

# Dr Kumudini Khare

## 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 an announced comprehensive inspection at Dr Khare's practice on 21 December 2015. Overall the practice is rated as Good.

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.

Our key findings were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. 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 had received training appropriate to their roles and any further training needs had been identified and planned.

- Patients said they were treated with dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients told us they could usually get an appointment when they needed one. Urgent appointments were 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.

There were a number of areas where the practice should make improvements.

In particular, the practice should:

- Ensure that the practice reflects the practice policy in relation to audits and recognised guidance.
- Consider further how to engage the practice population in establishing a patient participation group.

**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.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, the practice held a review and shared the findings with all staff.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Risks to patients and staff were assessed and well managed.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement. However, second cycle clinical audits required completion in order to further monitor effectiveness.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- Data showed that patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw that staff treated patients with kindness and respect, and maintained confidentiality.

# Summary of findings

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Patients said that they were able to get timely pre bookable appointments with a GP or a nurse. Urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was a governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.
- There was a 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. Every patient over the age of 75 years had a named GP. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and risk profiling and case management. It was responsive to the needs of older people and offered home visits and longer appointments as required. The practice identified if patients were also carers.

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions. We found that the nursing staff had the knowledge, skills and competency to respond to the needs of patients with a long term condition such as diabetes and asthma. Longer appointments and home visits were available when needed. All of these patients were offered a review to check that their health and medication needs were being met. Written management plans had been developed for patients with long term conditions and those at risk of hospital admissions. For those patients with the most complex needs, the GPs worked with relevant health and social care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children who were at risk, for example, children and young people who had protection plans in place. Appointments were available outside of school hours and the premises were suitable for children and babies. Same day emergency appointments were available for children under five. There were screening and vaccination programmes in place and the child immunisation rates were in line with the local Clinical Commissioning Group averages. The practice's uptake for the cervical screening programme in the last five years was 98.9%, which was significantly above the national average of 81.8%. The practice worked closely with the health visiting team to encourage attendance. New mothers and babies were offered post-natal checks.

Good



### Working age people (including those recently retired and students)

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

Good



# Summary of findings

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. A range of on-line services were available, including medication requests, booking appointments and access to health medical records. The practice offered all patients aged 40 to 75 years old a health check with the practice nurse. The practice offered a full range of health promotion and screening that reflects the needs for this age group.

## People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. We found that the practice had care plans in place for all children on the vulnerable register.

The practice held a register of patients with a learning disability and had developed individual care plans for each patient. The practice carried out annual health checks and offered longer appointments for patients with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told 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 in normal working hours and out of hours.

Good



## People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). People experiencing poor mental health were offered an annual physical health check. Dementia screening was offered to patients identified in the at risk groups. It carried out advance care planning for patients with dementia.

The practice regularly worked with multi-disciplinary teams in the case management of patients with mental health needs. This included support and services for patients with substance misuse and screening for alcohol misuse with onward referral to the local support service if required. The practice also worked closely with the health visiting team to support mothers experiencing post-natal depression. It had told patients about how to access various support groups and voluntary organisations.

Good



# Summary of findings

## What people who use the service say

We collected 20 Care Quality Commission (CQC) comment cards on the day of inspection. Patients were positive about the service they experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. They said the nurse and GP listened and responded to their needs and they were involved in decisions about their care. Comment cards highlighted that staff responded compassionately when they needed help.

The national GP patient survey results published on 2 July 2015 showed the practice was performing in line with local and national averages. There were 105 responses with a response rate of 27.3%. The results indicated the practice could perform better in certain areas. For example:

- 79% of respondents said the last GP they saw or spoke to was good at explaining tests and treatments compared with a CCG average of 87% and national average of 86%.
- 67% of respondents said the current opening times at the practice were convenient compared with a CCG average of 74% and national average of 74%.

However, the results also indicated that the practice performed better in other areas such as access to appointments. For example:

- 98% of respondents said the last appointment they got was convenient compared to the CCG average of 93% and national average of 92%.
- 84% of respondents described their experience of making an appointment as good compared to the CCG average of 73% and national average of 73%.

# Dr Kumudini Khare

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist advisor.

