testing but agree to look into this after the inspection.

The practice nurse took responsibility for managing infection control in the practice. They provided staff with in house training and guidance on how to minimise the spread of infection. For example, reception staff had been trained on how to handle patient specimens in line with good practice. An infection control policy was available for staff to refer to when necessary.

Equipment such as disposable gloves and aprons were available. This was to protect staff from exposure to potential infections whilst examining or providing treatment for patients. These items were readily available to staff in the consulting and treatment rooms.

Notices about hand hygiene techniques were displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms.

Arrangements were in place to dispose of used medical equipment and clinical waste safely. Sharps boxes were available for the disposal of needles and were positioned out of the reach of small children. Clinical waste and used medical equipment was stored safely and securely before being removed by a registered company for safe disposal.

Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly. All portable electrical equipment was routinely tested. We were told that a schedule of testing was in place for example weighing scales, spirometers, blood pressure measuring devices and the fridge thermometer.

Staffing and recruitment

The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff. A number of the staff had worked at the practice for many years which provided a consistency in service provision. We looked at a selection of staff recruitment files. Most of the required information had been taken up prior to staff being employed. Two staff references had not always been taken up prior to staff beginning work at the practice.

Monitoring safety and responding to risk

Staffing levels were set and reviewed to ensure patients were kept safe and their needs were met. In the event of unplanned absences staff covered from within the service or from other practices within the health centre. Duty rotas took into account planned absence such as holidays. Staff we spoke with felt the staffing levels were appropriate and met the needs of the service and patients. We were told by staff that in the event of extremely busy periods of activity, the practice manager was supportive of the situation and would bring in extra staff to ensure patient safety

The practice was situated in a large health centre and there was a building maintenance manager responsible for checking issues relating to health and safety such as fire safety. The practice had systems, processes and policies in

Good

Are services safe?

place to manage and monitor risks to patients, staff and visitors to the practice. These included checks of the building, the environment, medicines management, staffing, dealing with emergencies and equipment. The practice also had a health and safety policy so that staff were aware of their responsibilities and knew how to work safely.

Arrangements to deal with emergencies and major incidents

There was a proactive approach to anticipating potential safety risks. We reviewed the practice business continuity plan. This outlined clearly what would happen in the event of an emergency occurring on the premises. The plan included information about loss of access to the surgery, loss of computer / telephone systems and loss of facilities such as water, gas and electricity. It also detailed what to do in the event of fire or flood, and the appropriate response to an epidemic/pandemic and major incident. Clear lines of communication were identified. The contact details of staff and utility providers were available to support staff in managing an emergency.

Staff were trained in basic life support skills so they knew what to do in the event of an emergency. Administrative staff described the process for dealing with patient medical emergencies and they knew to stay with a patient and contact a member of the clinical staff immediately.

Security arrangements were in place to protect staff and patients from potentially aggressive or violent patients. Staff were trained in how to deal with these situations and an alert could be raised through the IT system which meant staff could summon urgent assistance when necessary.

Fire safety checks were completed by the building's maintenance management team; although the practice was not given any documentation to demonstrate these checks had been completed.

An oxygen cylinder was stored in case an emergency. While this was checked annually by the supplying company, no record of any visual checks were completed by the practice staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

We saw no evidence of discrimination when care and treatment decisions were made. Interviews with the GP and practice nurse showed that the culture in the practice was that patients were referred on need.

Once patients were registered with the practice, the practice nurse carried out a full health check which included information about the patient's individual lifestyle as well as their medical conditions. The practice nurse referred the patient to the GP or other support services as necessary.

The practice carried out assessments and treatments in line with best practice guidelines and had systems in place to ensure all clinical staff were kept up to date with these guidelines.

Team meetings were held regularly to discuss individual patient cases making sure that all treatment options were considered. The clinicians aimed to follow best practice such as the National Institute for Health and Care Excellence guidelines when making clinical decisions.

Good relationships had been established with the local Clinical Commissioning Group which meant the GPs had opportunity to discuss local area need and plan services accordingly.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). This is a system for the performance management of GPs intended to improve the quality of general practice and reward good practice.

The practice has a system in place for completing clinical audit cycles for the purpose of improving outcomes for patients. We saw evidence of drugs being re-audited to ensure patients' on-going safety. Clinical audits are quality improvement processes that seek to improve patient care and outcomes through the systematic review of patient care and the implementation of change.

