

Dr Sivakumary Sithirapathy

Quality Report

242 Wexham Road
Slough
Berkshire
SL2 5JP

Tel: 01753 552255

Website: www.wexhamroadsurgery.co.uk/

Date of inspection visit: 1 June 2016

Date of publication: 14/09/2016

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 Sivakumary Sithirapathy	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 Wexham Road practice on 1 June 2016. Overall the practice is rated as good.

Our key findings were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. Opportunities for learning from incidents were maximised and learning was shared across local services.
- Risks to patients were assessed and well managed.
- We found that completed clinical audits were driving positive outcomes for patients.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Information about services and how to complain was available and easy to read. Results from the

national GP patient survey showed the majority of patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment when compared to the local and national averages.

- The majority of patients we spoke with on the day of inspection confirmed this.
- Patients told us they were able to make appointments easily and emergency appointments were available when required.
- Same day appointments were available for children under five and for pregnant women.
- The premises were clean and well maintained. Feedback from patients who used the service was consistently positive.
- There was a clear leadership structure and staff felt supported by management.
- The provider was aware if and complied with the requirements of Duty of Candour.

Summary of findings

However there were areas of practice where the provider should make improvements:

- Review the process and systems for engaging patients in cancer screening programmes, in order to improve uptake and patient health outcomes. Specifically, undertake a review of breast cancer and cervical screening.

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. Staff understood their responsibilities for reporting and recording significant events and near misses.
- Lessons were shared to make sure that action was taken to improve the service.
- The practice met with a neighbouring practice to share lessons and ensure that incidents and near misses could lead to service improvement in both practices.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguard them from abuse.
- Risks to patients were assessed and well managed.
- There was an infection control protocol in place and infection control audits were undertaken regularly.

Good



Are services effective?

The practice is rated as good for providing effective services

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement. There was a focus on audits in the practice, which led to improvements in the outcomes for patients and pre-empting care and treatment needs.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff worked with other healthcare professionals to understand and meet the range of complexity of patients' needs.
- There was evidence of appraisals and personal development plans in place for all staff.

Good



Are services caring?

The practice is rated as good for providing caring services

Good



Summary of findings

- Data from the National GP Patient Survey showed patients rated the practice above others in the CCG and/or the national average in several areas. For example, 98% of patients said they had confidence in the last GP they saw or spoke with compared with 90% in the CCG and a national average of 95%.
- Eighty nine percent of patients said that the last GP they saw or spoke with was good at giving them enough time compared to a CCG average of 78% and a national average of 87%. Eighty seven percent of patients rated the receptionists as helpful compared with a CCG average of 80% and a national average of 87%.
- Feedback from patients about their care and treatment was consistently and strongly positive.
- We observed a patient-centred culture with an understanding of the cultural needs of the patient population. Staff addressed patients in a respectful manner and were aware of the way in which patients from particular cultures may wish to be spoken with.
- Staff were aware of which patients also have caring responsibilities and additional support and information was provided when appropriate.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services

- The practice worked closely with other organisations and with the local community in planning how services were developed to meet the needs of the patient population.
- The practice implemented suggestions for improvements and made changes to the way it delivered service as a consequence of feedback from patients and the patient participation group (PPG).
- Patients could access appointments and services in way that suited them. For example, early and late appointments were available for patients with working commitments. Weekend and evening appointments were available by request.
- The practice maintained mental health, dementia, learning disability and end of life care registers that would allow them to identify patients who may have additional support needs.
- Information about how to complain was available and easy to understand. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

Good



Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- The practice was forward looking and plans were being made to ensure that the needs of patients would be met in the future.
- The practice carried out succession planning to ensure that the practice would continue to meet the needs of their patient group.
- Governance arrangements were in place that ensured that steps were taken to improve quality and identify and reduce risk. The practice had developed robust policies and procedures and kept them under review.
- The practice proactively sought feedback from patients and acted on suggestions.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty.

