

# Drs Desai, Lowe and Farooqi

## 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?

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

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Drs Desai, Lowe and Farooqi (also known as The Old Court House Surgery) on 26 August 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 across all the areas we inspected 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.

- Staff had received training appropriate to their roles and any further training needs had been identified and planned. However, for some staff, training on basic life support was out of date.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Information about services and how to complain was available and easy to understand.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- 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.

# Summary of findings

However there were areas of practice where the provider needs to make improvements.

The areas where the provider must make improvements are:

- Ensure all clinical staff have up to date basic life support training.

Importantly the provider should:

- Ensure patients are aware of the translation services available.

**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. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. However, for some clinical staff, training on basic life support was not up to date.

Requires improvement



### Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were similar to averages for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence as well as other organisations. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received most training appropriate to their roles and further training needs had been identified and appropriate training planned to meet these needs. However, for some clinical staff, training on basic life support was out of date. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Good



### Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice in line with the national averages. 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 also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



### Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It engaged and worked with the NHS England Area Team and Clinical Commissioning Group (CCG) to plan services. Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. They ensured that patients were able to access services, providing additional support as

Good



# Summary of findings

required. Information about how to complain was available and easy to understand and evidence showed that 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. It 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 govern activity and held regular governance meetings. 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. The patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings and events.

**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. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. 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 end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. All patients over the age of 75 had a named GP. The practice used a number of support groups for older people, and worked with a local group which, for example, provided patients with transport and assistance in collecting prescriptions.

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions. 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. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. The practice worked to avoid unplanned admissions, and contacted patients who were unexpectedly admitted to hospital, offering additional support. For those people with the most complex needs, the named GP worked with relevant health and 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 living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were above national averages for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw examples of the practice working with health visitors and other professionals to deliver care.

Good



# Summary of findings

## **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). 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. For example, the practice offered extended hours opening, with evening appointments available, and also offered telephone appointments for those who were not able to attend during surgery opening hours. The practice offered online services including appointment booking and prescription requests. They also offered a full range of health promotion and screening that reflects the needs for this age group.

## **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. The practice held a register of patients living in vulnerable circumstances. It had carried out annual health checks for people with a learning disability and 95% of these patients had received a follow-up. It offered longer appointments for patients who would benefit from these.

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

## **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 people with dementia). They maintained a register of patients with severe mental health concerns. The practice had in-house counselling services for patients with poor mental health. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with regular reviews.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. Staff had received training on how to care for people with mental health needs and dementia.

# Summary of findings

## What people who use the service say

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 111 responses and a response rate of 39%.

- 70% find it easy to get through to this surgery by phone compared with a CCG average of 63% and a national average of 73%.
- 87% find the receptionists at this surgery helpful compared with a CCG average of 83% and a national average of 87%.
- 56% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 56% and a national average of 60%.
- 87% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 82% and a national average of 85%.
- 94% say the last appointment they got was convenient compared with a CCG average of 90% and a national average of 92%.

- 76% describe their experience of making an appointment as good compared with a CCG average of 68% and a national average of 73%.
- 49% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 57% and a national average of 65%.
- 53% feel they don't normally have to wait too long to be seen compared with a CCG average of 50% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our visit. We received 25 comment cards, the majority of which were positive about the standard of care received. Patients particularly emphasised the caring and supportive attitude of all staff, and reported that the doctors and nurses gave them enough time to discuss their concerns. Patients also reported that it was easy to book an appointment, and that reception staff were friendly and helpful.

## Areas for improvement

### Action the service **MUST** take to improve

The areas where the provider must make improvements are:

- Ensure all clinical staff have up to date basic life support training.

### Action the service **SHOULD** take to improve

The areas where the provider should make improvements are:

- Ensure patients are aware of the translation services available.

# Drs Desai, Lowe and Farooqi

## 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 specialist adviser and an Expert by Experience (an expert by experience is someone who has experience of using services).

## Background to Drs Desai, Lowe and Farooqi

Drs Desai, Lowe and Farooqi (also known as The Old Court House Surgery) provides care to approximately 7600 patients.

The practice serves a mixed population, with 64.1% of people in the local area identifying as white, 18.4% as Asian/Asian British, 7.7% as Black/African/Caribbean/Black British, 4.9% as mixed ethnic and 4.9% as other ethnic groups.