Feedback from patients we spoke with, or who provided written comments, was complimentary and positive about the quality of the care and treatment provided by the staff team at the practice.

GPs meet with a local group of GPs to discuss issues relating to best practice and improving outcomes for patient care. Data was viewed at this time relevant to other practices. This indicated the practice has a low prescribing of some medicines and a low attendance of children at the Accident and Emergency department.

Effective staffing

Staff have the skills, knowledge and experience to deliver effective care and treatment. Staff were encouraged and given opportunity to develop in their role. This was confirmed by the practice nurse who told us the GPs allowed and encouraged them to attend regular training.

Policy guidance was available to the practice manager about how to manage poor staff performance. Although formal one to one meetings were not provided, the practice manager was available to offer informal support to staff each day. A staff appraisal meeting was completed last year with most staff. During this meeting staff training needs were identified and planned for.

A system of revalidated was in place and one of the GPs had been revalidated in 2014. The other GP had a recent appraisal of their work but had not yet been revalidated. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).

Working with colleagues and other services

The practice worked with other service providers to meet patients' needs and manage those patients with complex needs.

The practice held regular multidisciplinary team meetings to discuss the needs of complex patients, for example those with end of life care needs. These meetings were generally attended by district nurses, social workers and palliative care nurses. Decisions about care planning were documented in a shared care record. However, we were informed that other health care professionals did not always attend these meeting recently, so information was shared in a more informal way. The practice manager and lead GP understood this issue needed to be formalised with a written record of all meetings taking place.

Patients we spoke with confirmed they contacted the surgery for test results. They confirmed this system worked

Good

Are services effective?

(for example, treatment is effective)

well. Information about test results was received and recorded by the GP. GPs sometimes contacted patients directly with details about more urgent matters. GPs worked with other health care professionals and services to keep them informed of information about patients. This ensured consistency in the care provided.

GPs liaised with district nurse about patients who received end of life care. A statement of intent was in place for patients receiving end of life care. GP liaised with the ambulance and out of hour's provider to ensure they were aware of a patient's wishes so they ensured they were respected and acted upon appropriately.

The health centre where the practice is based also provided other services such as an x-ray department and ophthalmology. Patients from the practice may be referred to these services which reduced the number of potential visits to hospitals.

Information sharing

For the most part information sharing and decision making about a patient's care was effective and involved professionals both internal and external to the practice. For example, there was a shared system with the local GP out-of-hours provider to enable patient data to be shared in a secure and timely manner.

The practice had systems in place to provide staff with the information they needed. An electronic patient record was used by all staff to coordinate, document and manage patients' care. All staff were fully trained on the system, and commented positively about the system's safety and ease of use.

Consent to care and treatment

The patients we spoke with told us that they involved in making decisions about their care and treatment. They also said that they were provided with enough information to make a choice and give informed consent to treatment.

GPs demonstrated a clear understanding of the Gillick competencies. (These help clinicians to identify children aged under 16 who have the legal capacity to consent to medical examination and treatment).

There was a practice policy for documenting consent for specific interventions, for example written consent was obtained for those patients having a joint injection.

Patients receiving palliative care recorded their wishes and shared consent with out of hour's providers. This meant out-of-hours providers had the information they needed to ensure they provided the right level of care which reflected a patient's current care needs.

Health promotion and prevention

The practice asked all new patients registering with the practice to complete a health questionnaire and all were asked to make an appointment with the practice nurse for a new patient health check. All patients with a learning disability were offered an annual health check. This provided staff with an opportunity to identify any risks to a patient's health and make referrals to other services as needed.

The practice nurse talked to patients about their health during consultations. For example, mothers were offered tooth brushes and toothpaste following child vaccinations and patients who smoked were offered the support of the smoking cessation group.

We noted a culture among the GPs to use their contact with patients to help maintain or improve mental, physical health and wellbeing.

The practice offered both dementia screening and an immunisation programme for flu, and shingles when appropriate. The IT system used by the practice recorded the names of carers and flu jabs were offered to all carers who were registered at the practice.

