

# Dr Christopher Ola

## Quality Report

The Surgery  
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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 on the 5 May 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 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 was an area of practice where the provider needs to make improvements.

The provider should

- Ensure clinical audit cycles are completed to help monitor the service and identify where improvements may be made.

**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. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed.

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 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. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

The practice had carried out four audits, but these had not been repeated to help monitor the service and identify where improvements might be made.

Good



### Are services caring?

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 available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



### 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 (CCG) to secure improvements to services where these were identified. Patients said they found it easy to make an appointment 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. Information about how to

Good



# Summary of findings

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.

The practice had not established a website, but plans were in place for it to do so, to improve patients' access to information about the service.

## Are services well-led?

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.

A patient participation group (PPG) had been set up and met shortly after our inspection. Necessary support was being provided by the Barking and Dagenham CCG to develop the activity of the PPG to increase patient involvement in planning and providing effective services.

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. 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 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.

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). 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. Patients could book and cancel appointments and order repeat prescriptions online. There were plans in place to set up a

Good



# Summary of findings

practice website. The practice was proactive in offering a full range of health promotion and screening that reflects the needs for this age group. Extended hours appointments were available, as were telephone consultations.

## 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 had carried out annual health checks for the nine people on the learning disability register and all had received a follow-up. It offered longer appointments 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 about 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). Patients experiencing poor mental health had received an annual physical health check. 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.

The practice had told patients experiencing poor mental health about 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 (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.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results published on July 2015, covering the period July - September 2014 and January - March 2015, showed the practice was performing generally above local and national averages. There were 120 responses and a response rate of 33%.

- 90% find it easy to get through to this surgery by phone compared with a CCG average of 69% and a national average of 73%.
- 82% find the receptionists at this surgery helpful compared with a CCG average of 83% and a national average of 87%.
- 84% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 76% and a national average of 85%.
- 96% say the last appointment they got was convenient compared with a CCG average of 87% and a national average of 92%.
- 81% describe their experience of making an appointment as good compared with a CCG average of 66% and a national average of 73%.

- 83% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 54% and a national average of 65%.
- 73% feel they don't normally have to wait too long to be seen compared with a CCG average of 47% 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 received 27 comment cards. All but two were positive about the standard of care received, for example calling it “excellent” and “very, very good”. Patients said they were treated with dignity and respect, that appointments were readily available and that there was rarely any waiting. Staff were described as attentive, always willing to help and offer the best advice and support. Two of the cards mentioned concerns over the receptionists sometimes being rude, but were otherwise complimentary about the practice.

We also looked at comments and reviews patients had left on the NHS Choices website. We noted that 88.6% of respondents would recommend the surgery, a figure which rated the practice as “among the best”.

## Areas for improvement

### Action the service **SHOULD** take to improve

Ensure clinical audit cycles are completed to help monitor the service and identify where improvements may be made.

# Dr Christopher Ola

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

A CQC Inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

## Background to Dr Christopher Ola

Dr Christopher Ola operates from The Surgery, 36 Dewey Road, Dagenham, Essex RM10 8AR. The premises are a converted two-storey, semi-detached house. The consulting rooms are located on the ground floor, with necessary access and facilities for patients with mobility problems.

The practice provides NHS primary medical services through a General Medical Services (GMS) contract to approximately 3,200 patients. The practice is part of the NHS Barking and Dagenham Clinical Commissioning Group (CCG) which is made up of 40 general practices.

The patient profile for the practice indicates a population of more working age people than the national average and a lower proportion of older people in the area compared with the national average.

The provider is a sole-practitioner. At the time of the inspection there was one employed nurse. We were later told that the nurse had left and been replaced by three part-time nurses. There is a practice manager and four administrative staff. Locum clinicians are used to cover absences. The practice's morning opening hours are between 9.00am and 1.00pm Monday to Friday. Afternoon hours are 2.00pm to 6.30pm on Monday; 3.00pm to 6.30pm on Tuesday and Friday; and 3.00pm to 7.30pm on

Wednesday. The practice is closed on Thursday afternoon and at weekends. Telephones are answered from 8.00am to 6.30pm on Monday to Wednesday. Consultations are available between 9.00am and 12.00noon Monday to Friday; between 3.00pm and 6.00pm on Monday, Tuesday and Friday; and between 3.00pm and 7.00pm on Wednesday.

