Dr C Y Ngan and Dr K P Chan

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 CY Ngan and Dr KP Chan's practice on 27th August 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients 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.
- Patients mostly 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.

Importantly the provider should :

- Improve the systems that monitor medicines, blood bottles and prescriptions kept at the practice to ensure they are consistent in all areas including those kept in GP's bags and consulting rooms.
- Make sure that all sharps bins are appropriately labelled and dated.
- Share discussions with all members of staff about actions taken following complaints and significant events.

Summary of findings

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?

Good

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. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. Systems to monitor the medicines kept at the practice required review to ensure they were consistently effective in all areas such as those kept by the GPs in their bags and consulting rooms.

Are services effective?

Good

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 capacity 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. Staff worked with multidisciplinary teams and recorded discussions and actions appropriately.

Are services caring?

Good

The practice is rated as good 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 provided was easy to understand and accessible and was available in as many languages as possible, to suit the diversity of the practice population. We saw that staff treated patients with kindness and respect, maintained confidentiality and were considerate and helpful.

Are services responsive to people's needs?

Good

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 (CCG) to secure improvements to services where these were identified. Patients mostly 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

Summary of findings

needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. 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. Staff had received inductions, regular performance reviews and attended staff meetings and events.

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

Good

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.

People with long term conditions

Good

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.

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. 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.

Working age people (including those recently retired and students)

Good

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

Summary of findings

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

Good

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice worked closely with another practice within the Vallance Centre to provide services to people living in vulnerable circumstances including homeless people. That practice registered patients who were living locally in hostels or who were homeless and offered support through a drug dependency clinic (RISE). Vulnerable patients identified by this practice were signposted to these services accordingly. The practice carried out annual health checks and offered longer appointments for those patients with a learning disability. They regularly worked with multi-disciplinary teams in the case management of vulnerable people and told them how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children and were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). They held a register of patients with dementia, carried out advanced care planning and worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. Students registered with the practice had access to counselling services through the University and single point access to this service via the practice. Patients experiencing poor mental health were told about how to access various support groups and voluntary organisations and there was a system in place to follow up patients who had attended accident and emergency (A&E) 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.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was performing in line with local and national averages. There were 440 responses which represented less than 1% of the practice population.

- 81% find it easy to get through to this surgery by phone compared with a CCG average of 74% and a national average of 73%.
- 85% find the receptionists at this surgery helpful compared with a CCG average of 86% and a national average of 87%.
- 55% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 55% and a national average of 60%.
- 79% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 83% and a national average of 85%.
- 82% say the last appointment they got was convenient compared with a CCG average of 88% and a national average of 92%.
- 62% describe their experience of making an appointment as good compared with a CCG average of 71% and a national average of 73%.
- 47% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 67% and a national average of 65%.
- 36% feel they don't normally have to wait too long to be seen compared with a CCG average of 51% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We did not receive any completed CQC comment cards.

Areas for improvement

Action the service SHOULD take to improve

- Improve the systems that monitor medicines, blood bottles and prescriptions kept at the practice to ensure they are consistent in all areas including those kept in GP's bags and consulting rooms.
- Make sure that all sharps bins are appropriately labelled and dated
- Share discussions with all members of staff about actions taken following complaints and significant events.

Dr C Y Ngan and Dr K P Chan

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 an Expert by Experience who is someone with experience in the use of health and social care services.

Background to Dr C Y Ngan and Dr K P Chan

The practice is situated in the Vallance Centre which is a purpose built health centre housing three individual GP practices and community services. Two of the GP practices share ten reception and administration and three management staff who are responsible for managing all of the business aspects of the practice.

Drs Ngan and Chan provide services under a General Medical Contract to a transient population of patients (between 7,700 and the current number of 5,500). The influx and decrease of patients was largely dependent on the number of students registering at the practice in September. 30% of the practice patients were Chinese and Asian and around 35% were between the ages of 15 and 30 years. There is a mix of male Chinese and Asian GPs and the practice had recently employed a female GP to meet the requirements of the female population and increase the uptake of health checks for the female population.