The practice website provided a range of health promotion information along with links to other relevant medical organisations. This information could be translated into different languages to support patients whose first language was not English.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We looked at the results of the 2014 GP patient survey. This is an independent survey run on behalf of NHS England. This indicated that 99% of respondents stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern. 89% of respondents to the survey stated that the last time they saw or spoke to a GP; the GP was good or very good at treating them with care and concern.

The practice manager told us about the ethos of the practice. They explained how they aimed to treat each patient as an individual and tailor their care to meet their needs. On the day of the inspection we spoke with nine patients who told us the staff always treated them with respect and empathy. They said their dignity was always maintained during consultations.

Patients completed CQC comment cards to tell us what they thought about the practice. We received 59 completed cards and the majority were positive about the service they experienced. Patients said they felt the practice offered an excellent service and staff were helpful and caring. All told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Care planning and involvement in decisions about care and treatment

The national GP survey results published in July 2014 indicated that 83% of respondents to the GP patient survey stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care. 94% of respondents to the GP patient survey stated that the last time they saw or spoke to a nurse, the nurse good or very good at involving them in decisions about their care.

Patients were involved in planning and making decisions about their care and treatment and they could see and keep a copy of their care plan if they wished. Work was being carried out to update all care plans, and while the practice target had been met, further work was still required to ensure this work was completed. GPs were aware of establishing a patient's capacity to understand any decisions made around developing their plan of care. If issues of capacity were identified, the support of the patient's carer was sought.

Patient/carer support to cope emotionally with care and treatment

There was a person centred culture at the practice and the staff team worked in partnership with patients and their families. The patients we spoke with on the day of the inspection and the comment cards we received indicated that patients were well supported when they suffered bereavement. Staff would send a card to bereaved patients and because the practice was small, staff have got to know patients and their families quite well. Additional visits to patients were carried out to provide emotional support when needed.

Patients who experienced mental health problems were referred to a counselling service or support agency to provide emotional support.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Services were planned and delivered to meet patients' needs. Home visits and rapid access to appointments were available to older people and those with enhanced needs. There was a robust recall system in place for chronic disease reviews and anti-rheumatic drugs were monitored closely. The practice liaised with health visitors and paediatric community nurses to ensure information was shared and up to date, and families, children and young people got the health care and advice they needed. Appointments were available outside of school hours and the premises were suitable for children and babies. Extended opening hours were available along with daily unlimited telephone consultations to working age people (including those recently retired and students). The practice carried out annual health checks for people with a learning disability and offered longer appointments for people with a mental health problem.

Tackling inequity and promoting equality

Action had been taken to remove barriers to accessing the services of the practice. The staff team had taken into account patients' different needs by planning and providing care and treatment services that were responsive to individual needs and circumstances. For example, the practice was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. A drug misuse clinic was available to patients every Friday and supported patients withdrawing from medications. The practice had access to online and telephone translation services and the GPs spoke a number of languages. The practice was situated on the second floor of the building. There was lift access to the second floors. Accessible toilet facilities were available for all patients attending the practice. There was extensive and unlimited use of telephone consultations to support patients

Access to the service

The premises and services had been adapted to meet the needs of patients with disabilities. Disabled parking was provided and access for patients with mobility difficulties was provided at the back of the building. Two patients we spoke with during the inspection commented on how they found this access difficult to use as it was sloped. The GP and practice manager explained that the building was the responsibility of a maintenance company, however, they would raise this issue to ensure patients' safety.

The waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms.

Information about appointments was available to patients on the practice website. This included how to arrange urgent appointments and home visits and how to book appointments through the website. There were also arrangements to ensure patients received urgent medical assistance when the practice was closed.

Longer appointments were also available for patients who needed them and those with long-term conditions. This also included appointments with a named GP or nurse. Home visits were made to local care homes to those patients who needed one.

Patients were generally satisfied with the appointments system. They confirmed that they could see a doctor on the same day if they needed to. Comments received from patients showed that patients in urgent need of treatment had often been able to make appointments as needed. Three patients with children told us they found it difficult to make an appointment in the morning.

The practice had extended opening hours on a Tuesday and Wednesday which were useful to patients with work commitments. This was confirmed by a couple of patients we spoke with during the inspection.

The national GP survey results published in July 2014 indicated that 79% of patients gave a positive answer to 'Generally, how easy is it to get through to someone at your GP surgery on the phone?'