## Background to Dr Kumudini Khare

Dr Khare's practice is situated in Stonydelph which is a suburb of Tamworth. Approximately 79% of the practice population are white British. Stonydelph has some pockets of deprivation but the overall levels are average when compared to other areas in England. The practice has above average numbers of patients with poor mental health problems, substance and alcohol misuse problems and teenage pregnancy. There are two residential developments under construction locally that are expected to result in additional patients joining the practice within the next two years.

The practice is located within a purpose-built health centre that is shared with two other GP practices, a dental practice and various community nurse services that include a walk in clinic. The practice was formed through the amalgamation of three small GP practices in 2001 and moved into the current premises in that same year. The property is owned and serviced by NHS Properties.

At the time of our inspection there were 2,085 patients on the patient list. The practice has one single-handed female GP working nine sessions per week. There is an arrangement in place with a male GP situated within the same building to cover one clinical session on alternate weeks allowing male patients requesting a male GP to be seen. Holidays and sickness/absence are also covered

under the same arrangement. There is a nurse practitioner employed who is able to prescribe medication. The administrative team consists of a practice manager, senior receptionist a medical secretary and two reception staff. The practice is open from 8.30am until 1pm and 2pm to 6pm Monday to Friday. The phone lines remain open between 1pm and 2pm for urgent calls. There are extended hours offered until 7.15pm on alternate Tuesdays and Thursdays. Patients requiring a GP outside of normal working hours are signposted to the out-of-hours provider and telephone calls are diverted. The practice has a General Medical Services (GMS) contract and also offers enhanced services such as various immunisation schemes, extended hours and remote care monitoring.

## Why we carried out this inspection

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

## 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?



# Detailed findings

- 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 the practice we reviewed information we held and asked other organisations and key stakeholders to share what they knew about the practice. We also reviewed policies, procedures and other information the practice provided before the inspection day. We carried out an announced visit on 21 December 2015.

We spoke with the GP, the nurse practitioner and all of the administration staff during our visit. We sought the views from patients through the comment cards and reviewed survey information.

# Are services safe?

## Our findings

### Safe track record and learning

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. When there were unintended or unexpected safety incidents the practice demonstrated a robust system for recording, reviewing and learning. All staff were engaged with the process and if unable to attend the review meetings electronic copies of the minutes were made available to all staff.

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

- Staff told us that following a significant event a review would be performed within 24 hours. The findings would then be communicated to all other staff in a timely manner.
- We saw minutes of meetings that evidenced significant event reviews formed part of the monthly practice meeting.
- The practice completed and retained a log sheet for all events. It included details of when appropriate resultant action had been completed.

The practice had recorded seven significant events from the last 12 months. These had been reviewed and appropriate action taken. For example;

- The practice received a concern from the community nursing team who had been unable to gain access to a diabetic patient in need of insulin and antibiotics. The restricted access was recorded as a significant event and following a GP assessment the medication was changed to an alternative that allowed self administration by the patient.
- A delayed referral had occurred when a patient had not collected their choose and book paperwork. (Choose and book was a national electronic referral system that allowed patients to electronically make an outpatient appointment and choose which hospital they attended). Two reminders had been sent to the patient from the administration team. The changed it's policy to follow up all choose and book referrals so not be reliant on the patient

Medicines and Healthcare products Regulatory Agency (MHRA) alerts were seen to be shared with all staff and action taken when required. We viewed the alerts made in the last three months. For example, an alert sent out on 5 August in relation to the use of insulin pumps. The practice performed a search that identified all patients who used the pumps. Changes were made in accordance with the MHRA alert.

### Overview of safety systems and processes

The practice had systems to manage and review risks to vulnerable children, young people and adults. Patients that the practice considered vulnerable had care plans completed and these were placed in the patient notes. On the day of the inspection we saw that this list consisted of nine children and four adults. All had care plans in place. The GP was the appointed safeguarding lead for both children and adults. We looked at training records which showed that the GP had received the required level three training for safeguarding children and adults. Staff we spoke with knew how to recognise signs of abuse in older people, vulnerable adults and children, for example, repeated failure to attend booked appointments. There was a system in place that highlighted 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. Staff we spoke with were aware of their responsibilities and knew how to share information, properly record and document safeguarding concerns and knew how to contact the relevant agencies in working hours and out of normal hours. For example, the contact details and safety protocol were accessible to all electronically and hard copies of the protocol and contact details were kept in the practice manager's office.

