

Dr Bharathi Chowdary Chaparala

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 Bharathi Chowdary Chaparala's practice, on 14 April 2016. Overall the practice is rated as good.

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

- Risks to patients were assessed and well managed. Patients' needs were assessed and care was planned and delivered following best practice guidelines. The practice had clearly defined and embedded system, processes and practices in place to keep people safe and safeguarded from abuse.
- The practice was proactive in identifying and managing significant events and all opportunities for learning was maximised.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Clinical audits were carried out to demonstrate quality improvement and to improve patient care and treatment.
- The practice had a regular programme of practice meetings and there was an overarching governance framework which supported the delivery of the practices vision and strategy and good quality care.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The provider was aware of and complied with the requirements of the duty of candour.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

We saw some areas of outstanding practice:

- Sixty per cent of patients registered at the practice do not speak English as their main language. The practice had agreed with the CCG that they would register all asylum seekers and refugees in the area. To ensure that these patients could be seen promptly interpreters were available in the practice Mondays to Fridays 9am to 1pm and 4.30pm to 6.30pm. The interpreters spoke a number of languages to support the local population, for example polish, Punjabi, Mirpuri, Urdu and Hindu. The interpreters provided support during consultations, booking appointments, completing forms and arranging screening. The availability of interpreters enabled improved management of urgent same day appointments.
- The practice had set up language specific patient participation groups. The polish group had been active for six months and was well attended. Dates and been set for the other groups, the Punjabi community group was meeting on 12 may 2016 and the Romanian community group meeting was planned for July/ August 2016. This initiative allowed these patients to have involvement in the development of the practice. As two of the groups had recently been established the practice had not arranged any joint meetings.

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.

Good



- There was an effective system in place to monitor safety. This included systems for reporting significant events, national patient safety alerts, as well as comments and complaints received from patients.
- Significant events and complaints were discussed at practice meetings and lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



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

Are services caring?

The practice is rated as good for providing caring services.

Good



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

Summary of findings

- Notices in the patient waiting rooms told patients how to access a number of support groups and organisations.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had a carers champion, and a carers pack and were actively encouraging carers to register with the practice.

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 and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice had agreed with the CCG that they would register all asylum seekers and refugees in the area. To ensure that these patients could be seen promptly interpreters were available in the practice Mondays to Fridays 9am to 1pm and 4.30pm to 6.30pm. The interpreters spoke a number of languages to support the local population, for example polish, Punjabi, Mirpuri, Urdu and Hindu. The interpreters provided support during consultations, booking appointments, completing forms and arranging screening. The availability of interpreters enabled improved management of urgent same day appointments.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- There were longer appointments for vulnerable patients, for patients with learning disabilities, for carers and for patients experiencing poor mental health.

Good



Are services well-led?

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

- 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 it.

Good



Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.
- The practice had systems in place for 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 influenced practice development. The practice had set up language specific patient participation groups. The polish group had been active for six months and was well attended. Dates had been set for the other groups, the Punjabi community group was meeting on 12 May 2016 and the Romanian community group meeting was planned for July/August 2016. This initiative allowed these patients to have involvement in the development of the practice. As two of the groups had recently been established the practice had not arranged any joint meetings. This initiative allowed these patients to have involvement in the development of the practice.
- There was a strong focus on continuous learning and improvement at all levels.

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.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The premises were accessible to patients with mobility difficulties.
- Health checks were available for patients over 75 years of age

Good



People with long term conditions

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

- Clinical staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was 100%, compared to the CCG average of 86% and the national average of 89%.
- 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. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice had breast feeding and baby changing facilities.

Good



Summary of findings

- Performance for cervical screening reacted indicators was 64% compared to the national average of 82%.
- 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, health visitors and school nurses.

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 as well as a full range of health promotion and screening that reflects the needs for this age group.
- Appointments could be booked online. The practice offered text messaging reminders for appointments.

