

# Dr Sekhar Karyampudi

## Quality Report

Vittoria Medical Centre  
Vittoria Street  
Birkenhead  
CH41 3RH

Tel: 0151 650 1098

Website: [www.vittoriamcwirral.nhs.uk](http://www.vittoriamcwirral.nhs.uk)

Date of inspection visit: 13 November 2015

Date of publication: 24/12/2015

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10

### Detailed findings from this inspection

Our inspection team	11
Background to Dr Sekhar Karyampudi	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Sekhar Karyampudi on 13 November 2015. Overall the practice is rated as GOOD.

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.
- 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 were treated with care, compassion, dignity and respect and they were involved in their care and decisions about their treatment. They were not rushed at appointments and full explanations of their treatment were given. They valued their practice.
- Feedback from patients about their care was consistently and strongly positive.

- Information about services was available.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with routine and 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.

There were areas where the provider could make improvements and they should ensure:

- When patient safety and other relevant alerts and guidance are followed, actions taken are recorded.
- Informal and verbal complaints are recorded and analysed to learn lessons and improve the service.
- Staff are trained and updated in infection control procedures and infection control audits are undertaken on a regular basis.
- Staff who act as chaperones are appropriately trained and checked to ensure suitability to undertake the role.

# Summary of findings

- The complaints policy and procedure is in line with national guidance and displayed and available in the practice for 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 good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, people received support, information, and an apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data 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 were undertaken and demonstrated 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.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice higher than others for nearly all aspects of care. For example GPs and nurse giving them enough time, GPs and nurse explaining tests and treatments and GPs and nurse treating them with care and concern.
- Feedback from patients about their care and treatment was consistently positive.
- We observed a patient-centred culture.

Good



# Summary of findings

- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. For example staff contacted bereaved patients and offered a visit or appointment convenient for them if they wished.
- We found many positive examples to demonstrate how patient's choices and preferences were valued and acted on. For example staff treated patients with learning disabilities, mental health and those abusing alcohol as individuals and with respect. Patients told us how they were all made to feel welcome at the practice.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It 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 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 designated person responsible for handling complaints and staff understood how to progress concerns and complaints from patients. However informal or verbal complaints were not documented to ensure learning from these took place. The complaints procedure was not displayed in the practice or in the practice information leaflet.

Good



## Are services well-led?

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

- It had vision and values to deliver high quality care and promote good outcomes for patients.
- 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.

Good



## Summary of findings

- The provider was not aware of the term Duty of Candour; however they could articulate its values and encouraged a culture of openness and honesty at all levels. The practice had systems in place for knowing about notifiable safety incidents
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. For example the percentage of patients aged 65 and older who had received a seasonal flu vaccination was higher than the national average at 75%.
- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

### People with long term conditions

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

Good



- The practice maintained and monitored registers of patients with long term conditions for example cardiovascular disease, diabetes, chronic obstructive pulmonary disease and heart failure. These registers enabled the practice to monitor and review patients with long term conditions effectively.
- The practice performed at or above average for management of long term conditions, for example the percentage of patients with diabetes whose cholesterol was less than 5mmol/l or less was 85% and above national average, as was the percentage of patients with diabetes who had had a recorded foot examination and risk classification.
- The practice nurse had a lead role in chronic disease management and patients at risk of hospital admission were identified as a priority.
- They provided in-house services such as phlebotomy, physiotherapy and electrocardiograph (ECG) monitoring
- 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 medicines needs were being met. 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.

# Summary of findings

## Families, children and young people

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

Good



- There were systems in place to identify and follow up children 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 relatively high for all standard childhood immunisations with a number of immunisations uptakes at 100%. Routine immunisations were carried out four days per week in the afternoons.
- 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.
- The percentage of women aged 25-64 who had a recorded cervical screening test performed was 76%, and comparable to other practices.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses.
- One of the GPs had been approved to provide a child health clinic to assess and measure children's progress.

## 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).

Good



- 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 offered extended hours appointments until 7.15pm on Tuesday evenings.
- The practice was proactive in offering online services as well as 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.

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.