The practice is open Monday to Friday from 8.30am until 6.30pm except Wednesdays when they close at 4.30pm. They close between 12.30pm and 1.30pm for lunch. There are usually three GPs undertaking clinical sessions at varying times between those hours. The GPs provided 20 clinical sessions per week seeing approximately 15 patients per session and undertake around five to six home visits per week. A nurse and health care assistant are available four days which will be increased to five days when another nurse returns from maternity leave. When the practice is closed patients are directed to the out of hours service provided by Go-To-Doc.

The practice declared non compliance in Outcome 8 (Infection control) when they registered in 2013 and we found that all issues in relation to this had been addressed.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme. We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, 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

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

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

Detailed findings

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

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

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 27th August 2015. During our visit we spoke with a range of reception, administration and managerial staff. We also spoke to the two GP partners and the salaried GP as well as the practice nurse. We observed how people were being cared for and talked with patients. We reviewed the patient administration and record system and looked at responses from the Friends and Family test. No comment cards, where patients and members of public could share their views, were completed.

Good

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach to safety and a system in place for reporting and recording significant events. People affected by significant events 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 and there was also a recording form available on the practice's computer system. All complaints received by the practice were entered onto the system and automatically treated as a significant event. The practice carried out an analysis of the significant events.

We looked at safety records, incident reports and minutes of meetings where these were discussed. One of the significant events we reviewed had led to a safeguarding alert and this had been dealt with appropriately. A case study had been carried out in conjunction with a neighbouring university around missed diagnosis and the data was being analysed to see where improvements could be made.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

We saw several examples where personal reflection had taken place and action had taken place to improve patient safety in the practice. However discussion was mainly between the two GP partners and did not include all staff. Formal minuted staff meetings where all significant events were discussed would maximise the opportunities for reflection, review and shared learning.

Overview of safety systems and processes

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

- 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 member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A notice was displayed in the waiting room and in the practice leaflet, advising patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and staff knew their responsibilities in relation to it. The practice had up to date fire risk assessments and regular fire drills were carried out. 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 also 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.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice manager had identified that the standard of cleaning was previously unacceptable and implemented monthly meetings with the managers responsible for the domestic staff. Regular cleaning audits were now undertaken to ensure that appropriate standards were maintained. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Not all sharps bins were appropriately labelled or dated.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medicine audits were carried out with the support of the local Clinical Commissioning Group (CCG) pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing.

Good

Are services safe?

- There was a system in place to ensure that prescription pads, medicines and equipment retained at the practice (such as blood bottles and sutures) were checked regularly and remained in date. However the system required review to ensure that all areas such as GP surgeries and GP bags were included.
- We reviewed the personnel files of all the clinical and non-clinical staff employed by this practice. Recruitment checks were carried out and all the files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment such as proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. All staff had a Smart Card which is something that is issued to an individual proving their identity to a national standard.
- 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 that enough staff were on duty. The practice had recently employed a female GP and an extra practice nurse to deal with the requirements of their patient population.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

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

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework(QOF) which is a system to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. The most recent published results (2013/14) showed the practice had received 804.98 out of a possible 900 points. The practice's data for the year 2014/15 (although this figure was not ratified) showed that they were performing within similar expectancy. This practice showed outliers in relation to clinical targets for chronic obstructive pulmonary disorder (COPD) and cervical screening because of diversity in their patient population. The practice recognised that these areas required monitoring and had recruited a female GP to increase female patient attendance for cervical screening. The practice had a high population of young people and only 57 patients on the register with COPD, however they had identified another 147 at risk and added heart failure and COPD patients to palliative care registers if necessary, to maximise the services available to them.

- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 99.5%. This was higher than the national average of 88%.
- The percentage of patients with hypertension in whom the last blood pressure reading measured 150/90mmHg or less in the preceding 9 months was 85% which was higher than the national average of 83%.
- Performance for patients with mental health related illness was lower than the national average. The percentage of mental health patients with a care plan was 64% (national average 86%) and those who had a face to face review in the last twelve months was 75% (national average 84%)
- The percentage of patients with a diagnosis of dementia who had a face to face review within the last twelve months was 74% against the national average of 85%.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. We looked at three clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, recent action taken as a result included a change in the policy for those patients who consistently did not attend appointments. The practice found that this had reduced the number of failed appointments, saved money by the practice and the NHS and improved the service for patients. Information about patients outcomes was used to make improvements. The practice had reported to the CCG the necessity of timely information for patients discharged from emergency unplanned admissions.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The 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 ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff, had received an appraisal within the last 12 months.

Good

Are services effective?

(for example, treatment is effective)

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and 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 people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

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. All the GPs had been on a course about deprivation of liberty safeguards (DoLS) and understood their responsibilities in relation thereto. 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 practices responsibilities within legislation and followed relevant national guidance.

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 had identified a large number of patients who smoked and were promoting advice for reduction. Also (because of patient demographics) the practice had identified patients who were high risk of diabetes, hepatitis B and C and sexually transmitted diseases. Patients were then signposted to relevant services such as contraception and sexual health clinics (CASH), smoking cession and drug and alcohol support.

The practice had a comprehensive screening programme which included cervical screening, breast screening and HIV testing. The practice's uptake for the cervical screening programme was 51% which was low compared to the national average of 88%. However, there was a policy to offer telephone reminders for patients who did not attend for their cervical screening test and had recruited a female GP to maximise opportunities for female attendance and uptake.

There was a high number of students registered at the practice. The practice nurse pro-actively offered HPB immunisation to young woman to prevent against cervical cancer and promoted chlamydia screening, contraception, sexual health and information about glandular fever, its symptoms, how it is spread and what to do if symptoms appeared.

Support for patients with mental health and drug and alcohol related problems was low and there was a long waiting list for services. The practice had formulated good liaison and access to crisis teams in order to maintain care for patients with these problems. The practice nurse was also mindful of the risk of depression in students and asked leading questions during consultations in an attempt to highlight any unidentified issues.

Childhood immunisation rates for the vaccinations given were higher than average. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged between 90% to 100% compared to between 80% and 96% average in the CCG. Five year olds ranged between 93% and 95% compared to the CCG average range of 86% to 95%. Flu vaccination rates for the over 65s were also higher than average at 82% compared to 73% and at risk groups 58% compared to 52%.

Good

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 people were treated with dignity and respect. Curtains were provided in consulting 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 that when patients needed to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

We did not receive any CQC comments cards from patients. Patients we spoke to said they felt the practice offered an satisfactory service and staff were helpful, caring and treated them with dignity and respect. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They said that sometimes they had to wait a long time to see the GP of their choice, but they preferred to do that, knowing the GP knew and understood their physical and mental health and wellbeing. All but one of the patients we spoke to were happy with the attitude of the staff and GPs.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was similar to expected for its satisfaction scores on consultations with doctors and nurses. For example:

- 98% said the GP was good at listening to them compared to the CCG average of 85% and national average of 89%.
- 85% said the GP gave them enough time compared to the CCG average of 82% and national average of 87%.
- 98% said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and national average of 95%
- 92% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 82% and national average of 85%.
- 87% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 90%.
- 85% patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 97% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 85% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 81%

English speaking staff that we spoke to described how they made themselves understood by patients presenting at reception who did not speak English. Staff explained how they were able to access other practice staff who could speak several different languages and also a member of staff who was could sign for those patients deaf or hard of hearing. Languages spoken at the practice included Chinese, Mandarin, Cantonese, Urdu, Svengali and Asian. Translation services were available for patients who required them and there was information in different languages advising patients of this. Staff (and some patients that we spoke with) told us that it was more difficult to make themselves understood over the telephone.

Patient and carer support to cope emotionally with care and treatment

Good

Are services caring?