There are three GP partners and one salaried GP at the practice (two male and two female doctors in total) as well as two part-time practice nurses (both female).

The practice is a training practice for GP Registrars and foundation trainees.

The contract held by the practice is a GMS (General Medical Services) contract. The practice also provides enhanced services, including for example extended hours access.

The practice is registered to provide diagnostic and screening procedures, family planning, maternity and midwifery services, and for the treatment of disease, disorder or injury.

The opening hours are between 8:30am and 6:30pm every weekday, except Wednesday when the practice closes at 1:00pm. Appointments are available between 9:00am and 12:00pm every weekday morning. On Mondays and Tuesdays, appointments are available from 1:00pm to 7:45pm, on Wednesdays there are no afternoon appointments, and on Thursdays and Fridays, appointments are available from 1:00pm to 6:30pm.

When the practice is closed, patients are redirected to a contracted out-of-hours service.

We had not inspected this practice before.

## 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, to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 as well as to provide a rating for the services 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?
- Is it responsive to people's needs?
- Is it well-led?

# Detailed findings

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 about the practice, including information provided to us by the practice. We carried out an announced visit on 26 August 2015.

During our visit we spoke with a range of staff (including GPs, the practice manager and administrative and reception staff) and spoke with patients who used the service. We also looked at patient records, spoke to patients, and reviewed comment cards where patients and members of the public shared their views and experiences of the service.

# Are services safe?

## Our findings

### Safe track record and learning

There was a system in place for reporting and recording significant events, and an open and transparent approach. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager and the partners of any incidents. There was a recording form available on the practice's computer system, which all staff had access to. The practice carried out an analysis of the significant events.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. We saw evidence that significant events and complaints were discussed at weekly clinical meetings as well as at quarterly staff meetings. Lessons were shared to make sure action was taken to improve safety in the practice. For example, there had been an incident in the previous year, whereby a patient had not been advised of their blood test results in a timely manner. The practice had investigated this, and discussed the issue at practice meetings. We saw evidence that the practice had made changes to procedures to avoid a similar incident occurring again.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. We saw evidence that this information was disseminated to all staff. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. The practice used the National Reporting and Learning System (NRLS) eForm to report patient safety incidents. The practice provided an example of an incident they had recently reported via the NRLS eForm, in which a patient had suffered adverse side effects on a particular medication.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included;

- Arrangements were in place to safeguard adults and children from abuse. These 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 were also posters in each clinical room with this information, making it easily available. There was a lead member of staff for both adult and child safeguarding, and one of the GPs was also a safeguarding lead for the Clinical Commissioning Group (CCG). The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. The clinical team held meetings regularly with external colleagues, such as health visitors, to discuss patients considered to be at risk. Staff demonstrated they understood their responsibilities and all had received training on both adult and child safeguarding.

- There were notices on the electronic display in the waiting area, as well as in treatment rooms, advising patients that they could request a chaperone, if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS). (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).
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises, such as for the control of substances hazardous to health, infection control and legionella. The practice had taken appropriate steps to mitigate such risks.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and all staff had received training on infection control. Infection control audits were undertaken every six months and improvements noted and actioned.
- 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

## Are services safe?

checked the temperatures of the refrigerators daily, to ensure that medication was stored within a safe temperature range. Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines. There was evidence that the practice was learning from such audits, and had reviewed prescribing procedure. Prescription pads were securely stored and there were systems in place to monitor their use, with one member of staff responsible for tracking the movement of prescription pads throughout the practice.

- Recruitment checks were carried out and the five files we reviewed showed that 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.
- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs. There was a rota system in place for the different staff groups to ensure that enough staff were on duty. If staff required leave, there was a system in place to ensure that their duties were covered. The practice used a regular locum doctor, and approached them if required to cover leave.