# Summary of findings

- It had carried out annual health checks for people with a learning disability.
- It cared for patients with a learning disability well, for example, one member of staff was trained and the named person who looked after these patients with non-clinical problems. They were an advocate for them and had legal guardianship status for one person with learning disabilities.
- GPs took lead roles in caring for patients who were vulnerable such as learning disabilities, and alcohol and drug addiction.
- It offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It worked with and was able to signpost vulnerable patients and their carers 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)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- 100% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months. This was significantly higher than the national average
- 92% of people experiencing poor mental health had a comprehensive, documented care plan in place (higher than the national average). 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 dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The National GP Patient Survey results published in July 2015 showed the practice was performing around and higher than average in some questions asked. There were also areas for improvement where the practice was performing below average. There were 89 responses which represented a 21% completion rate for surveys sent out and 6% of the patient list.

- 97% find it easy to get through to this surgery by phone compared with a CCG average of 78% and a national average of 73%.
  - 93% find the receptionists at this surgery helpful compared with a CCG average of 90% and a national average of 87%.
  - 70% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 63% and a national average of 60%.
  - 91% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 87% and a national average of 85%.
  - 100% say the last appointment they got was convenient compared with a CCG average of 95% and a national average of 92%.
- 96% describe their experience of making an appointment as good compared with a CCG average of 78% and a national average of 73%.
  - 77% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 66% and a national average of 65%.
  - 77% feel they don't normally have to wait too long to be seen compared with a CCG average of 61% 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 inspection. We received 42 comment cards which were all positive about the standard of care received. All patients we spoke with and comments reviewed were extremely positive about the practice, the staff and the service they received. They told us staff were caring, and compassionate and that they were always treated well with dignity and respect. They told us they were given time at appointments, listened to and felt valued. They said their needs were always responded to and they felt very lucky to have such a practice.

## Areas for improvement

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

There were areas where the provider could make improvements and they should ensure:

- When patient safety and other relevant alerts and guidance are followed, actions taken are recorded.
  - Informal and verbal complaints are recorded and analysed to learn lessons and improve the service.
- Staff are trained and updated in infection control procedures and infection control audits are undertaken on a regular basis.
  - Staff who act as chaperones are appropriately trained and checked to ensure suitability to undertake the role.
  - The complaints policy and procedure is in line with national guidance and displayed and available in the practice for patients.

# Dr Sekhar Karyampudi

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

A CQC Lead Inspector. The team included a GP specialist advisor, a practice manager specialist advisor and an Expert by Experience who is a person who uses services themselves and wants to help CQC to find out more about people's experience of the care they receive.

## Background to Dr Sekhar Karyampudi

Dr Sekhar Karyampudi is registered with the Care Quality Commission to provide primary care services. It provides GP services for approximately 1500 patients living in Wirral. The practice is situated in a purpose built health centre. The practice has one male GP and one female GP, a practice manager, practice nurse, administration and reception staff. Dr Sekhar Karyampudi holds a General Medical Services (GMS) contract with NHS England.

The practice is open Monday, Wednesday, Thursday and Friday 8am to 6.30pm with extended hours on a Tuesday until 7.15pm. They do not provide out of hour's services, these are covered by the area GP Out of Hours service and are accessible by calling the practice telephone number. Patients can book appointments in person, via the telephone or online. The practice provides telephone consultations, pre-bookable consultations, urgent consultations and home visits. The practice treats patients of all ages and provides a range of primary medical services.

The practice is part of Wirral Clinical Commissioning Group (CCG) and is situated in an area of high deprivation. The practice population is made up of a mostly working age

population. A large number of the practice population has a long standing health condition (73%) and there is a higher than national average number of unemployed patients.

## 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. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) and Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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

## How we carried out this inspection

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

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

# 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 living in vulnerable circumstances
- People experiencing poor mental health (including people with dementia)

Before our inspection we carried out an analysis of the data from our Intelligent Monitoring system. We also reviewed

information we held and asked other organisations and key stakeholders to share what they knew about the service. We reviewed the practice's policies, procedures and other information the practice provided before the inspection. The information reviewed did not highlight any significant areas of risk across the five key question areas.