The practice has opted out of providing out-of-hours (OOH) services and referred patients to the local OOH provider when closed. There was also information provided to patients regarding a nearby walk in centre, a service available to all patients which opened seven days a week, and regarding the NHS 111 service.

The practice is registered with the CQC to provide the regulated activities Diagnostic and screening procedures, Family planning, Maternity and midwifery services, Treatment of disease, disorder or injury.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. The practice had not been inspected previously.

## 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?

# Detailed findings

- 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)

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 5 May 2015. During our visit we spoke with the provider, practice nurse, practice manager and some of the administrative staff. We also spoke with five patients who used the service. We observed how people were being cared for and talked with carers and/or family members and reviewed the personal care or treatment records of patients. We reviewed 27 comment cards where patients and members of the public shared their views and experiences of the service.

# Are services safe?

## Our findings

### Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely 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 raised as significant events when appropriate. The practice carried out an analysis of the significant events and we saw minutes that confirmed all staff were informed of the significant event, the investigations done and the outcome and learning.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, when a patient slipped in the entrance lobby during wet weather, staff were reminded of the appropriate risk assessment and of the need to mop up any puddles, place a warning sign and put down a mat to reduce risks.

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. The practice used the National Reporting and Learning System (NRLS) eForm to report patient safety incidents.

### 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. The provider was the lead for safeguarding and attended safeguarding meetings when possible, providing reports where necessary for other agencies. Staff demonstrated they understood their

responsibilities. We saw minutes of practice safeguarding meetings of the GP, nurse and practice manager held every three weeks to review cases and noted effective liaison with the relevant outside agencies.

We noted that refresher training for administrative staff, appropriate to their role, was overdue. Following the inspection the practice provided evidence that the refresher training had been completed by staff soon after our visit.

- A notice was displayed in the waiting room, advising patients that chaperones were available, if required. We noted that refresher chaperone training and Disclosure and Barring Service (DBS) checks for those staff performing the role were overdue. (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 immediately confirmed that the training had been booked and the checks arranged. It later gave us evidence that the training had been provided to all staff and renewed DBS checks had been completed a few weeks after our visit.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception area. We saw that the practice had booked a fire risk assessment, to be carried out by a fire safety consultancy service, which was to take place shortly after our inspection. Regular fire drills were carried out and the alarm system was tested weekly. Staff were booked on annual fire awareness training and two had been identified for more specialised fire marshal training. The annual inspection of fire fighting equipment had carried out in October 2014.
- Testing of the premises wiring and portable electrical equipment was due. We were given evidence shortly after the inspection that the testing had been carried out. Testing and calibration of clinical equipment had been done in April 2015. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control, the presence of asbestos at the premises and legionella.

## Are services safe?

- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. Cleaning was done in accordance with written schedules. Storage cupboards were clearly labelled and well-organised. The practice nurse was the infection control lead and liaised with the local infection prevention teams to keep up to date with best practice. We were told after the inspection that the practice nurse had left and been replaced by three part-time nurses, the senior of whom would be given responsibility for infection control. There was an infection control protocol in place and staff had received training. We saw that annual infection control audits were carried out and that action was taken to address any improvements identified as a result. Patients we spoke with and those who completed comments cards had no concerns over cleanliness at the practice.
- 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 medication audits were carried out with the support of the local CCG pharmacy teams 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. We checked the vaccines fridge and confirmed it was secure. Temperature monitoring records were in order

and a log was kept of supplies, including use their by dates. The also checked the emergency medication stocks; all vaccines and medication we saw were within date and fit for use.

- Recruitment checks were carried out and the five files we reviewed showed 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.

### **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 on the premises. The practice had a defibrillator and oxygen with adult and children's masks. We checked and confirmed that the defibrillator pads were within date and that the battery was charged, ready for use. 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.

The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and provided for the service to re-locate to a nearby surgery if the practice's premises could not be used.