A notice in the waiting room advised patients that staff would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

### Infection Prevention Control (IPC)

We observed the premises to be clean and tidy. The practice nurse was the appointed infection control lead.

## Are services safe?

There was an infection control policy in place and staff had received up to date training. We reviewed the most recent annual infection control audit from November 2015 completed using guidelines from the Infection Prevention Society. The template being used was not comprehensive and was not being completed bi-monthly as stated in the infection control policy. The handwashing sinks in the clinical rooms had screw top taps. This had not been recorded on the last audit. Nationally accepted guidance suggested to activate taps the action would be best performed by sensor or by using a person's elbows. This would help to avoid a person leaving bacterial or viral pathogens (germs) on the surface that would be touched by the next person who used the sink.

### Medicines Management

We checked medicines stored in the treatment rooms and vaccine fridges and found they were stored securely and were only accessible to authorised staff. There was a cold chain policy in place with a log book for recording that medicines were kept at the required temperatures. Practice staff were aware of the cold chain policy and we saw a fully completed log book of the daily fridge temperatures. We viewed the last three months fridge temperature logs that showed the temperature was maintained between the recommended two to eight degrees Celsius.

A process was in place to check medicines were within their expiry date and suitable for use. Checks were manually recorded in a log book by a trained member of staff. We checked the fridge vaccines and emergency medicines and found them all to be within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

All prescriptions were reviewed and signed by a GP before given to the patient. Blank prescription forms and prescription pads were tracked through the practice and kept securely, at all times in accordance with national guidance.

### Staff and Training

We reviewed four personnel files and found that most of the appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS). However, the two most recent members of staff employed had DBS checks

from previous employment but not checks completed by the practice. Evidence sent within one week of the inspection demonstrated that these had been done immediately following the inspection.

### Monitoring risks to patients

The practice had an appointed lead for health and safety. There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available electronically and the mandatory Health and safety Executive (HSE) poster was displayed in the reception office. The practice had up to date fire risk assessments and carried out regular fire drills. The most recent fire drill had been carried out on 22 September 2015 and was documented as having been completed in line with the evacuation protocol. 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 most recent checks had been completed on 27 January 2015. The practice had a variety of risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and the safe use of visual display units. There were no incomplete actions on the risk assessments viewed.

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 the different staffing groups to ensure that enough staff were on duty. Holidays and sickness were managed by the remaining staff working extra hours to cover.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers and panic buttons in all consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the store room.
- The practice had a defibrillator and oxygen available on the premises that was shared with the other practices in the building.

## Are services safe?

- There was a first aid kit and accident book available. Staff we spoke with were aware of their location. There were no entries in the accident book but staff told us that there had not been any accidents to record.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and an electronic copy was kept 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. The GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment and a dedicated meeting was held to discuss the introduction and implementation of any new guidelines. All clinicians could show how they accessed the NICE guidelines using the internet. The GP was engaged with professional development and attended regular courses, for example, a Mental Health Capacity training course.

We also saw evidence of outcomes being measured in the form of clinical audits (methodology based on the NICE guidelines) and the treatment of long term conditions (LTCs). We found from our discussions with the GP and the nurse practitioner that practice staff had completed thorough assessments of patients' needs in line with evidence-based guidelines, and these were reviewed when appropriate. For example, minutes of a meeting were seen where all patients on the Chronic Obstructive Pulmonary Disease (COPD) register had individual reviews following the introduction of new COPD guidelines on 12 November 2015.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and its performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed that the practice achieved 97.1% of the total number of points available; with 11.5% clinical exception reporting that was higher than the CCG average (9.8%) and national average (9.2%). Clinical exception rates allow practices not to be penalised, where, for example, patients do not attend for a review, or where a medicine cannot be prescribed due to side effects. Generally lower rates indicate more patients have received the treatment or medicine. Data from 2014/15 showed;

- Performance for asthma related indicators was better than the CCG and national average. The practice achieved 100% compared to CCG average of 95.8% and national average of 97.4%. The average exception rate for asthma related indicators was 2.7%.
- Performance for COPD related indicators was better than the CCG and national average. The practice achieved 100% compared to CCG average of 94.3% and national average of 96%. The average exception rate for COPD related indicators was 11%.
- Performance for diabetes related indicators was better than the CCG and national average. The practice achieved 96.58% compared to CCG average of 86.3% and national average of 89.2%.
- Performance for hypertension related indicators was better than the CCG and national average. The practice achieved 100% compared to CCG average of 94.8% and national average of 97.8%. The average exception rate for hypertension related indicators was 3.4%.
- The overall clinical performance was better than the CCG and national average. The practice achieved 99.3% compared to the CCG average of 92.3% and national average of 94.5%.