We reviewed all areas of the practice including the administrative areas. We sought views from patients face-to-face, looked at survey results and reviewed comment cards left for us on the day of our inspection. We spoke with staff and patients at the practice on the day of our inspection.

# Are services safe?

## Our findings

### Safe track record

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

- Staff told us there was an open and 'no blame' culture at the practice and that staff were encouraged to report adverse events and incidents.
- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.
- The practice carried out an analysis of the significant events and disseminated lessons learnt. The practice did not, however, review them annually overall to identify themes and trends.
- We reviewed safety records, significant event reports, national patient safety alerts and minutes of meetings where events were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. Patient safety alerts were disseminated by the practice manager to relevant staff. However we found that the alerts were not documented as having been actioned.
- When there were unintended or unexpected safety incidents, people received support, information, and an apology and were told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

The practice could demonstrate its safe track record through having risk management systems in place for safeguarding and health and safety including medication management and staffing.

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and policies were accessible to all staff. Staff had access to contact details and process flowcharts for both child protection and adult safeguarding displayed around the offices and treatment rooms. There was a lead member of staff for safeguarding who had received an appropriate level of training. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. The practice had systems for identifying and alerting children and vulnerable

adults who were at risk. The practice held regular multi-disciplinary meetings which included the health visitor and discussed vulnerable patients at these meetings.

- A notice was displayed in the waiting room and in consultation rooms, advising patients that chaperones were available, if required. We found that some of the reception staff who were trained for the role of chaperone had not received a Disclosure and Barring Service (DBS) check. A chaperone is a person who acts as a safeguard and witness for a patient and healthcare professional during a medical examination or procedure. 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 were in the process of undertaking appropriate checks for these staff and told us these staff would not act as chaperones until appropriate checks had been undertaken.
- 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 displayed for staff. The practice had undertaken general environmental, COSHH and fire risk assessments. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was maintained and checked to ensure it was working properly.
- Historic paper and electronic patient records were stored safely and securely.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. There was an infection control policy and procedures in place that was current. There was no identified infection control clinical lead and staff had not received update training. However the practice told us they would address this as soon as possible and ensure staff were trained in infection control within two weeks. An infection control audit had been undertaken by the community infection control team in 2013 and they were due to re audit this month, however the practice had not undertaken their own internal infection control audits. The practice had carried out Legionella risk assessments and regular monitoring of water occurred.

## Are services safe?

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice maintained patient safety (including obtaining, prescribing, recording, handling, storing and security). Medication audits were carried out with the support of the local CCG medicines management teams to ensure the practice was prescribing in line with best practice guidelines and the practice met regularly with the team. Prescription pads were securely stored and there were systems in place to monitor their use.
- Recruitment checks were carried out. We looked at four staff records, two of which were recently employed staff members. These showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, interview records, qualifications, registration with the appropriate professional body and checks through the Disclosure and Barring Service (DBS).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Staff covered for each other during absences. However there were no plans in place currently for GP 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 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 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. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line 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 and referrals.

Services provided were tailored to meet patients' needs. For example long term condition reviews were conducted in extended appointments. The practice used coding and alerts within the clinical electronic record system to ensure that patients with specific needs were highlighted to staff on opening the clinical record. For example, patients on the palliative care register.

Patients' consent to care and treatment was 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. Written consent was obtained for minor procedures such as joint injections.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 were 97% of the total number of points available, with 5.1% exception reporting. QOF includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed;

- Performance for diabetes related indicators were similar to the national average.

- The percentage of patients with hypertension having regular blood pressure tests was better than the national average at 89%
- Performance for mental health related indicators was higher than the national average. For example 92% of patients with mental health psychoses had a documented comprehensive agreed care plan and 96% of patients with mental health psychoses had their alcohol consumption recorded in the last 12 months.
- The percentage of patients diagnosed with dementia whose care had been reviewed with a face to face review in the preceding 12 months was above the national average at 100%.

Clinical audits demonstrated quality improvement.

