

Dr M L Swami & Partners

Quality Report

779 Russell Street

Reading

Berkshire

RG1 7XG

Tel: 01189 477 8553

Date of inspection visit: 08/10/2015

Website: www.russellstreetsurgery-drswami.nhs.uk

Date of publication: 26/11/2015

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Requires improvement



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	6
What people who use the service say	8
Areas for improvement	8

Detailed findings from this inspection

Our inspection team	9
Background to Dr M L Swami & Partners	9
Why we carried out this inspection	9
How we carried out this inspection	9
Detailed findings	11
Action we have told the provider to take	21

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr M L Swami & Partners, 79 Russell Street, Reading, Berkshire on 8 October 2015. This inspection was undertaken to check the practice was meeting regulations and to consider whether sufficient improvements had been made since our last inspection which was carried out in January 2015.

Our inspection in January 2015 found breaches of regulations relating to the safe, effective and well-led delivery of services. As a result of these the overall rating for the practice was inadequate and the practice was placed into special measures for six months.

Following the inspection in January 2015, we received an action plan which detailed the actions to be taken to achieve compliance. At our inspection on the 8 October 2015 we found the practice was meeting all of the regulations that had previously been breached.

This showed that the practice had made significant improvements since our last inspection.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- All staff had received training appropriate to their roles and any further training needs had been identified and planned for.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

Summary of findings

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

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

The areas where the provider must make improvements are:

- Take action to address concerns about poor patient satisfaction.

In addition the provider should:

- Identify the last Legionella risk assessment to confirm when the next assessment is due.
- Log verbal complaints to enable the identification of trends in patient satisfaction.
- Ensure emergency lighting is adequate for the practice.

I am taking this service out of special measures. This recognises the hard work and significant improvements that have been made to the quality of care provided by this service.

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.

Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement.

Good



Are services effective?

The practice is rated as good for providing effective services.

Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing a patients' capacity to make decisions about their care and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Good



Are services caring?

The practice is rated as requires improvement for providing caring services.

Data showed that 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. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality. Data from the National GP patient survey showed poor patient satisfaction with a number of areas of the practice. We did not see evidence that these had been or were being addressed at the time of our inspection.

Requires improvement



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. The practice had good

Good



Summary of findings

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 that the practice responded quickly to issues raised. Whilst written formal complaints were recorded and addressed appropriately, verbal complaints, which were resolved informally, were not logged which meant the practice had no way of identifying potential trends with patient dissatisfaction. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

It had a clear vision which was understood by staff as well as their responsibilities. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was proactive. Staff had received inductions, regular performance reviews and attended whole team staff meetings monthly.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

Good



People with long term conditions

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

Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were 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. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses.

Good



Working age people (including those recently retired and students)

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

Good



Summary of findings

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.

People whose circumstances may make them vulnerable

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

The practice held a register of patients living in vulnerable circumstances including those with a learning disability. It offered longer appointments and carried out annual health checks for people with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



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).

The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia.

Patients experiencing poor mental health had a care plan documented in their record in the preceding 12 months. Patients were told how to access various support groups and voluntary organisations.

It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results showed the practice was performing in line or below local and national averages for patient satisfaction.

Of the 427 survey forms distributed to patients, 108 forms were returned - a response rate of 25.3%, representing 1.68% of the practice population.

Responses showed:

- 79.4% found it easy to get through to this practice by phone compared with a CCG average of 75.1% and a national average of 74.4%.
- 85.5% found the receptionists at this practice helpful compared with a CCG average of 85.9% and a national average of 86.9%.
- 63.8% with a preferred GP usually got to see or speak to that GP compared with a CCG average of 60.4% and a national average of 60.5%.
- 86.8% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 87% and a national average of 85.4%.
- 93.7% said the last appointment they got was convenient compared with a CCG average of 91.9% and a national average of 91.8%.

- 78.8% described their experience of making an appointment as good compared with a CCG average of 77.3% and a national average of 73.8%.
- 74.9% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 77.3% and a national average of 65.2%.
- 65.6% felt they don't normally have to wait too long to be seen compared with a CCG average of 56.7% and a national average of 57.8%.

On the day of our inspection, we spoke with nine patients and two members of the patient participation group (PPG). A PPG is made up of a group of volunteer patients and practice staff who met regularly to discuss the services on offer and how improvements can be made.