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



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- There was an on-site falls clinic where patients who were at risk of falls were seen by a physiotherapist.
- Home visits were arranged for patients requiring specific care and treatment to help them to avoid hospital appointments.
- The practice 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



- There was a proactive approach to supporting people with long term conditions and specialist clinics and support groups were introduced at the practice. For example, a GP led asthma clinic was introduced to review care plans and promote patient education.
- Patients spoken with during the inspection had direct experience of attending clinics and support groups and they were positive about the success of these in improving and maintaining their health.
- The practice developed care plans for patients who are at high risk of further complication due to long-term conditions.
- Longer appointments and home visits were available when needed.
- Patients with long term conditions such as diabetes were supported to play an active part in managing their condition through patient education.

Families, children and young people

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

Good



- Nationally reported data from 2014/2015 showed that vaccination rates for children were consistently above the average for the CCG.
- There was an after school clinic that was run to allow children and young people to access healthcare at a convenient time.

Summary of findings

- Children who were admitted to A & E with asthma were followed up by the GP working in partnership with the paediatric asthma nurse.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice had run Saturday education sessions aimed at parents to teach them how to manage emergencies at home such as allergic reactions, burns and febrile convulsions

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.
- Working age patients are prioritised for weekend and evening appointments.
- The practice re-registers students when they return from university for holidays, especially those with chronic conditions, in order to facilitate continuity of care.
- The practice offer early morning 'commuter clinics' to meet the needs of patients who are working.
- The practice offers email consultation for patients who work abroad.
- The practice was proactive in health promotion and promoting screening that reflects the needs of this age group.

Good



People whose circumstances may make them vulnerable

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

- Staff knew how to recognise the signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities. They knew who to contact to raise concerns if abuse was suspected and this included who to contact out of hours.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- Patients who may be vulnerable were signposted to various support groups and voluntary organisations. Information was available in the waiting room and staff would liaise with other professionals if they felt additional support was appropriate.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

Good



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

- Staff had a good understanding of how to support patients with mental health needs and dementia. This was specific to the patient population. For example, it was identified that patients from particular cultural backgrounds may not respond to some dementia screening tools. Therefore the practice had raised concerns with the local psychiatry team about poor detection rates and helped to introduce a dementia screening tool that was more appropriate for patients from particular cultural backgrounds from within the patient population.
- The practice routinely reviews A & E admissions and will follow up with patients who attended A & E in mental health crisis.
- The practice maintains a register of patients with mental health needs and alerts will be sent to staff when they book appointments and it is therefore possible to prioritise their care.
- Nationally reported data from 2014/2015 showed that 91% of patients with dementia had been reviewed in a face to face meeting in the preceding 12 months (01/04/2014 to 31/03/2015) compared to a clinical commissioning group average of 84.1% and a national average of 84%
- Patients who were experiencing poor mental were signposted to various support groups and voluntary organisations.
- The practice introduced a targeted dementia screening tool that took into account the local population's cultural background.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed that the practice was performing above the CCG and national average in several areas relating to patient experience. In other areas the practice was performing close to or slightly below the CCG and national average.

There were 105 responses and a response rate of 25.9%.

- 80% of patients found it easy to get through to this practice by phone (CCG average 50%, national average 73%)
- 86% of patients were very satisfied or fairly satisfied with their GP practice opening times (CCG average 72%, national average 78%)
- 87% of patients stated that the last time they saw or spoke to a GP; the GP was good or very good at involving them in decisions about their care (CCG average 72%, national average 82%)

- 84% of patients stated that they would definitely or probably recommend their GP practice to someone who had just moved into the local area (CCG average 62%, national average 79%)

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 36 comment cards which were all positive about the standard of care received. Patients remarked that they were treated with dignity and respect.

We spoke with eight patients during the inspection. All of the patients we spoke with were positive about the care they received and the caring approach of the GPs and the reception staff who worked at the practice.

Areas for improvement

Action the service **SHOULD** take to improve

- Review the process and systems for engaging patients in cancer screening programmes, in order to improve uptake and patient health outcomes. Specifically, undertake a review of breast cancer and cervical screening.

Dr Sivakumary Sithirapathy

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 advisor and a practice manager.