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 had an arrangement with the CCG to register all asylum seekers and refugees in the area. To ensure that these patients could be seen promptly interpreters were available in the practice Mondays to Fridays 9am to 1pm and 4.30pm to 6.30pm. The interpreters spoke a number of languages. The interpreters provided support during consultations, booking appointments, completing forms and arranging screening. The availability of interpreters enabled improved management of urgent same day appointments.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and 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.
- There were five patients on the palliative care register. We saw evidence of regular reviews, comprehensive, holistic clinical care and communication with families, carers and hospice staff. One of the GPs at the practice specialised in the palliative care of patients.
- There were 14 patients on the learning disability register. We saw that care plans were in place with records of assessment of capacity in line with national guidelines and liaison with family and carers

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).

- There were longer appointments available for people experiencing poor mental health. The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- Performance for patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months was 83% compared to the local and national average of 84%.
- Performance for mental health related indicators was 92% compared to the CCG average of 89% and the national average of 93%
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- 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.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on January 2016. The results showed the practice was performing in line with local and national averages in some areas and below in others. 410 survey forms were distributed, however only 50 were returned. This represented a 12% response rate.

- 68% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 78% 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%.

The practice scored below the CCG and national averages in the following areas:

- 58% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 53% 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 prior to our inspection. We received 26 comment cards which were all positive about the standard of care received. Patients said they were treated with care dignity and respect. Two of the comment cards raised concerns about access to appointments.

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

Outstanding practice

- Sixty per cent of patients registered at the practice do not speak English as their main language. The practice had agreed with the CCG that they would register all asylum seekers and refugees in the area. To ensure that these patients could be seen promptly interpreters were available in the practice Mondays to Fridays 9am to 1pm and 4.30pm to 6.30pm. The interpreters spoke a number of languages to support the local population, for example polish, Punjabi, Mirpuri, Urdu and Hindu. The interpreters provided support during consultations, booking appointments, completing forms and arranging screening. The availability of interpreters enabled improved management of urgent same day appointments.
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Dr Bharathi Chowdary Chaparala

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

Background to Dr Bharathi Chowdary Chaparala

Dr Chaparala provides general medical services to a population of approximately 6,800 patients in Handsworth. In January 2016 there was an influx of patients with eight refugees registering at the practice since January 2016. Sixty percent of patients registered at the practice do not speak English as their main language. Services to patients are provided under a General Medical Services (GMS) contract with NHS England. The practice has expanded its contractual obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients.

The clinical team consists of two female GPs (one of which is a salaried GP), one practice nurse and two health care assistant. The GPs and the practice manager form the management team and they are supported by reception and administration staff.

The practice is open between 8am and 7pm on Mondays to Fridays with appointments available from 9am to 1pm and 2.30pm to 7pm Mondays and Fridays and 9am to 1pm and

3.30pm to 7pm Tuesday, Wednesdays and Thursdays. When the practice is closed during the out of hours period patients receive primary medical services through an out of hours provider.

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 GP, practice nurse, practice manager, and reception staff, and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members

Detailed findings

- Reviewed 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:

- 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

The practice had systems in place to monitor safety and there were effective systems in place for reporting and recording significant events.

- The staff we spoke to were aware of their responsibilities to raise and report concerns. Staff talked us through the process and told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form 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).
- We reviewed records of four significant events that had occurred during the last 12 months. We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. We saw evidence that lessons were shared and action taken to improve safety in the practice. For example, when a wrong dose of medicine was given incorrectly to a patient, the patient was contacted, monitored and a formal discussion took place with staff to reiterate the importance of checking information.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare.
- There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and provided reports 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. GPs and nurses were trained to child protection or child safeguarding level 3.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The healthcare assistant was the lead for infection control and had received training to fulfil this role. They 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.
- We saw records of completed six monthly infection control audits and evidence that action was taken to address any improvements identified as a result.
- Staff had access to personal protective equipment including disposable gloves and aprons. The practice had a policy for needle stick injuries and staff were aware of the procedure to follow if necessary.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe. The vaccine fridges were well ventilated and secure. Vaccinations were stored within the recommended temperatures and temperatures were logged in line with national guidance.
- A recent audit identified that the process for handling repeat prescriptions was robust, this included the review of high risk medicines, investigations were reviewed prior to providing repeat prescriptions for high risk medicines. For example, we saw evidence that the computer system alerted the clinicians when the review was due and the practice also undertook opportunistic medication reviews.
- Prescription stationary was securely stored and there were systems in place to monitor their use.
- The practice nurse administered vaccines using patient group directives (PGDs) that had been adopted in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

Are services safe?