As part of our inspection we also asked for Care Quality Commission comment cards to be completed by patients prior to our inspection. We received 39 comment cards of which 38 were positive comments about the standard of care patients received. Comments included reference to the practice being helpful, caring, staff listening to patients, being friendly and professional. One comment was less positive about the way a patient was spoken to by a receptionist.

Areas for improvement

Action the service **MUST** take to improve

- Take action to address concerns about poor patient satisfaction.

Action the service **SHOULD** take to improve

- Identify the last Legionella risk assessment to confirm when the next assessment is due.

- Log verbal complaints to enable the identification of trends in patient satisfaction.
- Ensure emergency lighting is adequate for the practice.

Dr M L Swami & Partners

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector. The team also included a GP specialist advisor, a practice nurse specialist advisor, a practice manager specialist advisor, a second CQC inspector and an expert by experience. Experts by experience are members of the team who have received care and experienced treatment from similar services.

Background to Dr M L Swami & Partners

Dr M L Swami & Partners, has an NHS Personal Medical Services contract to provide health services to approximately 6,500 patients from three sites:

- Russell Street Surgery, Russell Street, Reading RG1 7XG
- Coley Park Surgery, Wensley Road, Reading RG1 6DN
- Burghfield Health centre, Reading Road, Burghfield Common, Reading RG7 3YJ

This inspection was carried out at the Russell Street Surgery which is based in a converted residential dwelling. It has been operating from this location since 1991.

The local population is younger than the national average, made up of a higher proportion of young children and also adults under 44 years whilst the proportion of over 60 year olds is much lower. The 2011 census shows that 30.5% of the resident population of South Reading is from a Black and Minority Ethnic (BME) group. An additional 10.6% are from a White non-British background with 29.5% of the resident population born outside of the UK and 6.7% resident in the

UK for less than two years.

The practice has two part-time GP partners and two part-time salaried GPs who together work an equivalent of two full time staff. In total there are two male and two female GPs. The practice has two practice nurses. The GPs and the nursing staff are supported by a team of six administration staff who carry out administration, reception, scanning and secretarial duties. The practice has a practice manager who is also a health care assistant.

The practice opens between 8.00am and 6.30pm on Monday, Tuesday, Wednesday and Friday and between 8.00am and 2.00pm on a Thursday and three Saturdays a month between 8.00am and 12.00pm. Appointments are available:

- Monday and Tuesday between 8.00am - 1.00pm and 4.30pm - 6.30pm.
- Wednesday between 8.00am - 12.00pm and 3.00pm - 6.30pm.
- Thursday between 8.00am - 12.00pm.
- Friday between 8.00am - 12.00pm and 3.30pm - 6.30pm.
- Three Saturdays a month between 8.00am and 12.00pm.

The practice has opted out of providing out-of-hours (OOHs) services to their own patients and refers them to the GP OOHs provider, Westcall, via the NHS 111 service.

Why we carried out this inspection

We previously carried out a comprehensive inspection of Dr M L Swami & Partners on 15 January 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. At that time, the practice was rated as

Detailed findings

inadequate overall for being safe and well led; requiring improvement for effective; and was good for being caring and responsive. As a result, all five population groups were rated as inadequate.

Due to the inadequate rating, the practice was placed in special measures. We received a report from the provider of the changes they would make to comply with the regulations.

This follow-up 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 that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on the 8 October 2015. During our visit we:

- Spoke with a range of staff which included GPs, a practice nurse, reception staff and the practice manager.
- We spoke with patients who used the service.
- Observed how people were being cared for and talked with carers and/or family members
- Reviewed 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 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)

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

When we inspected the practice in January 2015 we found that the practice was not managing safety and risks consistently overtime and therefore they were unable to demonstrate a safe track record. However, in October 2015 we found the practice had a system in place which demonstrated a safe track record over the last six months.

There was an open and transparent approach and a system in place for reporting and recording significant events. Patients affected by significant events and complaints received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents.

Significant events and complaints received by the practice were recorded and actioned accordingly. The practice carried out an analysis of these and lessons learnt were formally shared at monthly all staff practice meetings and on an individual basis as required. We reviewed safety records, incident reports, complaints and minutes of meetings where these were discussed. Lessons were shared to ensure action was taken to improve safety in the practice.

For example, an error with the storage of Depo-Provera (injectable birth control) occurred when a member of staff received delivery then incorrectly refrigerated it. We followed this event through and found that a system had been introduced to minimise the risk of an error such as this happening again. The affected stock was disposed of correctly and all existing staff members' knowledge was reinforced and new staff trained in the storage criteria of medicines and vaccinations. Learning was shared at a practice meeting which was minuted and staff we spoke with demonstrated their understanding of the criteria.