Background to Dr Sivakumary Sithirapathy

Dr Sivakumary Sithirapathy formally known as Wexham Road Surgery is situated in Slough. The premises are wheelchair accessible and although one consulting room is an upstairs room, GPs will see patients on the ground floor if they have difficulties with mobility. There was a hearing loop in place for patients with impaired hearing. Services are provided via a Primary Medical Services (PMS) contract. (PMS contracts are negotiated locally between GP representatives and the local office of NHS England).

There are two GP partners and two locum GPs employed as the practice as well as a locum nurse. The practice uses the same GP locums for continuity of care. Both of the GP partners as well as one of the locum GPs are female. One of the locum doctors is male. The practice also employs a healthcare assistant. The practice employs a practice manager, a business manager, a senior receptionist as well as two receptionists. A secretary is also employed by the practice.

The practice is open between 7.30am and 6.30pm on Mondays, between 8am and 7pm on Tuesdays and Fridays and 8am and 6.30pm on Wednesdays and Thursdays. Appointments are available between these times. Evening and weekend appointments are available on request.

The practice has a patient population of approximately 4,264 registered patients. The practice population of patients aged between 24-44 years old is higher than the national average and there are lower number of patients aged between 49-85 years old compared to national average.

Ethnicity based on demographics collected in the 2011 census shows the patient population is predominantly Asian and British Asian and 13% of the population being White British. The practice is located in an area of Slough where deprivation is similar to the CCG and national average.

Services are provided from the following location:

242 Wexham Road

Slough

Berkshire

SL6 6JP

The practice had opted out of providing out of hours services to their patients. There are arrangements in place for services to be provided when the practice is closed and these are displayed at the practice, in the practice information leaflet and on the patient website. Out of hours services are provided during protected learning time or after 7pm and weekends by calling the NHS 111 provided by South Central Ambulance Service.

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

Detailed findings

part of our regulatory functions. The inspection was planned to check whether the provider is meeting the requirements and regulations associated with the Health and Social Care Act 2008, (Regulated Activities) Regulations 2014, to look at the overall rating for 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 1 June 2016. During our visit we:

- Spoke with a range of staff (GPs, practice manager and administrative staff) and spoke with eight patients.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed 36 comments 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:

- 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 are provided for specific groups of people and what good care looks like for them. The population groups are:

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager or the GPs of any incidents and records were maintained concerning incidents.
- The practice carried out analysis of significant events when appropriate.
- The practice met with a neighbouring practice to share lessons and ensure that incidents and near misses could lead to service improvement in both practices.

We reviewed safety records, incident reports and meeting minutes when events were discussed.

When there were unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

A culture to encourage duty of candour was evident through the significant event reporting process. Duty of Candour is a legislative requirement for providers of health and social care services to set out some specific requirements that must be followed when things go wrong.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements. Policies and procedures were accessible to all staff. There was a lead for safeguarding in the practice.
- All GPs in the practice had completed safeguarding training to level three. Additional training and guidance was available to staff and staff we spoke with were aware of their obligations to report concerns.
- Information telling patients they could ask for a chaperone was visible in the reception area and displayed in the treatment rooms. All staff who acted as

a chaperone were trained for the role and had received a disclosure and barring service check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. There was an infection control protocol in place and staff had received appropriate training. The clinical commissioning group (CCG) had provided additional help and guidance concerning infection control. There was an infection control protocol in place and infection control audits were undertaken regularly.
- 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 to check medicines were within their expiry date and suitable for use. Records showed that fridge temperature checks were carried out daily.
- 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 pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS service had been completed prior to staff commencing employment with the practice. There was a robust recruitment policy in place that ensured the suitable checks were made before staff starting working at the practice.

Monitoring safety and responding to risk

Are services safe?

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had an up to date fire risk assessment. 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 had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- All electrical and clinical equipment was checked to ensure it was safe.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patient needs. Staff we spoke with told us they provided cover for sickness and holidays and further locums were engaged when required.