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives and fire marshals. The practice had up to date fire risk assessments and carried out and six monthly fire drills. 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). A Legionella risk assessment was completed by an external agency in March 2016 and the practice manager was due to attend Legionellae awareness training in April 2016.

- 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 all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. There were emergency buttons in reception and consulting rooms.
- All staff received annual basic life support training and there were emergency medicines available.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks and a first aid kit.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line 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.

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 from 2014/15 were 99% of the total number of points available, with 16% exception rate, this was above the CCG and nation average of 9%. 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.

- Performance for diabetes related indicators was 100%, compared to the CCG average of 86% and the national average of 89%. Exception reporting for the indicators was between 2% and 15%, these were below the CCG and national average..
- Performance for mental health related indicators was 92%, which was the same as the national average.

The practice had a programme of continuous clinical audit. The audits demonstrated quality improvement and improvements to patient care and treatment. The practice shared records of two clinical audits, a contraceptive and a repeat prescribing review. The repeat prescribing audit was a full cycle audit completed in January 2016, to reduce the amount of medicines wasted, processes were changed at the practice to improve the management when issuing repeat prescriptions.

The practice had the regular services of a pharmacist from their Clinical Commissioning Group (CCG) and a pharmacy liaison officer. The pharmacists assisted the practice with medicines audits and monitored their use of antibiotics.

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 those reviewing patients with long-term conditions. The practice nurse had completed training for diabetes and respiratory conditions.
- 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, 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, 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 safety awareness, basic life support and information governance. 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.

- We saw evidence that multi-disciplinary and palliative care meetings took place with representation from other health and social care services. We saw minutes of

Are services effective?

(for example, treatment is effective)

meetings to support that joint working took place and that vulnerable patients and patients with complex needs were discussed and their care plans reviewed and updated. 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.

- There were five patients on the palliative care register. We saw evidence of regular reviews, comprehensive, holistic clinical care and communication with families, carers and hospice staff. One of the GPs at the practice specialised in the palliative care of patients.
- There were 14 patients on the learning disability register. We saw that care plans were in place with records of assessment of capacity in line with national guidelines and liaison with family and carers.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, 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, and those at risk of developing a long-term conditions. A health trainer attended the practice weekly to provide life style advice including diet, smoking and alcohol cessation. A drug and alcohol counsellor attended the practice weekly.

The practice's uptake for the cervical screening programme was 64%, which was below 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 had developed an action plan to address the low uptake of cervical screening at the practice. . 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. Data from March 2015 indicated that breast cancer screening rates for 50 to 70 year olds was 45% compared to the national average of 72%. Bowel cancer screening rates for 60 to 69 year olds was 23% compared to the national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 84% to 85% compared to the CCG average of 41% to 92%. Immunisation rates for five year olds ranged from 69% to 92% compared to the CCG average of 87% to 94%.

Sixty per cent of patients registered at the practice do not speak English as their main language. The practice had recognised the low uptake for screening and had a number of initiatives in place to improve this. For example, there were interpreters available for all clinics and during new registration health checks, to explain the importance of these tests, extended clinics for cervical screening are available and cervical screening is undertaken on an opportunistic basis. Patients are provided with screening information in various languages, Urdu, French, Russian, Chinese, Punjabi, Czech, Lithuanian, Polish and Romanian. The practice had implemented a system where each member of the reception staff had responsibility for managing the recalls for screening and immunisations to improve the results, this is monitored by the practice manager.

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

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 26 patient Care Quality Commission comment cards we received were positive about the care and service experienced. Patients said they felt staff were helpful, caring and treated them with dignity and respect.

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

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

- 89% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 87%.
- 96% 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%.
- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and the national average of 85%.

Other results were lower than average for:

- 78% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 91%.
- 74% of patients said they found the receptionists at the practice helpful compared to the CCG average of 81% and the national average of 87%.

We saw evidence that the practice had developed an action plan to address the low satisfaction scores from the GP national survey. The results had been discussed at the practice meeting and with the Patient participation group (PPG).