- There had been four clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored. Audits included minor surgery and medication audits such as Pregabalin, Simvastatin and Methotrexate, and urinary tract infections.
- 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, recent action taken as a result included cost savings for medicines and ensuring clinical effectiveness of medication for patients.

Information about patients' outcomes was used to make improvements such as;

- 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, vulnerable adults, those at risk of unplanned admissions to hospital and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- Childhood immunisation rates for the vaccinations given were around average with some of immunisations given attaining 100% of eligible children. Child non-attenders were followed up. Flu vaccination rates for the over 65s were 75%, and at risk groups 52%. These were around the 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. A lot of health assessments were undertaken



# Are services effective?

## (for example, treatment is effective)

opportunisticly, for example, when patients who had not visited the practice for some time and presented with minor ailments were given a full health check and those attending for flu vaccinations were checked and referred for appointments as necessary. Appropriate follow-up on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

### 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 practice could demonstrate how they ensured role-specific training and updating for relevant staff, e.g. for the nurse who reviewed patients with long-term conditions, administered vaccinations and took 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 both online and face to face to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals and support for the revalidation of doctors. Staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. We found that staff had not had training and update in infection control this year. 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 and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets was also available.

- The practice shared relevant information with other services in a timely way, for example when referring people 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 on-going care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a regular three monthly basis and that care plans were routinely reviewed and updated.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practice's responsibilities within legislation and followed relevant national guidance.

### Health promotion and prevention

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 and substance misuse. Patients were then signposted to the relevant service.
- Smoking cessation clinics were available at the practice delivered by the practice nurse.

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 was 76%, which was comparable to the national average of 81%. There was a



## Are services effective?

(for example, treatment is effective)

policy to offer reminders for 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/national averages. For example, childhood immunisation rates for the vaccinations given to

under two year olds ranged from 62.5% to 100% and five year olds from 72.7% to 100%. Flu vaccination rates for the over 65s were 75%, and at risk groups 52%. 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 that members of staff were courteous and very helpful to patients and treated people dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and 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.

All of the 42 patient CQC comment cards we received were extremely positive about the service experienced. Patients told us the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We also spoke with six patients including one member of the Patient Participation Group (PPG) on the day of our inspection. They also told us they were very satisfied with the standard of care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Patients told us that staff knew them personally, knew their medical conditions and would always ensure they were given a same day appointment if they were unwell due to their long term condition. Comments also told us that staff listened to them, provided them with options of care and gave appropriate advice and treatment for their specific condition. Patients with long term conditions, vulnerable patients and those with children told us they were given good care, were listened to and time given to them. Patients appreciated the continuity of care given by the long standing family orientated healthcare team.

Staff often went out of their way to ensure patients, especially those elderly and with reduced mobility received their medication in a timely manner. Notices and leaflets in the waiting room told patients how to access a number of support groups and organisations. 93% of patients

responding to the National GP Patient Survey published in July 2015 said they found the receptionists at the practice helpful compared to the CCG average of 90% and national average of 87%.

Results from the National GP Patient Survey showed patients were generally happy with how they were treated and that this was with compassion, dignity and respect. The responses to the questions asked were above and comparable to local and national average.

For example:

- 92% said the GP gave them enough time compared to the CCG average of 90% and national average of 87%.
- 97% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%
- 88% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 85%.
- 100% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 90%.

There was one result that was slightly below local and national average:

- 84% said the GP was good at listening to them compared to the CCG average of 92% and national average of 89%.

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

Patients we spoke with on the day of our inspection 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 had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the National GP Patient Survey were around average for questions about their involvement in planning and making decisions about their care and treatment. For example:

- 92% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 86%.