Listening and learning from concerns and complaints

The practice has a system in place for handling complaints and concerns. The practice manager handled all complaints in the practice, although complaints of a clinical nature were investigated by one of the GPs. A copy of the complaint procedure was displayed at the reception desk. This was not provided in any other language than English.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Most of the patients we spoke with on the day of the inspection told us they did not know how to make a complaint, although two said they would speak with the practice manager.

The practice website includes information about how patients can make a complaint if they are unhappy with the care and treatment they have received. The website could be converted into different languages to help patients whose first language is not English.

We looked at the complaints log. We saw evidence that complaints were well managed with complainants receiving a response to their complaint in a timely manner.

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 statement of purpose stated it intended to provide high quality, safe, health care services to patients. Also, to focus on prevention of disease by promoting health and wellbeing and offering care and advice to patients. The GPs we spoke with demonstrated an understanding of their responsibilities and they took an active role in ensuring that a high level of service was provided on a daily basis. The staff we spoke with said they felt valued and their views about how to develop the service were acted upon.

Governance arrangements

The service had a clear governance structure which each staff member was aware of and accountable for individual responsibilities. For example, the practice manager was responsible for staffing issues and the practice nurse for infection control and medicine stocks. GPs had their own areas of responsibility such as safeguarding, finance and the management of patients' diabetes.

There were clear systems in place for managing the day to day operation of the service and for ensuring it operated safely and effectively. This included reporting and responding to matters that affected the safe and effective running of the service such as significant incidents, accidents and complaints.

Policies and procedures were available to all staff to ensure they were aware of their responsibilities and knew how to work safely.

Leadership, openness and transparency

The leadership and culture reflected the practice vision and values and centred on the needs and experiences of the patients who used the service. GPs encouraged a culture of openness amongst the staff team and promoted supportive relationships between all staff. Staff spoken with reported they had a good relationship with the GPs who they said were supportive and approachable. The practice had a protocol for whistleblowing and staff we spoke with knew what to do if they had to raise any concerns.

The practice manager was responsible for human resource policies and procedures. We reviewed a number of policies which were in place to support staff which included sections on equality and harassment and bullying at work. Staff we spoke with knew where to find these policies if required.

Practice seeks and acts on feedback from its patients, the public and staff

The practice had gathered feedback from patients through patient surveys and complaints received so they knew what patients thought of the service they provided. They were looking to develop this part of the service to ensure further improvements in service provision.

The 'Friends and Family test' was also available for patients to complete via the practice website and through questionnaires at the reception desk. The Friends and Family test gave patients an opportunity to comment on the standard of the service they received. We looked at the information collected for January and February 2015. The results indicated that patients were happy with the service they received and commented positively on the kind and caring nature of the GPs and other staff. Three patients had commented on appointment waiting times and the difficulty they had experienced in making an appointment.

Staff spoken during the inspection said they were encouraged to put forward their views of the service. They said they worked well as a team and staff respected each other's views and opinions.

There was no Patient Participation Group (PPG) at the practice. A PPG is a group of people who work with the GPs to improve services and promote health and improve quality of care. The practice manager told us they planned to develop this part of the service as they recognised this was a positive way of obtaining patients' views of the service.

Management lead through learning and improvement

The GPs and staff team demonstrated they continuously strived to learn and improve services. Staff demonstrated a willingness and enthusiasm to improve patient care. Staff spoken with reported an open environment for learning with regular training being provided. The GPs were all involved in revalidation, appraisal schemes and continuing professional development. The GPs had learnt from incidents and complaints and ensured the whole team was involved in driving forward improvements. The practice team worked well together and held meetings for team

Are services well-led?

Good

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

learning and to share information. No formal record was kept of these meetings and the practice manager and GPs agreed this would benefit from a more structured approach so they could review their learning and identify where improvements need to be made.

The practice recognised future challenges and areas for improvement. Plans were being made to address these issues such as developing a Patient Participation Group, improving the structure and record keeping around multi-disciplinary meetings and structuring staff appraisal system and the provision of staff training. The practice plans to employ a locum GP half a day a week and was considering carrying out minor surgery in conjunction with other practices within the health centre.

GPs have external learning groups which they attend regularly to share ideas and receive and offer support.