

Dr AK and N Atrey

Quality Report

Meadowview Surgery

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	9
Areas for improvement	9

Detailed findings from this inspection

Our inspection team	10
Background to Dr AK and N Atrey	10
Why we carried out this inspection	10
How we carried out this inspection	10
Detailed findings	12
Action we have told the provider to take	20

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at the practice of Drs A K and N Atrey on 01 March 2016. Overall the practice is rated as good.

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

- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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.
- The provider was aware of and complied with the requirements of the Duty of Candour, in that they open and transparent with people who use their service in relation to care and treatment.

The areas where the provider must make improvements are:

- Ensure that the practice has processes in place to identify "children at risk" and "vulnerable adults".
- Ensure the practice has a paediatric oxygen mask.

The areas where the provider should make improvements are:

- Review its processes and systems for recording significant events.

Summary of findings

- Review monitoring arrangements for prescription pads.
- Ensure that there is a clear **vision** and **strategy** to deliver high-quality care and promote good outcomes for people, which is shared with staff and patients.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services.

Requires improvement



- There was a system in place for reporting and recording significant events, although the practice did not produce yearly analysis.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice did not have robust systems, processes and practices in place to keep patients safe and safeguarded from abuse, in that the practice did not have specific lists for children at risk or vulnerable families.
- Risks to patients were assessed and well managed.
- The practice did not have a paediatric oxygen mask available at the time of inspection.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



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

Are services well-led?

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

Good



- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

- However, the practice had its aims and objectives which were to deliver high quality care and promote good outcomes for patients and staff confirmed these to us on the day of inspection, however not all staff were aware of the practice's strategy and vision of the future of the practice.

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.

Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice kept up to date registers of patients' health conditions. The practice had identified patients who were at risk of unplanned hospital admissions and supported these patients to stay well at home, avoiding unplanned hospital admission.

Good



People with long term conditions

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

The practice held information about the prevalence of specific long term conditions within its patient population such as diabetes, chronic obstructive pulmonary disease (COPD), cardio vascular disease and hypertension. This information was reflected in the services provided, for example, regular reviews of these conditions with the practice nurse, treatment and screening programmes. The practice contacted these patients to attend regular reviews to check that their health and medication needs were being met.

Good



Families, children and young people

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

Immunisation rates were comparable with local CCG benchmarking for standard childhood immunisations. Staff had received safeguarding training. Staff had appropriate knowledge about child protection and they had access to policies and procedures for safeguarding. However, the practice did not have specific lists for children at risk or vulnerable families which would enable staff to recognise those people registered with the practice who were "at risk". One GP took the lead for safeguarding. Patient's electronic records were updated with an alert when safeguarding concerns were raised.

In the last 12 months, 94% of patients diagnosed with asthma, had undergone a review of their care compared to the national average of 75%.

The practice was co-located with health visitors and school nurses which promoted joint working.

Requires improvement



Summary of findings

Working age people (including those recently retired and students)

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

The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.

The practice was proactive in offering health checks to patients who were over 40 years of age to promote patient well-being and address any health concerns.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

Staff had received training about safeguarding vulnerable adults and they had access to the practice's policy and procedures. Staff were aware of their responsibilities regarding safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. Staff used the translation phone line to help communicate with patients who may need translation support. The practice was aware of patients in vulnerable circumstances and ensured they had appropriate access to health care to meet their needs. For example, a register was maintained for patients with a learning disability and annual health care reviews were provided to these patients. Staff knew how to recognise signs of abuse in vulnerable adults and children.

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).

The practice had a nominated GP to lead in mental health. The practice maintained a register of patients with mental health problems in order to regularly review their needs and carry out annual health checks and updates to their care plans.

84% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average.

The practice staff liaised with other healthcare professionals to help engage these patients to ensure they attended reviews. They made referrals to the local memory clinic for accurate diagnosis of dementia. Staff were knowledgeable in regard to consent and supporting patients in obtaining consent.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on 7 January 2016 showed the practice was performing in line with local and national averages. 277 survey forms were distributed and 109 were returned. This represented 2% of the practice's patient list.

- 91% found it easy to get through to this surgery by phone compared to a CCG average of 78% and a national average of 73%.
- 91% were able to get an appointment to see or speak to someone the last time they tried (CCG average 85%, national average 85%).
- 93% described the overall experience of their GP surgery as fairly good or very good (CCG average 87%, national average 85%).