Clinical audits performed by the practice demonstrated quality improvement. We looked at three clinical audits undertaken in the last two years. Only one audit had a second cycle completed and the GP was able to demonstrate the resultant changes. The practice acknowledged that a complete audit cycle is normally required to evaluate whether the outcome has been effective for patients.

We reviewed a clinical audit from 2015 which looked at the use of proton pump inhibitors (PPI) to ensure adequate reviews of patients on PPI had been completed as per the NICE guidelines. (Proton pump inhibitors are a licensed product/medicine prescribed for a range of indications including short-term treatments of gastric and duodenal ulcers). The audit resulted in the number of patients using PPIs being reduced from 9.8% to 6.5% of the practice population. The GP told us that a second cycle was not required as follow up monitoring had been arranged by individual patient when considered necessary.

### Effective staffing

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

# Are services effective?

## (for example, treatment is effective)

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice ensured role-specific training and updating for relevant staff such as those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- 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 these learning needs and to cover the scope of their work. This included one-to-one meetings, appraisals and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system.

- 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, case management meetings were held monthly and included district nurses, palliative care nurses and social workers when required.
- The practice manager maintained a register of patients that required palliative care.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated at these meetings.

### Consent to care and treatment

Staff sought patients' consent to care and treatment and documented or recorded this in the patient notes.

- 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, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

### Health promotion and prevention

The practice identified patients who may be in need of extra support. The practice highlighted all vulnerable patients on their electronic records and care plans had been completed for each individual.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme in the last five years was 98.9%, which was significantly above the national average of 81.8%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were in line with CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 65.4% to 100% and five year olds from 95.5% to 97.7%. Flu vaccination rates for the over 65s were 70.9%, and at risk groups 61.6%. These were also comparable to CCG and national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.



# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and helpful to patients attending at the reception desk and that people were treated with dignity and respect.

We collected 20 Care Quality Commission (CQC) comment cards in the two weeks prior to the inspection. Patients were positive about the service they experienced and in particular the service provided by the reception staff. Patients said they felt the practice offered good access to appointments but some mentioned difficulty when a same day appointment was required. Reception staff at the practice told us that the appointment system and cooperation from clinical colleagues provided patients with good access to appointments. The GP Patient Survey, published in July 2015, supported this, as 95.7% of respondents said they were able to get an appointment to see or speak to someone last time they tried. These figures were better than the local Clinical Commissioning Group average of 86% and the national average of 85.2%. Patients who responded said the nurses and GPs listened and responded to their needs and they were involved in decisions about their care. Comment cards highlighted that staff responded compassionately when they needed help.

Consultations and treatments were carried out in the privacy of a consulting room. Curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was respected. Consultation and treatment room doors were closed during consultations and conversations that took place in these rooms could not be overheard. A confidential room was available if patients wanted to discuss sensitive issues or appeared distressed and a sign in reception informed patients.

Data from the National GP Patient Survey July 2015 showed from 105 responses that performance was in line with local and national averages for example:

- 87% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 85%.
- 95% said the last nurse they saw or spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 90%.

- 84% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 89% said the receptionists were helpful compared to the CCG average of 88% and national average of 87%

### Care planning and involvement in decisions about care and treatment

Data from the National GP Patient Survey July 2015 showed from 105 responses that performance for the GP was below local and national averages. For example:

- 79% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 79% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 81%.

However, the nurse performance was above both local and national averages. For example:

- 93% said the last nurse they saw or spoke to was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 85%.
- 97% said the last nurse they saw or spoke to was good at giving them enough time compared to the CCG average of 94% and national average of 92%.

Staff told us that translation services were available for patients who did not have English as a first language.

### Patient/carer support to cope emotionally with care and treatment

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

Staff told us that if patients suffered bereavement, they were sent a sympathy card and offered an appointment to come and see their GP. Patients could be referred for bereavement counselling if required. Posters and leaflets were available in the waiting area.