## Are services caring?

- 85% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 81%

Staff told us that translation services were available for patients who did not have English as a first language. We saw 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. Written information was available to direct carers about the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either 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 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. For example:

- The practice offered extended opening hours on a Tuesday until 7.15pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability and multiple conditions. Routine morning appointments were longer than normal at 15 minute intervals.
- Home visits were available for older patients and other patients who would benefit from these.
- Same day appointments were available for routine and urgent needs.
- There were disabled facilities and translation services available. However there was no hearing loop available and one patient told us they had difficulty hearing conversations in the reception area.
- Smoking cessation and health promotion services were available.
- There were child health clinics led by one of the GPs.
- Online booking of appointments and ordering of repeat prescriptions
- There were a range of in house services available to ensure patients didn't have to travel for tests and treatments. These included:

Electrocardiograph (ECG), phlebotomy, physiotherapy, aortic aneurysm screening and audiology

- The practice cared for patients with learning disabilities well. They were proactive in assessing their needs. Staff had undergone training and worked with other services providers and voluntary support organisations in mental health and learning disabilities. One staff member undertook the role as nominated person for learning disabilities and enabled them to be legal guardian for one of the patients. They helped other patients with learning disabilities in all aspects of their life.

There was an active patient participation group (PPG) and we spoke with one member on the day of inspection. The

PPG worked well with the practice and represented patients' views. They had bi-monthly meetings with the practice and good information exchange took place. We were told that the practice listened to the views of the PPG.

### Access to the service

The practice was open Monday, Wednesday, Thursday and Friday 8am to 6.30pm with extended hours on a Tuesday until 7.15pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available and many routine appointments were available on the same day.

Results from the National GP Patient Survey 2015 showed that patient's satisfaction with how they could access care and treatment was higher than local and national averages. For example:

- 89% of patients were satisfied with the practice's opening hours compared to the CCG average of 82% and national average of 75%.
- 97% patients said they could get through easily to the surgery by phone compared to the CCG average of 78% and national average of 73%.
- 96% patients described their experience of making an appointment as good compared to the CCG average of 78% and national average of 73%.
- 77% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 66% and national average of 65%.

Patients and the member of the PPG we spoke to on the day and comment cards reviewed told us they had no issues with accessing appointments, waiting times or getting to see a preferred GP.

There was one male GP and one female GP working at the practice. Patients told us they were able to see a GP of their choice including a female GP when requested. Results from the National GP Patient Survey 2015 showed that 70% of patients with a preferred GP usually get to see or speak with that person. This was higher than the national (63%) and CCG average (60%).

### Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy was in need of updating and was not in line with recognised guidance and contractual obligations for GPs in England.

## Are services responsive to people's needs? (for example, to feedback?)

There was little information available to help patients understand the complaints system with no information displayed in the reception area or in the practice information leaflet. However patients we spoke with were aware of the process to follow if they wished to make a complaint.

There had been no formal complaints made in the last 12 months; however we were shown the templates for recording and analysing complaints and were told how complaints would be dealt with appropriately. Staff had received training in handling of complaints this year. Informal or verbal complaints were not documented.

# 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 did not have a clear mission statement or strategy for future developments. They were, however, able to articulate their values as a small family run practice that puts patients first and cares for all its patients well by trying to be proactive and foresee possible issues in their health.

The practice did not have arrangements in place for cover of the two GPs who were husband and wife. They did not have plans in place for GP cover in the event of unanticipated absences nor did they have a strategy or business plan for future developments and continuity of delivery of care.

### Governance arrangements

The practice had an overarching governance policy which outlined the structures, policies and procedures in place

Governance systems in the practice were underpinned by:

- A clear staffing structure and a staff awareness of their own roles and responsibilities.
- Practice policies and procedures that were implemented, staff were familiar with and that they could all access. Some of these policies were in need of review and updating to ensure they met national guidelines and current legislation such as the complaints policy and procedures.
- A system of reporting incidents without fear of recrimination.
- Systems for monitoring performance against targets including QOF and patient surveys.

- Audits based on local and national priorities which demonstrated an improvement on patients' welfare. Some of these needing improving on to ensure completed audit cycles took place and resulting actions and outcomes were disseminated through all the staff.
- Clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information.
- Staff learnt from incidents and complaints.
- Arrangements for identifying and managing risks such as fire, security and general environmental health and safety risk assessments.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys. There was a small active PPG which met on a regular basis. They felt they had a positive relationship with the practice and good information exchange occurred between the PPG and the practice.
- The practice had also gathered feedback from staff generally through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.