Safety was monitored using information from a range of sources, including the National Institute for Health and Care Excellence guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. Alerts received at the practice were printed off and circulated to all relevant staff who signed to say they read and understood the alert. Copies were then held on file by the practice manager.

Overview of safety systems and processes

When we inspected the practice in January 2015 we found that patients were at risk of harm because systems and processes were not in place to keep them safe. We found concerns with recruitment, infection control, staffing, medicine management, anticipating events, quality and monitoring systems and dealing with emergencies. However, in October 2015, we found the practice had implemented clearly defined and embedded systems, processes and practices in place to keep people safe.

When we inspected the practice in January 2015, we found not all staff had up to date safeguarding training appropriate to their roles. The practice did not have a chaperone policy or protocols in place and not all staff who performed chaperone duties had received a disclosure and barring check (DBS). At the October 2015 inspection we found the practice had implemented systems and processes to protect patients from abuse and improper treatment. Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding and staff knew who this was. Records seen confirmed that the safeguarding lead had regular communication with the local authority safeguarding team and attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.

All but one member of staff had received a DBS check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. The practice manager advised us this staff member was new and their DBS check was in progress and they did not perform chaperone duties. This arrangement was confirmed by other members of staff we spoke with. A notice was displayed in the waiting room and on the front of the doors to the consulting rooms and the treatment room advising patients that a chaperone could be made available, if required. Records seen confirmed that every member of staff, including GPs, nursing and administration staff, had received chaperone training.

Are services safe?

There were procedures in place for monitoring and managing risks to patient and staff safety. A health and safety policy was available but there was not a health and safety law poster displayed. Employers are required, by law, to either display the Health or Safety Executive approved law poster or to provide each of their workers with the equivalent leaflet. We spoke with the practice manager about this who advised us the day after our visit that they had ordered a poster for each of the provider's three practices.

The practice had up to date fire risk assessment and regular fire drills were carried out. However there was no emergency lighting at the practice. The practice had two escape routes available in case of a fire. We found that an emergency exit sign was missing over one fire escape door and a second door's emergency exit sign direction arrow was incorrect. The second door was secured by way of a key coded lock which did not automatically open when the fire alarm was activated. Following our visit the practice advised us they would not lock this door during surgery opening hours unless a patient examination took place in the room this door accessed.

All electrical equipment was checked to ensure it was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a range of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control. The practice carried out water quality testing for legionella in 2015 but details of the risk assessment were not available on the day of our visit.

Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice nurse was the infection control lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control policy and associated protocols in place and all staff had received up to date training. Six monthly infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

When we inspected the practice in January 2015, we found there were no systems in place to store medicines safely and securely. At the October 2015 inspection, we found the practice had implemented medicines management processes which included obtaining, prescribing, recording, handling, storing and security. Regular medication audits

were carried out to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. The practice provided evidence to confirm that refrigerators used to store medicines and vaccinations were serviced and their temperature systems calibrated to confirm they were operating effectively and within the required temperature range. Medicines administered by the nurses at the practice were given under a patient group direction (PGD) which is a directive agreed by GPs which allows nurses to supply and/or administer prescription-only medicines. We looked at 16 PGDs and these had been authorised appropriately.

When we inspected the practice in January 2015, we found that not all of the information required by the regulations were recorded in the individual staff files. At this inspection we found the practice had a recruitment policy and associated processes that set out the standards it followed when recruiting clinical and non-clinical staff. We reviewed two staff members' files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS). One staff member was waiting for their DBS to come back and did not carry out any duties which cause a risk. We spoke to the practice manager about formally recording this arrangement by way of a risk assessment.

Arrangements were in place for planning and monitoring the number of staff and skill-mix needed to meet patients' needs. There was a rota system in place for all the staff groups to ensure that sufficient staff were on duty at each of the three practices. We were told that the practice was about to increase its Saturday surgeries to four per month to cater for the increase in demand over the winter period.

Arrangements to deal with emergencies and major incidents

There was a panic button on all the telephones in the practice which alerted staff to any emergency. A panic button was also available under the reception desk. All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. Emergency

Are services safe?

medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use. There was also a first aid kit and accident book available.