- 90% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 79%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 40 comment cards of which the majority were positive about the standard of care received. We spoke with five patients during the inspection. All five patients said they were happy with the care they received and thought staff were approachable, committed and caring. Comments indicated that they found the GPs and nursing staff were helpful and caring, they described their care as very good. They gave lots of praise and positive statements about the staff and the standard of care they had received.

Areas for improvement

Action the service **MUST** take to improve

- Ensure that the practice has processes in place to identify “children at risk” and “vulnerable adults”.
- Ensure the practice has a paediatric oxygen mask.

Action the service **SHOULD** take to improve

- Review its processes and systems for recording significant events.

- Review monitoring arrangements for prescription pads.
- Ensure that there is a clear **vision** and **strategy** to deliver high-quality care and promote good outcomes for people, which is shared with staff and patients.

Dr AK and N Atrey

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) inspector and a GP specialist advisor.

Background to Dr AK and N Atrey

The practice of Drs A K and N Atrey also known as Meadowview surgery is based in a purpose built facility in a residential area of Atherton close to local amenities. The practice is located in a more deprived area when compared to other practices nationally. The male life expectancy for the area is 76 years compared with the CCG average of 77 years and the national average of 79 years. The female life expectancy for the area is 81 years compared with the CCG average of 81 years and the national average of 83 years. There were 4700 patients on the practice list at the time of inspection.

The practice, which is also a training practice, has three (two male and one female) GPs two are partners, a permanent salaried GP and a GP in their third year of training. At the time of inspection one of the partners had retired and the practice was in the process of recruiting for another partner and this vacancy was being covered by a locum GP. The practice has two practice nurses, two healthcare assistants a practice manager and seven reception and administration staff.

The practice advertises that it is open Monday to Friday from 8am to 6.30pm and each Monday it offers extended opening hours from 6.30pm-8pm. Patients requiring a GP outside of normal working hours are advised to contact the surgery and they will be directed to the local out of hours

service which is provided by Bridgewater NHS Foundation Trust –through NHS 111. Additionally patients can access GP services on Saturdays and Sundays through the Wigan GP access alliance at locations across the borough.

Why we carried out this inspection

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

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 01 March 2016.

During our visit we:

- Spoke with a range of staff including; GPs, practice nurse, the practice manager, healthcare assistant and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members

Detailed findings

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed information from CQC intelligent monitoring systems.
- Reviewed patient survey information.
- Reviewed various documentation including the practice's policies and procedures.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. We saw that significant events were recorded on paper and then stored within the practice, staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system but the practice did not record these via this system, preferring to complete a paper records which would be reviewed during the clinical meeting. The practice regularly reviewed its significant events during team meetings and learning was shared amongst staff. Whilst the practice reviewed each significant event it did not produce any yearly analysis.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, when attending a home visit the GP was unable to access the property of the patient. In response the practice changed the question's it asked of patients prior to home visits. Which meant that the GP would be able to gain access to a patients home when visiting.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information and a verbal or written apology.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.
- The practice did not have a specific list of children at risk and vulnerable families, which could enable staff to take a proactive approach to safeguarding and focus on early

identification. We did see however that electronic systems did flag these groups. We also saw evidence of minuted discussions with clinicians regarding safeguarding issues. We were told that the practice did not have regular meetings with health visitors although they were invited to attend, these were rather ad hoc meetings.

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

The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. The Clinical Commissioning Group (CCG) had introduced a General Practice Preventing Infection Together (PIT) programme, which was a strategy for the management of healthcare associated infections. The aim was to support the delivery of clinically effective safer healthcare and drive improvements in the delivery of care across the Wigan Borough.

- There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored, however the practice should review its systems to ensure their use is monitored. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The

Are services safe?

practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.

We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service, but the practice did not routinely have risk assessments in place for those staff who had entries of convictions disclosed.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had an up to date fire risk assessment and fire drills were carried out on a regular basis by the buildings management. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with an adult mask however no paediatric mask was available. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had achieved 99% of the total number of points available, with 4% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was better than the national average. For example The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2014 to 31/03/2015) was 92% compared to the national average of 78%.
- The percentage of patients with hypertension having regular blood pressure tests was comparable to the national average. The practice rate was 89% compared to the national average of 84%.
- Performance for mental health related indicators was above the national average. For example: the

percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in their record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 100% compared to the national average of 88%.

Clinical audits demonstrated quality improvement. For example the practice, conducted an audit of ear, nose and throat referrals this showed that patients could be referred elsewhere, such as, to audiology and asked if Benign Paroxysmal Positional Vertigo (BPPV) dizziness could be managed within primary care. A re-audit showed a reduction in hospital referrals as a result of the information gained from the audit.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training for relevant staff for example, for those reviewing patients with long-term conditions., Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of their competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- All GPs were up to date with their yearly appraisals. (Every GP is appraised annually, and undertakes an 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.) There were annual appraisal systems in place for all other members of staff.

