

# Dr K S Morjaria

## Quality Report

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

### Ratings

#### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr K S Morjaria on 14 April 2016. Overall the practice is rated as good.

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

- There was an effective system in place for reporting and recording significant events and incidents.
- The practice maintained appropriate standards of cleanliness and hygiene and was visibly clean and tidy.
- Patient needs were assessed and care was delivered in line with current evidence based guidance. The social needs of the patient were also considered to provide a holistic approach to their care and treatment.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. However, the range of mandatory training offered should be reviewed.
- Patients said they were treated with care, dignity and respect and they were involved in their care and decisions about their treatment.
- Practice staff reviewed the needs of its local population, reviewed performance data 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 and there was continuity of care, with urgent appointments available the same day.
- Information about how to complain or raise a concern was available and easy to understand.
- The practice had a clear vision and developed annual plans to deliver quality care and promote good outcomes for patients. Staff were involved in the development of the annual plans and were clear about the vision and their responsibilities in relation to it.
- There was an overarching governance framework which supported the delivery of the strategy and

# Summary of findings

quality care. This included arrangements to monitor and improve quality and identify risk. However, the practice did not always follow their own policies and procedures to ensure risk was identified and action taken as necessary.

- The provider was aware of and complied with the requirements of the duty of candour.
- The patient participation group was active and felt involved in the development of the practice.

The areas where the provider should make improvement are:

- Formal risk assessments to be completed to monitor and manage risks in relation to patient and staff safety
- To consider the range of training completed, including Mental Capacity Act and information governance.

**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 and incidents.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received support, an explanation and a written or verbal apology.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- The practice maintained appropriate standards of cleanliness and hygiene and was visibly clean and tidy.
- Some risks to patients were assessed and managed. Where risks had not been assessed, some actions had been taken to mitigate. For example, a fire inspection had been carried out however a fire risk assessment had not been completed.
- Arrangements were in place in the event of an emergency or major incident.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Patient needs were assessed and care was delivered in line with current evidence based guidance. The social needs of the patient were also considered to provide a holistic approach to their care and treatment.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Clinical audits were actively completed and demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. However, the range of mandatory training offered should be reviewed.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other social and health care professionals to understand and meet the range and complexity of patients' needs.

Good



# Summary of findings

- The practice supported patients in to live healthier lifestyles by providing advice and signposting them to relevant local support groups.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice similar or lower than others for several aspects of care. Feedback from patients included that they did not always understand the questions being asked in the survey.
- A local patient survey focusing on being involved in decisions, being listened to and tests and treatments being explained demonstrated patients rated the practice high in these aspects of care.
- Patients said they were treated with care, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff were professional, treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population, reviewed performance data 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 and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain or raise a concern was available and easy to understand. The practice responded quickly to issues raised and learning was shared with staff members.

Good



## Are services well-led?

The practice is rated as requires improvement for being well-led.

Good



# Summary of findings

- The practice had a clear vision and developed annual plans to deliver quality care and promote good outcomes for patients. Staff were involved in the development of the annual plans and were clear about the vision and their responsibilities in relation to it.
- 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 practice meetings.
- There was an overarching governance framework which supported the delivery of the strategy and quality care. This included arrangements to monitor and improve quality and identify risk. However, the practice did not always follow their own policies and procedures to ensure risk was identified and action taken as necessary.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The patient participation group was active and felt involved in the development of the practice.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population and implemented care plans as necessary.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Longer appointments were available when needed for patients with a care plan in place.
- We saw positive examples of joint working with local care homes where residents were registered as a patient at the practice.

Good



### People with long term conditions

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

- GPs led on chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was better compared to the national average. For example, 84% of those diagnosed with diabetes had their blood sugar levels monitored in the previous 12 months compared to 78% and 91% had their cholesterol measured and was within a specified range compared to 81% nationally.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients 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.

Good



# Summary of findings

- The practice hosted the childhood immunisation service, which was provided to the practice patients by the health visiting team. Immunisation rates for 2014/15 were lower compared to the clinical commissioning group, however the practice had identified this and we saw attendance rates had increased for 2015/16.
- The practice's uptake for the cervical screening programme was 76%, which was better than the CCG average of 69% and comparable to the national average of 74%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services, including requests for repeat prescriptions and the ability to book appointments.
- A full range of health promotion and screening was offered that reflected the needs for this age group.
- Appointments were available outside of normal working hours.

Good



## **People whose circumstances may make them vulnerable**

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Good





# Summary of findings

- 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 patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is better than the national average (84%).
- 96% of those with a diagnosis of schizophrenia, bipolar affective disorder or other had a comprehensive and agreed care plan in place, compared to the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. The practice was also able to refer to a mental health counsellor, as needed.
- The practice 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 patients with mental health needs and dementia. However, staff members had not received training in relation to the Mental Capacity Act.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. 310 survey forms were distributed and 110 were returned. This represented 35% return rate and 3% of the total practice's patient list.