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. The practice also had arrangements in place with its other two practices should the Russell Street practice become unavailable.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including the National Institute for Health and Care Excellence (NICE) guidelines. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

The practice had systems in place to ensure all clinical staff were kept up to date. Learning and sharing meetings were held monthly by GPs who discussed clinical issues and patient care, learning points from courses attended, alerts, audits and any issues which required immediate action were also discussed and documented.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (QOF is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 99.3% of the total number of points available, with 3.1% exception reporting. (Exception reporting is the percentage of patients who would normally be monitored but are excluded as they have either declined to participate in a review, or there are specific clinical reasons why they cannot be included).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from the 2013/14 QOF showed:

- Performance for hypertension related indicators was better (100%) than both the CCG (91.8%) and national averages (88.4%).
- Performance for mental health related indicators was better (100%) than both the CCG (94.3%) and national averages (90.4%).
- Performance for cancer related indicators was better (100%) than both the CCG (97%) and national averages (97.2%).
- Performance for diabetes related indicators was better (96.3%) than both the CCG (88.1%) and national averages (90.1%).

- Performance for chronic obstructive pulmonary disease related indicators was better (100%) than both the CCG (98.5%) and national averages (95.2%).

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and patient outcomes. We were told that GPs carried out two clinical audits every five years for their professional revalidation and other audits were generated by the clinical commissioning group as a result of medicines management.

We were shown examples of three clinical audits carried out in the last two years; two of these were completed audits where the improvements made were implemented and monitored. For example, the practice carried out a clinical audit, between April and August 2015, to measure the effectiveness of using a diagnostic guide to detect and treat urinary tract infections. Findings were used by the practice to improve services. Results confirmed that compliance with the diagnostic guide had improved from 47% (April) to 94% (August) and compliance with antibiotic prescribing guidance improved from 85% (April) to 97% (August).

Effective staffing

All the staff at Dr Swami & Partners' practice had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for newly appointed non-clinical members of staff that covered topics such as safeguarding, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included on-going support during sessions, appraisals and clinical supervision and support for the revalidation of GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, and basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

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

Staff worked together and with other health and social care services to assess and plan ongoing care and treatment and meet the range and complexity of patients' needs. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that whole practice meetings took place on a monthly basis where care plans were routinely reviewed and updated. Health visitors, district nurses, social workers and community matrons and safeguarding leads had an open invitation to these.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The process for seeking consent was monitored through records audits to ensure it met the practice's responsibilities within legislation and followed relevant national guidance. We saw evidence to confirm that consent was recorded in the notes of 100% of patients who received contraceptive implants.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.

The practice's uptake for the cervical screening programme was 93.9%, which was better than the national average of 81.8%.

There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. We saw posters advertising these in the waiting area.

Childhood immunisation rates for the vaccinations given were above the local clinical commissioning group (CCG) averages:

- eligible two year olds ranged from (84.3% to 100%) compared to the CCG average of (73.9% to 93.0%).
- eligible five year olds from (82.4% to 95.6) compared to the CCG average of (81.8% to 92.1%)

Flu vaccination rates for patients were above national averages. These included:

- Patients aged over 65 years old were 76.6% compared to the national average of 73.24%.
- Patients in clinical influenza risk groups were 71.35% compared to the national average of 52.2%.

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that patients were treated with dignity and respect. Curtains were provided in consulting and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed and they could offer them a private room to discuss their needs.

We received 39 comment cards of which all but one were positive about the standard of care received. Comments included reference to the practice being caring, staff being friendly, helpful and professional. We also spoke with two members of the patient participation group on the day of our inspection who confirmed that feedback from patients was also positive. Feedback from the practice's patient survey, carried out in August 2015 showed that 99.5% of patients said they would recommend the practice to family and friends.

Results from the national GP patient survey showed patients were mostly happy with how they were treated and that this was with compassion, dignity and respect.

The practice was above average for patients satisfaction in the following areas:

- 89% patients said they found the receptionists at the practice helpful compared to the CCG average of 89.8% and national average of 86.9%.
- 95.9% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92.3% and national average of 90.4%.

However satisfaction scores on consultations with GPs was not a favourable:

- 83% said the GP was good at listening to them compared to the CCG average of 91.9% and national average of 88.6%.

- 82.9% said the GP gave them enough time compared to the CCG average of 88.9% and national average of 86.8%.
- 87% said they had confidence and trust in the last GP they saw compared to the CCG average of 96.9% and national average of 95.3%
- 78.7% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89.2% and national average of 85.1%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

However, results from the national GP patient survey showed patient satisfaction was below local and national averages when asked questions about their involvement in planning and making decisions about their care and treatment. For example:

- 76% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89.1% and national average of 86.3%.
- 75.1% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 86.1% and national average of 81.5%

We did not see evidence that patient dissatisfaction had been or was being addressed at the time of our inspection.