Arrangements to deal with emergencies and major incidents

- There was an instant messaging system on the computers in all of the consultation and treatment rooms which alerted staff to any emergency.
- Staff had received basic life support training and there were emergency medicines available in the treatment room.
- Emergency medicines were easily accessible to staff in a secure area of the practice and staff knew their location.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. There had recently been an issue with loss of access to electronic records due to systems failure. Staff were able to continue providing a service despite this and this incident demonstrated that the business continuity plan was effective.

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 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 checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). In 2014-15, the practice had achieved 97% of the available QOF points compared to the CCG average of 97% and the national average of 95%. The practices overall exception reporting was lower (3%) than the CCG (8%) and national average (9%). Exception reporting for individual disease areas were lower than the CCG and national averages.

Data from 2014/15 showed:

- Performance for diabetes related indicators was 88% which was comparable to the CCG average of 85% and the national average of 78%.
- The percentage of patients on the diabetes register with a record of a foot examination and risk classification in the preceding 12 months was 97 % compared to 92% for the CCG and 88% for the national average.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months was 91% compared to 85% for the CCG and 84% for the national average.

Clinical audits demonstrated quality improvements. There was a focus on the use of audits within the practice to identify where improvements could be made. For example,

audits were carried out concerning patients' preferred place of death and patients with dementia who were prescribed medicines for their mental health symptoms. In response to a significant event, audits were carried out concerning the use of antiepileptic medicines (a medicine to prevent seizures) and blood tests. This was in response to a patient becoming unwell because the levels of the antiepileptic medicines in their blood were too high. In response to this event, alerts were added to the records of patients on this medicine to remind GPs of the need for regular monitoring.

Effective staffing

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

The learning needs of staff were identified through a system of appraisals and reviews. Staff had access to appropriate training to meet these learning needs and cover the scope of their work.

- 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.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals and meetings. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, mentoring, clinical supervision 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 procedures, basic life support and information governance awareness.
- Staff had access to and made use of e-learning training modules and in-house training.
- Clinical staff also met for 'journal club' as a way of maintaining a current understanding of best practice and relevant learning.

Are services effective?

(for example, treatment is effective)

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.

- This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets was also available.
- The practice shared relevant information with other services in a timely manner, for example when people were referred to other services.

Staff worked together, and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

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, 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 GPs in the practice were aware of the need to assess capacity and record the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Health promotion and prevention

The practice offered a range of services in house to promote health and provided regular review for patients with long term health conditions. Actions were regularly taken by the practice to promote health in the local

community in a way that recognised the particular characteristics of the population group and demonstrated that a consistent and proactive approach with taken to support patients to live healthier lives.

The practice's uptake for the cervical screening programme was 74%, which was lower than the CCG average of 79% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. 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.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Results from the most recent data showed that females, aged between 50-70 years, screened for breast cancer in last 36 months was 68%, which was lower than the national average of 72% and higher than the CCG average of 63%. For patients, aged 60-69 years, screened for bowel cancer in last 30 months the practice achievement was 41%, which was lower than the national average of 58% and similar to the CCG average (42%).

- There was a dietetic clinic that ran on a monthly basis at the practice and patients would be referred by the GPs if there were particular concerns about patients' diets.
- The practice worked with a consultant to provide joint GP clinics for patients with diabetes and self-help groups had also been promoted for patients with diabetes.
- The practice provided a falls clinic with the objective of reducing falls that could lead to injuries and hospital admission.
- The practice worked closely with local care homes to provide support and care and where possible avoid hospital admissions.
- The practice offered a range of travel vaccines.

Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccines given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 91% to 94% and five year olds from 86% to 93%.

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. 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

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients and they were treated 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 and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

The practice was caring and extremely patient centred with a strong community presence. Eight patients we spoke with and the 36 comment cards we reviewed referred particularly to how they were treated with dignity and respect. Patients consistently commented that they felt they were listened to by staff at the practice. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with eight patients and they told us they were listened to by staff at the practice and they were treated with dignity and respect. Staff responded compassionately when they needed help and provided support when required. Patients we spoke with told us reception staff were friendly and professional.

Results from the national GP patient survey showed patients were satisfied with the service they received from the practice.

- 93% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 82% and the national average of 89%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 78% and the national average of 87%.

- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 91% and the national average of 95%)
- 87% of patients stated that the last time they saw or spoke to a GP; the GP was good or very good at involving them in decisions about their care (CCG average 72%, national average 82%)
- 85% of patients said the nurse gave them enough time compared to the CCG average of 83% and the national average of 91%).
- 97% of patients said they had confidence and trust in the last nurse they saw compared to the CCG average of 93% and the national average of 97%)
- 87% of patients said they found the receptionists at the practice helpful compared to the CCG average of 80% and the national average of 87%)

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and they felt involved in decision making about their care and treatment.

The GP patient survey information we reviewed showed patient responses to questions about their involvement in case and treatment with GPs in comparison to national and local CCG averages. The GP patient survey published in January 2016 showed;

- 87% 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 that the last GP they saw was good at explaining tests and results compared to the national average of 86% and the CCG average of 79%.

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 informing patients this service was available.

Information leaflets were available in easy read format.

Patient/carer support to cope emotionally with care and treatment

Are services caring?

- Patients and carers gave positive accounts of when they had received support to cope with care and treatment.
- Staff told us that if families had suffered bereavement the GPs would contact families and send sympathy cards. They would also arrange signposting for additional support if this was required.
- The service kept a register of patients who also had caring responsibilities. Information was available throughout the practice and within the practice leaflet concerning additional support that carers could access. Known carers had been offered an annual health check and seasonal flu vaccine.
- The practice had a 'carers champion' and they sustained regular efforts to identify carers in order to provide appropriate support. There were forms that were kept behind the reception desk and staff knew they need to make these available when required.

We were given examples that showed how engaged the staff who worked at the practice were with the needs of the patients and their carers. They understood the emotional needs of patients and appreciated that these needs were often as important as physical health needs. For example, reception staff were conscious that patients may be stressed when they come into the practice and they will need support and understanding. Staff were aware of the need to suggest speaking in a quiet room when this was appropriate.

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.

We found that the practice was responsive to patients' needs and had systems in place to maintain the level of service provided. The demands of the practice population were understood and systems were in place to address identified needs in the way the services were delivered. The practice worked closely with health visitors to make sure that patients with babies and young families had good access to care and support. Services were planned and delivered to take into account the needs of different patient groups and to help provide flexibility, choice and continuity of care. For example:

- Early and late appointments were available for patients with working commitments. Weekend and evening appointments were available by request.
- Longer appointments were available for patients who may require them due to their needs
- Early morning appointments were available for patients who were not able to attend during working hours.
- Home visits were available for older patients and patients who would benefit from these.
- There were translation services available but most of the practice staff including the GPs spoke languages that were used by members of the patient population.
- We observed a patient-centred culture with an understanding of the cultural needs of the patient population. For example the GPs would ensure they were available to complete death certificates, which enabled religious ceremonies to be carried out in a timely way.
- Other services were introduced such as a joint consultant and GP clinic for patients with diabetes. The practice had worked to introduce a neuro-rehabilitation pathway for the CCG. The practice also worked closely with the palliative care team to ensure that palliative and end of life care were well managed.
- The practice introduced a targeted dementia screening tool that took into account the local population's cultural background and specific care and treatment needs. The practice had raised concerns with the local

psychiatry team about poor detection rates and helped to introduce a dementia screening tool that was more appropriate for patients from particular cultural backgrounds from within the patient population.

- The practice had run Saturday education sessions aimed at parents to teach them how to manage emergencies at home such as allergic reactions, burns and febrile convulsions.
- The practice offers email consultation for patients who work abroad.
- An on-site falls clinic attended by a physiotherapist was provided for patients who were at risk of falls.

Access to the service

The service was open from 7.30am on Mondays and 8am on Tuesday to Friday with the closing time of 6.30pm on Mondays, Wednesdays and Thursdays and 7pm closing times on Tuesdays and Fridays. The practice was closed on bank and public holidays and patients were advised to call 111 for assistance during this time.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was above local and national averages.