- 93% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 79% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 82% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 66% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients before our inspection. We received 28 comment cards which were all positive about the standard of care received. Patients commented that all staff were brilliant, caring, friendly and respectful. Comments also included that they were able to get an appointment quickly.

We spoke with four patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

## Areas for improvement

### Action the service SHOULD take to improve

The areas where the provider should make improvement are:

- Formal risk assessments to be completed to monitor and manage risks in relation to patient and staff safety
- To consider the range of training completed, including Mental Capacity Act and information governance.

# Dr K S Morjaria

## 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.

### Background to Dr K S Morjaria

Dr K S Morjaria is a GP practice, which provides primary medical services to approximately 3,790 patients living in and around the Belgrave area of Leicester. It is located in a converted mid-terraced house on Broadhurst Street. All patient facilities are accessible. Leicester City Clinical Commissioning Group (LCCCG) commission the practice's services.

The practice has two GP partners (one male and one female). They are supported by a Practice Manager and a team of reception staff. The reception staff are also trained to provide some healthcare assistant responsibilities.

Dr K S Morjaria is open between 8am and 7pm on a Monday, Tuesday, Wednesday and Friday and between 8am and 1pm on a Thursday. Appointments are from 8am to 12noon every morning and 1.30pm and 6.30pm daily. Extended hours appointments are offered between 6.30pm and 7 pm on each weekday, with the exception of Thursdays. Telephone advice is also available between 12noon and 1pm daily, with the exception of Thursdays.

Patients can access out of hours support from the national advice service NHS 111. The practice also provides details for the nearest urgent care centres, as well as accident and emergency departments.

### Why we carried out this inspection

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

### How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 14 April 2016. During our visit we:

- Spoke with a range of staff, including GPs, the practice manager, reception staff and healthcare assistants. We also spoke with a care home manager.
- Spoke with patients who used the service and observed how patients were being cared for.
- Spoke with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

# Detailed findings

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

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

- Older people
- People with long-term conditions

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was an incident form they completed.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, the actions taken as a result to improve processes and received a verbal apology. The actions taken and documented supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- The practice carried out a thorough analysis of the significant events and discussed them with all staff members.

We reviewed minutes of meetings where incidents were discussed. This included updates on actions that were completed with the support of the local clinical commissioning group. All staff were knowledgeable about the incidents and could locate the minutes of meetings to refer to specific actions.

We reviewed safety records and patient safety alerts. We saw staff members signed to say they had read the alerts and were told they planned to include these as a standard agenda item in practice meetings.

### Overview of safety systems and processes

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

- Policies regarding safeguarding children and vulnerable adults from abuse were in place and staff could access them. Policies reflected relevant legislation and local requirements, as well as who to contact for further guidance if staff had concerns about a patient's welfare. External safeguarding contact information was also available in each consultation room. There was a lead member of staff for safeguarding. The GPs provided reports to safeguarding meetings, where necessary for

other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. Alerts were put onto the practices' computer system if a patient had been identified as vulnerable.

- Notices in the waiting room and consultation rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The GP 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 staff had received up to date training. Staff were knowledgeable about individual responsibilities in relation to infection control and cleaning. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG medicine management teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms were securely stored and there were systems in place to monitor their use. A system was also in place to review all repeat prescriptions not collected.
- We reviewed five personnel files and found appropriate recruitment checks had been carried out before employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. We also reviewed staff files for locum GPs and noted appropriate recruitment checks had been completed before employment.

### Monitoring risks to patients

Some risks to patients were assessed and managed.

## Are services safe?

- There were procedures in place for monitoring and managing risks to patient and staff safety, however not all risks had been assessed. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. 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 carried out regular fire drills and had a fire inspection carried out in November 2015; however, a fire risk assessment had not been carried out. Safety data sheets were in place for control of substances hazardous to health (COSHH) products; however, there were no risk assessments in place. The practice had started to complete the risk assessments in relation to COSHH products during the inspection. There was also no risk assessment in place to monitor legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Although an external company had visited the practice in 2014 and carried out legionella testing which they had passed.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for staff members to ensure enough staff were on duty. Reception staff provided cover for each other for planned and unplanned leave. The practice also used the same locum GPs to provide cover to ensure they were familiar with the practice.

- Locum GPs were provided with specific information in relation to the practice, including information regarding emergency admissions, how to arrange referrals and investigations and the location of emergency equipment.