Coordinating patient care and information sharing

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

Are services effective?

(for example, treatment is effective)

test results. Information such as NHS patient information leaflets were also available. Incoming mail such as hospital letters and test results were read by a clinician and then scanned onto patient notes by reception staff.

Arrangements were in place to share information for patients who needed support out of hours.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 89%, which was better than the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information for those with a learning disability. 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 higher than the Clinical Commissioning Group. For example, childhood immunisation rates for the vaccination DTaP/IPV/Hib (vaccine against diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib)) was 100% compared to the CCG average of 98% for under two year olds and five year olds was 100% which was comparable to the CCG average of 98%.

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 for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations.
- Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

From the 40 patient comments received on the day of inspection, all indicated that they found the staff helpful and polite and they described their care as very good. Comment cards highlighted that staff responded compassionately when patients needed additional help and provided support when required. Some staff had worked at the practice for many years and knew their patients very well. We spoke with members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They told us they that they and their families had been with the practice for many years and felt the standards offered within the service were very good.

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

- 90% of respondents said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 90% and national average of 89%.
- 88% said the GP gave them enough time (CCG average 88%, national average 87%).
- 98% said they had confidence and trust in the last GP they saw (CCG average 98%, national average 95%)

- 84% said the last GP they spoke to was good at treating them with care and concern (CCG average 86%, national average 85%).
- 100% said the last nurse they spoke to was good at treating them with care and concern (CCG average 94%, national average 91%).
- 99% said they found the receptionists at the practice helpful (CCG average 90%, national average 87%)

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in making decisions about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were mixed when comparing them with local and national averages. For example:

- 86% of respondents 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 (CCG average 83% , national average 82%)
- 93% said the last nurse they saw was good at involving them in decisions about their care (CCG average 89% , national average 85%)

The practice had translation services available for patients who did not have English as a first language. However we did not see notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified that 2% (81

Are services caring?

patients) of the practice list as carers. The practice also had a dedicated carer's noticeboard which contained information to direct carers to the various avenues of support available to them.

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 take into account the needs of different patient groups and to help provide flexibility, choice and continuity of care. For example;

- There were longer appointments available for patients with a learning disability and we saw that the practice had access to and used easy read material when necessary.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities and a hearing loop..

Access to the service

Results from the national GP patient survey showed patient's satisfaction with how they could access care and treatment. For example;

- 92% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 75%.

- 91% patients said they could get through easily to the surgery by phone (CCG average 78%, national average 73%).
- 75% patients said they always or almost always see or speak to the GP they prefer (CCG average 63%, national average 59%).

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

Listening and learning from concerns and complaints

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

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

We looked at the complaints received in the last 12 months and found that the practice had received four complaints all of which were responded to appropriately.

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 its aims and objectives which were to deliver high quality care and promote good outcomes for patients and staff confirmed these to us on the day of inspection, however not all staff were aware of the practice's strategy and vision of the future of the practice.

Governance arrangements

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

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

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

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

When there were unexpected or unintended safety incidents the practice gave affected people reasonable support, truthful information and a verbal and written apology.

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

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

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

The practice had gathered feedback from patients through the patient participation group (PPG) and the GP National Patient survey. The PPG itself was a small group of three people, but the practice had identified this as an issue and was implementing a virtual PPG, in that the members and others are emailed on a frequent basis to seek their feedback on areas for improvement. The PPG members felt listened to and had examples where the practice had acted on their suggestions. The practice had carried out Friends and Family Test in 2015. However, there was no analysis or feedback to patients. Staff told us they regularly attended staff meetings. Staff minutes showed that all staff were included and lots of topics were discussed.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12(2)(f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.: Safe care and treatment.</p> <p>How the regulation was not being met:</p> <p>The registered person did not make sure that equipment was suitable for its purpose, properly maintained and used correctly and safely. They had failed to ensure that a paediatric oxygen mask was available.</p> <p>This was in breach of regulation 12(2)(f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Regulation 13(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.: Safeguarding service users from abuse and improper treatment.</p> <p>How the regulation was not being met:</p> <p>The registered person did not make sure that they had, and implemented, robust procedures and processes to make sure that people were protected. They had failed to ensure that children at risk and vulnerable families could be easily identified by staff.</p> <p>This was in breach of regulation 13(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>