Notices in the patient waiting room and in the practice leaflet 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 an information notice board which highlighted contact details of services for relatives or for patients themselves to access. The information was not limited to clinical support but also included details about practical services available such as household repairs and transport services. 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.

We were shown an email sent to the CCG by one of the patients expressing their admiration and thanks for the way the practice had looked after their mother for the last 25 years and how they had supported them (and the family) at the end of their life.

Good

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 CCG to plan services and to improve outcomes for patients in the area. They provided services to a high number of Chinese patients residing in three neighbouring warden controlled housing associations. The lead partner maintained a strong affiliation with universities and the practice staff attended Fresher's week to promote the services they offered at the practice and register new patients. They also highlighted alternative services available to people, such as pharmacies for minor illnesses, before seeking a GP appointment. The practice had a strong affiliation with a pharmacy nearby with a Chinese speaking pharmacist and they were invited to attend with the practice to promote advice.

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

- The practice offered a baby clinic every Tuesday afternoon.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- The practice engaged regularly with active Case Managers and the District nursing team in identifying any regarding older patients. Concerns were assessed and patients were contacted by the team, added to the Gold Standards Framework (GSF) and monitored via monthly palliative care meetings.
- A weekly midwifery surgery was held at the Vallance centre and appointments were through self-referral. Ante-natal care was provided and post natal checks were performed by the GPs.
- Information was available for recently retired patients signposting them to volunteer agencies such as Call plus who offer practical support with transport to hospital appointments.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- The practice worked closely with another practice within the Valance Centre currently registering patients who were living locally in hostels or who were homeless. They also offered support through a drug dependency clinic (RISE) and patients could be signposted there.

Access to the service

The practice was open Monday to Friday from 8.30am until 6.30pm except Wednesdays when they closed at 4.30pm. They also closed between 12.30pm and 1.30pm for lunch. There were usually three GPs undertaking clinical sessions daily at varying times between those hours. The GPs provided 20 clinical sessions per week seeing approximately 15 patients per session and undertake around five to six home visits per week. A nurse and health care assistant were available four days which will be increased to five days when another nurse returns from maternity leave. When the practice was closed patients were directed to the out of hours service provided by Go-To-Doc.

Pre-bookable appointments could be accessed up to two weeks in advance and urgent appointments were available on a daily basis.

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

- 81% patients said they could get through easily to the surgery by phone compared to the CCG average of 74% and national average of 73%.
- 62% patients described their experience of making an appointment as good compared to the CCG average of 71% and national average of 73%.
- 47% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 57% and national average of 65%. Patients we spoke with said they preferred to wait longer to see the GP of their choice.

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.

Good

Are services responsive to people's needs?

(for example, to feedback?)

We saw that information was available to help patients understand the complaints system. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at complaints received in the last 12 months and found they were satisfactorily handled in a timely and open way. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. Most staff (apart from the GPs) were shared and dealt with patients registered at two of the practices within the Centre. Learning opportunities could be maximised if complaints, and actions taken, were also shared across the two practices.

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. The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values. The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

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 that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- There was a comprehensive understanding of the performance of the practice
- 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, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The 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. Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice valued feedback from patients and displayed leaflets about the patient participation group (PPG), feedback questionnaires and a suggestions box. The practice were finding it difficult to continue the PPG because of the transient population. They had a plan in place to engage a smaller more pro-active group and were planning to write and ask existing members if they wished to continue, explaining what was required. The inspection process highlighted other areas, such as Fresher's Week, to promote and attract PPG members.

The practice carried out a patient satisfaction survey and found that overall GP patient satisfaction was high and patients were very satisfied the level of care and competency provided by the reception staff. It was found that waiting times to see the doctor once patients had arrived at the surgery could be improved and routine same day and next day availability could be increased. The practice agreed to improve access and make patients more aware of their ability to provide their views and recommendations by placing leaflets in reception, updating their website and having discussion (if appropriate) during consultations.

Innovation

There was a strong focus on continuous learning and improvement at all levels within the practice.