### **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 all computers in the practice which alerted staff to any emergency. Staff also told us there was a panic alarm which had regular tests to ensure all staff knew what their responsibilities were in the event of an emergency.
- All staff received basic life support training and there were emergency medicines available which were easily accessible to staff in a secure area.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure, building damage or an epidemic. The plan included emergency contact numbers for staff and was also given to locum GPs working at the practice.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments and audits. For example, a diabetes audit was carried out relating to medication used to treat diabetes type II to ensure the medication was stopped at the appropriate time. Patients on the medication were reviewed and their care and treatment was altered as necessary.
- Templates for specific care plans were in place, which reflected best practice guidance, as well as reviewing the social needs of the patient to provide a holistic approach to their care and treatment.
- Patient safety alerts were circulated on receipt to both GPs. The practice planned to include discussions of patient safety alerts in practice meetings to ensure any actions taken as a result was documented.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97.5% of the total number of points available.

This practice was not an outlier for any QOF clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was better compared to the national average. For example, 84% of those diagnosed with diabetes had their blood sugar

levels monitored in the previous 12 months compared to 78% and 91% had their cholesterol measured and was within a specified range compared to 81% nationally.

- Performance for mental health related indicators was better compared to the national average. For example, 96% of those with a diagnosis of schizophrenia, bipolar affective disorder or other had a comprehensive and agreed care plan in place, compared to 88%. 100% of patients with a diagnosis of dementia had their care reviewed in a face-to-face review, compared to 84%.
- 92% of those diagnosed with asthma had a review in the last 12 months, including an assessment of asthma control, compared to the national average of 75%.  
Exception reporting for one clinical area was significantly higher than the CCG and national averages. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).
- Cancer was 25% compared to the CCG average of 21% and national average of 15%.

The practice was aware of the high exception reporting rate for cancer. The practice had inputted a code into the computer system to remove the patient from the register of patients with cancer as the cancer was in remission. However, the code used did not reflect this and therefore increased the practices' exception reporting.

The number of ibuprofen and naproxen items prescribed as a percentage of all nonsteroidal anti-inflammatory medicine (NSAIDs) was lower compared to the national average. (53% compared to the national average of 77%.) The practice identified this was due to the use of an alternative called meloxicam to improve prescribing patients medication to take once a day.

There was evidence of quality improvement including clinical audit.

- There had been four clinical audits completed in the last two years, all of which were completed audits where the improvements made were implemented, monitored and re-audited.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

# Are services effective?

## (for example, treatment is effective)

- Findings were used by the practice to improve services. For example, the practice identified they had relatively low prevalence in atrial fibrillation. GPs were provided additional training and upskilled. A local template was also used to assess and screen patients as a result the prevalence rate had increased. The practice also optimised anticoagulation for patients, using new oral anticoagulants (NOACs) as an alternative to warfarin.
- An audit carried out on new chronic obstructive pulmonary disease (COPD) guidelines identified the need to encourage patients around their self-management. As a result of the audit, referral rates to pulmonary rehabilitation and for oxygen treatment has increased.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for staff members who reviewed patients with long-term conditions, including diabetes and for those taking blood tests.
- GPs were responsible for administering vaccines and taking samples for the cervical screening programme and had received specific training.
- 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 their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness and basic life support. However, there was no record of staff receiving training in relation to information governance and the Mental Capacity Act (MCA). 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.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice also focused on social aspects to patients' circumstances, and if necessary, referred to the local care co-ordinator to provide appropriate support to the patient. For example, if the patient required assistance with their mobility.
- Patients identified as requiring a care plan had an annual review with the GP. This included patients with a long-term condition. The practice held clinics on a Saturday with 20-minute appointments for those patients who had a care plan.
- Patients who had been referred for a two-week wait appointment were contacted by the practice to ensure they had received an appointment.

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

The practice did not have regular face-to-face meetings with other healthcare professionals. However, we did see telephone meetings with relevant professionals took place and were recorded as appropriate on the patients' record. This included for patients receiving palliative care. The practice informed us they had difficulties in coordinating the meeting for a district nurse to attend.

### 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.



# Are services effective?

(for example, treatment is effective)

When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. A prompt was also available on the patient record system.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and, recorded the outcome of the assessment.

## Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service, as well as referred to the local care co-ordinator as necessary.
- Parents of children with multiple medical conditions were given a mobile number to contact a GP directly, if required.

The practice's uptake for the cervical screening programme was 76%, which was better than the CCG average of 69% and comparable to the national average of 74%. There was a policy to offer telephone 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. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

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 was 97% and five year olds ranged from 77% to 92%. The CCG averages ranged from 95% to 98% for vaccinations given to under two year olds and 87% to 96% for five year olds. The practice hosted this service, which was provided to the practice patients by the health visiting team. The practice had identified that the attendance rates were lower than the CCG in 2014/15 and evidence to us that the attendance rates had increased for 2015/16.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; 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 28 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were caring, friendly and respectful.