The practice's computer system alerted GPs and nursing staff if a patient was also a carer. There was a practice register of all people who were carers and three patients had been identified as carers.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice provided online services for patients to book appointments and order repeat prescriptions. There was no hearing loop available for patients and visitors who may have difficult hearing.

In addition:

- There were longer appointments available for patients with a learning disability.
- Home visits were available for patients who required these.
- Same day appointments were available for children under five years of age and patients with serious medical conditions.
- There were disabled facilities and translation services available.
- The treatment rooms were all located on the ground floor of the building.
- The building had automatic doors and disabled toilets.
- The practice had a baby changing table in the disabled toilet and staff told us that breastfeeding was supported and a room offered to any patients wishing to feed their child.

### Access to the service

The practice was open between 8.30am and 6pm on a Monday to Friday. The practice closed each day between 1pm and 2pm. An emergency phone line allowed patients to speak to a member of the reception team during the lunch hour closure.

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for patients that needed them. The GP had six telephone appointment slots per day.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment were in line with local and national averages in some areas. Patients told us on the day that they were able to get urgent appointments when they needed them.

- 74.7% of patients were satisfied with the practice's opening hours compared to the CCG average of 76.5% and national average of 74.9%.
- 67.3% patients said the practice was open at times that are convenient (CCG average 73.9%, national average 73.8%).

### Listening and learning from concerns and complaints

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

- Its complaint's policy and procedure were in line with recognised guidance and contractual obligations for GPs in England. For example, patients were advised of outcomes in writing or face to face.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example a summary leaflet was available on how to make a complaint.

We looked at the two complaints received in the last 12 months. A complaint form was completed for each complaint and a dedicated annual meeting was held to review complaints. We viewed the minutes of the last meeting held in December 2015 and saw that the practice reviewed procedures and protocols, implemented appropriate actions and contacted the complainant to advise them of the outcome.



# 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 manager prepared the strategy as part of the review process prior to her annual appraisal. The practice manager's appraisal was then used to discuss and agree future strategy and when appropriated this was shared with other staff at their appraisals. Staff told us that this had been shared with them and they understood the values for example, staff told us that recent discussion had involved the challenge faced by small practices in primary care.

### Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Minutes of meetings were viewed by the inspection team. These demonstrated that attendance of the meetings was well supported and the frequency of meetings allowed timely discussion and action to take place. For example, practice meetings and management meetings were held monthly, seven significant event meetings had been held in 2015, each correlated with the recording of significant events. The practice had noted that attendance from the community team had reduced. The practice planned to address this if there was no improvement at the next scheduled meeting.

### Leadership, openness and transparency

The management team at the practice had the experience, capacity and capability to run the practice and ensure high quality care. Staff told us that they were approachable and took the time to listen to all members of staff. The recall system was well managed and this was reflected in the practice's Quality Outcomes Framework (QOF) achievement.

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

When there were unexpected or unintended safety incidents:

- The practice gave affected patients reasonable support, truthful information and a verbal and written apology. We saw examples kept in a dedicated complaints folder.
- Written records were kept of both verbal interactions and written correspondence.

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

- Staff told us that the practice held regular team meetings. Minutes were taken and disseminated to all staff electronically.
- Staff spoke of an open culture within the practice and said they were supported when they had raised issues at team meetings.
- Staff said they felt respected, valued and supported. Staff were involved in discussions about how to run and develop the practice, and the GP and practice manager encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice did not have a formalised patient participation group (PPG). Staff told us they had previously attempted to introduce a PPG without success. The practice planned to introduce a PPG; we saw records that demonstrated work was ongoing. Whilst there was not a formalised PPG, we saw examples within practice meeting minutes that patients felt empowered to raise any issues with practice staff and had done.

# Are services well-led?

Good 

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

- Feedback from patients had been gathered through surveys, a suggestions box situated at reception and through patient complaints received.
- There was no active PPG. Evidence was seen that the practice had tried to establish a PPG but the last scheduled meeting in July 2015 had not been attended by any patients.
- There were no examples seen of what the practice had done to improve the service through discussion with patients.

The practice had a whistleblowing policy in place and staff we spoke with knew where to access and understood the policy.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. All staff received annual appraisals and a number of staff had been developed to take on added responsibility. The practice system for reviewing complaints and significant events was effective in sharing learning outcomes and all staff were engaged.