- 80% of patients said they could easily get through to the practice by phone compared to the clinical commissioning group (CCG) average of 49% and the national average of 73%
- 82% of patients described their experience of making an appointment as good compared to the CCG average of 54% and the national average of 73%
- 76% of patients stated that the last time they wanted to see or speak to a GP or nurse from their GP practice they were able to get an appointment. This was comparable to the CCG and national average of 61% and 76%, respectively.

Patients we spoke with on the day of the inspection told us that they were able to get appointments when they needed them. We were told by patients that there were always appointments available and the practice staff were flexible and proactive in managing appointments. We spoke with the parents of a baby who had been brought into the practice and they confirmed that appointments were available on the same day for young children.

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

Are services responsive to people's needs?

(for example, to feedback?)

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits

Listening and learning from concerns and complaints

The practice has a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice.

Staff were aware of their responsibilities for reporting concerns and they were aware of learning that had been taken from complaints. For example, there had been one incident involving a third party overhearing information

about a patient following a conversation between a patient and the receptionist. This was taken seriously and action had been taken to implement a system to ensure this event would not occur in the future.

There was a designated responsible person who handled all complaints in the service.

Information was on the practice website, in the patient information leaflet and displayed within the reception area.

The practice had received five complaints in the past two years. These were all satisfactorily handled and dealt with in a timely manner. Lessons were learned from concerns and complaints and actions were taken as a result to improve quality of care. Although there was a relative low level of complaints within the service it was evident that all complaints were taken seriously and carefully documented. The GPs we spoke with demonstrated a commitment to ensuring that complaints were properly investigated and lessons learned when possible.

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 and commitment to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was outlined in its Statement of Purpose. The mission statement demonstrated a clear commitment to partnership working with other healthcare professionals and also with patients.
- The service was committed to seeking innovative approaches to improving health through technology.
- The practice was committed to future plans that were ambitious and achievable.
- Staff were engaged with the vision and strategy for practice and it was clearly a shared vision for all staff who worked within the practice.

Governance arrangements

Governance and performance arrangements were proactively reviewed and reflected best practice.

- There was a clear staffing structure in place at the practice and staff were aware of their roles.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- Practice specific policies were implemented and staff knew how to access them. There was a focus on ensuring that policies and procedures were live documents and they were dynamic and reflected changes as and when required.
- There were robust arrangements for identifying, recording and managing risks.

All staff we spoke with had a comprehensive understanding of the governance arrangements and performance of the practice.

Leadership, openness and transparency

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care.

They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

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). This included support training for all staff on communicating with patients about notifiable safety incidents. 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 reasonable support, truthful information and a verbal and written apology. The practice kept written records of verbal interactions as well as written correspondence.

There was a culture of openness at the practice and this was led by the senior GP partner within the practice.

- There was a clear leadership structure in place and staff felt supported by management.
- Staff told us that the practice held regular team meetings and we saw meeting minutes that evidenced this.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any concerns at team meetings and they were confident they would be supported if they did.
- Staff said they felt respected, valued and supported by the GPs and by other colleagues as well. All staff were involved in discussions about how to run and develop the practice and the GPs encouraged all members of staff to identify opportunities to improve the service being delivered by the practice.

Practice seeks and acts on feedback from its patients, the public and staff

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service,

It had gathered feedback from patients through the patient participation group (PPG) and through surveys including the friends and family test and complaints received. The PPG met on a regular basis and made suggestions that

Are services well-led?

Good 

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

were acted on by the GPs. For example, changes to clinic times for the paediatric drop in clinic were made following an audit concerning uptake of the service and feedback from the PPG. The PPG was closely consulted concerning future development of the practice and members of the group who spoke with us felt they were genuinely listened to and their views were valued.

The practice also gathered feedback from staff through staff meetings, appraisals and discussion. We saw that

appraisals were completed within the last year for staff. Staff told us they felt involved and engaged with the running of the practice. They were motivated to work towards improvements at the practice.

Continuous improvement

There was a focus on continuous learning and improvement at all levels of the practice. For example, the GPs in the practice were looking at further developing the skills and role of the healthcare assistant to support the GPs further. Opportunities for learning as well as resources were shared with other local practices.