### **Arrangements to deal with 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 had received basic life support training, however, for some clinical staff, this training had expired (clinical staff should have annual updates in line with guidance provided by the Resuscitation Council). Although the majority of staff had received basic life support training in the preceding 12 months, two GPs had last received training 15 months prior to the inspection, and one of the practice nurses had last received training over 18 months prior to the inspection. Furthermore, the training schedule for the practice indicated that staff only required training every 18 months. There were emergency medicines available in the treatment room. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. The practice had a system in place to monitor the stock of emergency medicines, and 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. They had identified alternative premises which could be used if required. The continuity plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice carried out assessments and treatment 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 ensure all clinical staff were kept up to date. We saw evidence that the practice discussed updates at weekly clinical meetings, and filed useful information for future reference. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. The practice monitored that these guidelines were followed through risk assessments and audits.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 99.2% of the total number of points available, with 6.6% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013 to 2014 showed;

- Performance for diabetes related indicators was better than the CCG and national average. For example, 96.23% of patients on the practice's diabetes register had received an influenza vaccination in the previous 12 months, compared to the national average of 92.46%, and 90.83% had received a albumin:creatinine ratio test in the previous 12 months, compared to the national average of 85.94%.
- The percentage of patients with hypertension having regular blood pressure tests was 83.87%, similar to the national average of 83.11%.
- Performance for mental health related and hypertension indicators was similar to the national average. For example, 92.31% of patients with schizophrenia, bipolar affective disorder and other psychoses had an agreed care plan in the preceding 12

months, compared to a national average of 86.04%, and 70.97% of patients with dementia had received a face-to-face review in the preceding 12 months, compared to a national average of 83.82%.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment. There had been four clinical audits conducted in the last two years, two of these were completed audits where the improvements made were implemented and monitored. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, the practice had carried out one completed audit on patients with chronic kidney disease who were taking statins. This audit examined whether guidelines set by NICE were being met. The audit identified a number of patients who required medication reviewed, and the practice reviewed procedures and reinforced national guidelines in place.

### Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- 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 ongoing support during sessions, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. Staff had received appraisals in the past 12 months, and reported that they felt well supported by the practice.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. However, for some staff, training on basic life support was out of date.

### Coordinating patient care and information sharing

# Are services effective?

## (for example, treatment is effective)

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

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 clinical meetings took place weekly, and multi-disciplinary team meetings with colleagues from outside the practice took place on a six weekly basis. We also saw that care plans were routinely reviewed and updated. One of the GPs acted as a lead for referrals in the CCG, and took a lead in improving the referrals process across the CCG.

### Consent to care and treatment

Patients' consent to care and treatment was always sought 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, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The practice had guidance available to staff on consent, which detailed key considerations as well as the different ways in which consent could be obtained. They also used a mental capacity assessment tool to support and document a full capacity assessment.

### Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, those with learning disabilities, poor mental health or long-term conditions. Patients were then supported by the practice as well as signposted to external services. The practice nurses provided weight management and smoking cessation advice to patients, and the practice also liaised with a local drug and alcohol service to support patients with addiction problems.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 80.27% which was comparable to the national average of 81.88%. There was a policy to send reminders to patients who did not attend for their cervical screening test. 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 comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 88.5% to 97.9% (compared to a CCG range of 79.9% to 92.6%) . For five year olds rates ranged from 72% to 97.8% (compared to a CCG range of 74.4% to 91.1%). Flu vaccination rates for the over 65s were 71.94% (compared to a national average of 73.24%) and at risk groups 59.47% (compared to a national average of 52.29%).

Patients had access to appropriate health assessments and checks. The practice offered new patient health checks to those with long term or complex conditions, as well as to any new patients who requested an assessment. NHS health checks were provided 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 both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

The majority of the 25 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Patients reported that they were given enough time during consultations, and felt that the clinical staff took care to explain options and treatments to them. Two comments cards contained less positive comments, and these reported that the reception staff were not always helpful and accommodating.

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

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was in line with averages for its satisfaction scores on consultations with doctors and nurses. For example:

- 95% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 88% said the GP gave them enough time compared to the CCG average of 84% and national average of 87%.
- 94% said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and national average of 95%

- 91% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and national average of 85%.
- 81% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 90%.
- 87% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and national average of 87%.

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

Patients we spoke with told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff. A small number of patients we spoke with reported that they did not feel they had sufficient time during consultations to discuss everything they wished to.

Results from the national GP patient survey we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line with local and national averages. For example:

- 88% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 82% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and national average of 81%

Staff told us that translation services were available for patients who required assistance. However, there were no notices in the reception areas informing patients that 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, and there was a practice register of all people who were carers. Carers were being supported, for example, by offering health checks, vaccinations and referrals to local support services for carers.