Staff told us that translation services were available for patients who did not have English as a first language but a number of staff spoke English, Urdu, Hindi or Punjabi which met many patients' language needs.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all patients who were carers and those patients that had been identified as carers were being supported, for example, by

Are services caring?

offering health checks and referral for social services support. The practice also had a notice board in the waiting area dedicated to carers and information about services and support was displayed and leaflets available. The practice was unable to give us a definitive number of carers because staff confused carers with support workers and care staff and as such flagged all of these on patient notes.

Since our inspection the practice has advised us that the lead GP identified all of the carers in the practice, coded their notes accordingly and arranged training with staff to prevent this error happening again.

Staff told us that if families had suffered bereavement, their usual GP contacted them. 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 worked with the local clinical commissioning group to plan services and to improve outcomes for patients in the area. The practice also liaised with public health services about current health risks. For example, risks from the Ebola virus.

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

- The practice offered Saturday morning appointments on three Saturdays a month for working patients who could not attend during normal opening hours.
- Longer appointments were available for patients who needed them. This included patients who were older, had mental health issues, learning disabilities or multiple health conditions.
- Home visits were available for older patients or patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- Patients had a choice of a male or female GP.
- There were disabled facilities, a hearing loop and translation services were available.

Once a year the practice reviewed its learning disability register and patients with moderate or severe learning disability were written to and invited to a review examination. Figures supplied to us for 2014/15 showed that all the patients eligible received a review.

Safeguarding concerns were discussed in a multidisciplinary approach. This enabled a dialogue between health visitors, GPs and practice nurses which helped in identifying concerns early and try to prevent harm or support children and their families at risk.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday with the exception of Thursday when it was open between 8am and 2pm. Appointments were available between these times. In addition, pre-bookable appointments could be made up to four weeks in advance and urgent appointments were also available for patients that needed them.

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

- 73.8% of patients were satisfied with the practice's opening hours compared to the CCG average of 78.7% and national average of 75.7%.
- 79.4% patients said they could get through easily to the surgery by phone compared to the CCG average of 75.1% and national average of 74.4%.
- 78.8% patients described their experience of making an appointment as good compared to the CCG average of 77.3% and national average of 73.8%.
- 74.9% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 66.3% and national average of 65.2%.

Listening and learning from concerns and complaints

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

We saw that information was available to help patients understand the complaints system was available in the practice waiting room, patient information booklet and on the practice website. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at two complaints received in the last 12 months and found that both of these had been dealt with appropriately; investigated and the complainant responded to in a timely manner.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a complaint was made by a patient whose repeat prescription was not available at their pharmacy. The patient was apologised to and an emergency prescription was sent to the pharmacy to address the immediate issue whilst an investigation was carried out. Learning from this included the adoption of electronic prescription tracker protocols by staff to enable them to identify the location of prescriptions. Records of minutes seen confirmed this complaint and subsequent learning was shared with all staff. We were told that staff

Are services responsive to people's needs?

(for example, to feedback?)

did not record verbal complaints which were resolved. By not recording all complaints the practice would be unable to have a full picture of any trends in concerns patients may have.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. Whilst the practice did not have a strategy it did have a business plan which addressed business needs, staff training needs and staff succession planning.

Governance arrangements

When we inspected the practice in January 2015, we found the practice did not have systems in place to monitor all aspects of the service such as complaints, incidents, safeguarding, risk management and clinical audit.

At the October 2015 inspection, we found the practice had implemented an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities;
- Practice specific policies were implemented and were available to all staff;
- A comprehensive understanding of the performance of the practice;
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements; and
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

However we found that the service did not have systems in place to monitor patient satisfaction obtained from external sources such as the National GP Patient Survey.

Leadership, openness and transparency

The GP partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

Staff told us that regular team meetings were held. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met four times a year, carried out patient surveys and submitted proposals for improvements to the practice management. These included, amending the wording of cervical screening invitation letters, increasing opening hours and increasing awareness of services for carers.

Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. The practice held whole staff meetings every month outside normal practice business to keep staff informed of updates. Staff told us they felt involved and engaged to improve how the practice was run.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Good Governance We found the registered person had not sought or acted on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity.</p> <p>This was in breach of regulation 17(1)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <ul style="list-style-type: none">• Patient satisfaction feedback from the national GP patient survey was neither identified or procedures put in place to improve the quality of services provided.