We spoke with three members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice. Comment cards highlighted that staff responded compassionately when they needed help, provided support when required and were considerate to their particular needs.

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

- 79% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 86% and the national average of 89%.
- 82% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.

- 79% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 84% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and the national average of 87%.

As a result of the national survey results, the practice carried out a local survey focusing on the areas that were below average. The results from the local survey was higher than the national survey results and feedback included that patients did not always understand the questions asked in the national survey.

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

Patients told us they felt involved in decision making about the care and treatment they received. They told us that the GP explained their care and treatment in a way that they could understand. They said they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised and took into consideration the patients' social circumstances.

Results from the national GP patient survey showed patients mainly responded positively to questions about their involvement in planning and making decisions about their care and treatment. However, some results were in lower than the local and national averages. For example:

- 75% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and the national average of 86%.
- 72% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

## Are services caring?

The practice provided facilities to help patients be involved in decisions about their care:

- 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 and consultation rooms informing patients this service was available.
- All staff members were also multilingual and able to communicate effectively with patients who did not have English as a first language.

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 53 patients as carers (1.4% of the practice list). The practice carried out a carer's assessment and also offered a 20-minute annual review to those patients identified as a carer.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a condolence card. Staff were also aware of a local support group that they could signpost women to for bereavement counselling.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice attended health needs neighbourhood meetings and locality meetings. The CCG provided an update at the meeting with regards to performance and the practices discussed any variations and develops to meet the needs of the local population.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- A 20-minute appointment was made for annual reviews for those patients with a long-term condition and identified carers. This included, but was not limited to, patients with asthma, diabetes, a learning disability and a mental health illness.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were disabled facilities and translation services available.
- The practice held specific flu clinics during the flu campaign each year.
- The practice was able to refer patients to a local mental health counsellor, as appropriate.
- A room was provided for antenatal visits so pregnant women could be seen at the surgery.
- The practice offered Near Patient Testing to complete blood reviews for patients prescribed methotrexate. Methotrexate is a high risk medicine that requires regular reviews.

### Access to the service

The practice was open between 8am and 7pm Monday to Friday; however, the practice closed at 1pm on a Thursday. Appointments were from 8am to 12noon every morning and 1.30pm and 6.30pm daily. Extended hours

appointments were offered between 6.30pm and 7 pm on each weekday, with the exception of Thursdays. In addition to pre-bookable appointments, urgent appointments were also available for people that needed them. Telephone advice was also available between 12noon and 1pm daily, with the exception of Thursdays.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was better compared to national averages.

- 86% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 93% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them. A care home manager also told us the GPs were approachable and contactable and were aware they could contact the GP by telephone if needed.

### Listening and learning from concerns and complaints

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

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

We looked at four complaints received in the last 12 months and found these were satisfactorily handled. Staff were aware of complaints that had been received by the practice and were able to tell us about the lessons learnt from individual concerns and complaints. Complaints and concerns were also reviewed and discussed at practice meetings.

# 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.

Staff told us that the practice vision was to provide a continuity of care in a caring and safe practice.

Staff were involved in developing the yearly plans for the practice and patients were also involved in the development of future plans.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks; however, not all risks had been assessed to ensure actions were taken as necessary. This included risk assessments for fire, legionella and control of substances hazardous to health (COSHH).

### Leadership and culture

On the day of inspection, the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure quality care. They told us they prioritised safe, effective care and ensured there was access at all times. Staff told us the partners were approachable and always took the time to listen to all staff members.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when

things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people support, an explanation and a verbal or written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held practice meetings every two months. Records we reviewed confirmed this.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at practice meetings and felt confident and supported in doing so.
- 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, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, helped in the design of patient surveys and suggested proposals for improvements. The PPG also assisted with health promotion and patient education for specific medical conditions, for example diabetes. The PPG had also helped elderly patients and patients who did not have English as their first language to understand the services that were provided and how they could access them. Members of the PPG told us the practice listened to them and took on board any suggestions.
- Some aspects of the GP National Patient Survey were lower than the national averages, this included being

# Are services well-led?

Good 

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

involved in decisions around their care, being listened to and tests and treatments being explained. The practice were aware of this and carried out a local patient survey. The results from the local survey was higher than the national survey results and feedback included that patients did not always understand the questions asked in the national survey.

- The practice gathered feedback from staff through practice meetings, appraisals and informal discussions. 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.

## **Continuous improvement**

There was a focus on continuous learning and improvement at all levels within the practice. The practice worked with patients to ensure they understood their condition. For example, patients with diabetes had regular reviews and discussed their lifestyle to enable the patient to self-manage their condition. The practice had seen an improvement in the self-management of blood sugar levels.