## Are services caring?

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, the GPs attended regular collaborative learning meetings with colleagues from across the CCG, which encouraged learning, communication and close working across teams. The practice also hosted clinical meetings every six to eight weeks with consultants from teams within the CCG. This encouraged team work and improved understanding.

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

- The practice offered extended hours appointments on Monday and Tuesday to 7:45pm.
- Patients were able to book appointments and request repeat prescriptions online.
- There were longer appointments available for people with a learning disability, and those who required additional support in communication (for example, those who required a translator).
- The practice offered flexible appointments to patients who were carers.
- Home visits were available for older patients and patients who would benefit from these. These were coordinated between the GPs, practice nurses and other clinical colleagues to ensure patients received all necessary support.
- The practice had in-house counselling services for patients with poor mental health.
- The practice used the services of a number of support groups for older people, including a local group which, for example, provided patients with transport and assistance in collecting prescriptions.
- The GPs would carry out health checks at home if required, and for example, had attended a day centre to provide health checks to several of the practice's patients with dementia.
- Urgent access appointments were available for children and those with serious medical conditions.
- The practice had installed a 'pod' which allowed patients to check their weight and blood pressure. This was especially useful for patients who were monitoring such measurements.

- There were disabled facilities, hearing loop and translation services available. The practice placed an alert on patient records so that all staff were aware that additional support may be required.
- There was a bell at the entrance to the practice which patients could ring if they required assistance. For example, we observed a patient with young children in a pushchair ringing the bell and receiving assistance from the reception staff to enter the practice.

### Access to the service

The practice was open between 8:30am and 6:30pm every weekday, except Wednesday when the practice closed at 1:00pm. Appointments were available between 9:00am and 12:00pm every weekday morning. On Mondays and Tuesdays, appointments were available from 1:00pm to 7:45pm, on Wednesdays there were no afternoon appointments, and on Thursdays and Fridays, appointments were available from 1:00pm to 6:30pm. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages and people we spoke to on the day were able to get appointments when they needed them. For example:

- 66% of patients were satisfied with the practice's opening hours compared to the CCG average of 69% and national average of 75%.
- 70% patients said they could get through easily to the surgery by phone compared to the CCG average of 63% and national average of 73%.
- 76% patients described their experience of making an appointment as good compared to the CCG average of 68% and national average of 73%.
- 49% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 57% and national average of 65%.
- 53% patients said they don't have to wait too long to be seen compared to the CCG average of 50% and national average of 58%.

### Listening and learning from concerns and complaints

# Are services responsive to people's needs?

(for example, to feedback?)

The practice had a 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 was available to help patients understand the complaints system, for example there were posters in the waiting area.

We looked at seven complaints received in the last 12 months and found that these had been dealt with in an appropriate and timely manner. We saw that all complaints had been investigated and findings had been communicated to patients.

Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, one complaint received regarding a patient being booked for the wrong clinic was discussed with all staff and learning points highlighted to receptionists responsible for booking clinic appointments.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a mission statement, and staff knew and understood the values. The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. These were reviewed and updated annually.
- All staff had 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

### Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

Staff told us that regular team meetings were held. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and were confident in doing so and felt

supported if they did. Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which discussed matters on a regular basis, and submitted proposals for improvements to the practice management team. For example, the PPG had requested that the practice increase the number of nursing appointments available. The practice trained an existing member of staff to be a Health Care Assistant. The Health Care Assistant was able to carry out some of the nurse's duties, freeing up nursing appointments. The practice also recruited another practice nurse. This resulted in double the number of nursing appointments being available.

The practice had also gathered feedback from staff informally and at practice meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

### Innovation

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice was a training practice, and as such kept up to date with recent developments. There were clear examples of staff sharing knowledge within the practice and learning from one another. Staff had taken on additional responsibilities and undergone further training, bringing further expertise to the practice.

## 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 Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>Regulation 12:</b></p> <ol style="list-style-type: none"><li>1. Care and treatment must be provided in a safe way for service users.</li><li>2. Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include -  (c) ensuring that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely.</li></ol> <p>How this was not being met:</p> <p>The registered person had not ensured staff had received appropriate training in relation to basic life support. This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>