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 also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 86%.
- 90% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 82%.

Other results were lower than average.

- 77% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 85%.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

The healthcare assistant was the carers champion for the practice. The practice had 144 carers registered this equated to 2.08% of the practice list. The registration form identified carers and the practice had created a carers pack. 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. Information about support groups was also available on the practice website.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

- The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice had agreed with the CCG that they would register all refugee and asylum seeker patients in the area. The practice size has grown, and the local councillor has negotiated for additional land to enable the practice to expand the premises. The practice had set up a polish patient participation group (PPG), this had been well attended by patients and the practice. Dates and been set for the other groups, the Punjabi community group was meeting on 12 may 2016 and the Romanian community group meeting was planned for July/ August 2016. This initiative allowed these patients to have involvement in the development of the practice. As two of the groups had recently been established the practice had not arranged any joint meetings.
- The practice offered appointments Mondays to Fridays until 7pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and breast feeding and baby changing facilities.
- Sixty percent of patients registered at the practice did not speak English as their main language. Interpreters were available in the practice Mondays to Fridays 9am to 1pm and 4.30pm to 6.30pm. The interpreters spoke a number of languages to support the local population, for example Polish, Punjabi, Mirpuri, Urdu and Hindu. The interpreters provided support during consultations,

booking appointments, completing forms and arranging screening. The availability of interpreters enabled improved management of urgent same day appointments.

Access to the service

The practice was open between 8am and 7pm on Mondays to Fridays with appointments available from 9am to 1pm and 2.30pm to 7pm Mondays and Fridays and 9am to 1pm and 3.30pm to 7pm Tuesdays, Wednesdays and Thursdays. When the practice is closed during the out of hours period patients receive primary medical services through an out of hours provider.

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

- 70% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and the national average of 78%.
- 68% of patients said they could get through easily to the practice by phone compared to the CCG average of 62% and the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them. The patient participation group (PPG) had requested Saturday morning opening and the practice had responded positively to this, commencing in June 2016.

The GPs would triage the requirement for a home visit to ascertain 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 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. The practice kept records of verbal complaints.

Are services responsive to people's needs?

(for example, to feedback?)

- We saw that information was available to help patients understand the complaints system, posters and leaflets were displayed, in the waiting area.

We looked at four complaints received in the last 12 months and found that these were satisfactorily handled, dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and

complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, the practice policy for the 48 hour deadline for processing repeat prescriptions had not been not followed. Staff were provided with further training on the policy and the practice manager was monitoring the outcome.

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

We saw a set of aims and objectives and an overarching mission statement. The practice vision was to provide high quality treatment and care, ensuring a positive healthcare experience provided by well trained staff. We interviewed members of staff who spoke positively about working at the practice. Staff said that they felt valued, supported and involved in the practice plans. Staff demonstrated a commitment to providing a high quality service and they were passionate about the practice.

Governance arrangements

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

- There was a clear staffing structure and discussions with staff demonstrated that they were aware of their own roles and responsibilities as well as the roles and responsibilities of colleagues.
- Practice specific policies were implemented and regularly reviewed. Policies were available to staff as hard copies and on the practice intranet
- Staff had a comprehensive understanding of the performance of the practice and were involved in improving outcomes for patients. Practice staff had key roles, for example, clinical leads for, palliative care, diabetes and respiratory care.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. Staff told us the GPs

were visible and approachable and always took the time to listen to all members of staff. Staff said that they were confident in raising concerns and suggesting improvements openly.

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 GPs 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 and kept written records of verbal interactions as well as written correspondence.

Practice staff attended a range of meetings on a regular basis including monthly practice meetings, where complaints and significant events were discussed and multidisciplinary meetings.

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 an active patient participation group, we saw evidence of how the group influenced practice development. Staff told us that they felt involved to improve how the practice was run and future developments. The practice had discussed the low satisfaction scores from the national GP survey at the practice meeting and with the patient participation group (PPG) and an action plan had been developed.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice had agreed with the CCG to register all asylum seekers and refugees in the area and provided interpreters based at the practice to support this. The practice had secured permission to extend the premises to support the growth in patient numbers.