# 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 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). (This is a system intended 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. Current results were 97.7% of the total points available, being 5% percentage points above the CCG Average and 4.2% above the England Average, with 6.3% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from the latest available figures, for 2013/14, showed:

- Performance for diabetes-related indicators was 98.9%, being 10.3% above the CCG and 8.8% above national averages, respectively.
- Performance for hypertension-related indicators was 98.4%, being 6.8% above the CCG and 10% above national averages, respectively.
- Performance for mental health-related indicators was 95%, being 4.7% above the CCG and 4.6% above the national averages, respectively.
- Performance for dementia-related indicators was 100%, being 8.8% above the CCG and 6.6% above the national averages, respectively.

The practice had carried out audits to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. There had been four audits conducted in the preceding 12

months, leading to improvements being implemented. For example, a polypharmacy audit of patients prescribed 15 or more items resulted in 22 prescribed drugs being stopped and one dosage being reduced. However, none had completed audit cycles allowing for the improvements to be fully monitored. The practice told us there were plans for this to be done and to carry out further audits, for example relating to Vitamin B12 deficiency in patients prescribed Metformin. The practice participated in applicable local audits and benchmarking, with the GP meeting with colleagues from all the CCG practices once a month.

We looked at eight patients' records on the practice's clinical computer system. We saw that these were well-maintained with appropriate information being recorded about consultations, decisions regarding treatment and patients' consent. We saw up to date care plans and special patients' notes which were made available to the out of hours service provider.

All patients over 75 years of age had been informed of their named GP and invited for a health check. The practice maintained a register of older patients to avoid unplanned hospital admissions. All patients on the register had care plans in place. If needed, they were given same day appointments and their care was discussed at monthly clinical meetings. The practice processed repeat prescriptions for older patients by phone.

Registers were kept of patients with long term conditions and of patients with learning disabilities. The patients' care was reviewed annually and received structured advice and support. We saw records that showed 124 patients with diabetes had undergone retinal screening. Patients experiencing poor mental health were also included on a register and their needs were reviewed annually. The practice used the Improving Access to Psychological Therapies service, under which patients could be referred, or self-refer, for appropriate support. The practice maintained a register of five patients with dementia. Twenty patients were coded in records as being at risk of developing dementia and 107 patients had received a dementia assessment.

### Effective staffing

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

# Are services effective?

## (for example, treatment is effective)

- 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 on-going support during sessions, one-to-one meetings and appraisals. All staff had had an appraisal within the last 12 months. The nurse was supported by the local nurses' network.
- We saw that staff had received training, or that refresher training was booked and later provided, 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 its intranet. 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 on-going care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a regular 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. 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 for example with their diet, obesity and lack of physical activity, smoking and alcohol cessation. There was a variety of health advice leaflets available in the waiting room. We saw data confirming that in 16 cases lifestyle advice had been given by the GP or nurse and recorded on patients' records.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 80.15%, which was comparable to the national average of 81.89%. 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 and young patients (between the ages of 15 and 24) were able to book appointments to attend for chlamydia screening and advice.

The practice had achieved 100% in its QOF results for child health surveillance. This was 5% above the CCG average and 1.2% above the national average. Before the inspection, we had seen published figures for childhood immunisation rates which were lower than national averages. However, the practice told us that this was the result of problems with inputting and processing the figures. The difficulties were being experienced by all practices within the CCG and the matter was being addressed by Public Health England. The practice showed us data that indicated the correct rates for childhood immunisations given to under two year olds ranged from 85% to 92% and was 100% for five year olds, which were comparable with or above local and national averages.

Flu vaccination rates for the over 65s were 69.16%, and for at risk groups 49.81%, being comparable with national

# Are services effective?

(for example, treatment is effective)

averages. We saw minutes of practice meetings that showed the practice planned to increase the uptake of flu vaccinations by opportunistically offering them to patients when they attended appointments.

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 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 when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Almost all of the 27 patient CQC comment cards we received were very positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. Two of the cards mentioned that receptionists were occasionally rude, but were otherwise positive in their comments about the service. The five patients we spoke with on the day of the inspection were equally complimentary about the practice, saying that they were given an opportunity at appointments to ask questions and have matters explained to them and that the GP and nurse were always good at listening to them.

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 generally well above average for its satisfaction scores on consultations. For example:

- 95% said the GP was good at listening to them compared to the CCG average of 81% and national average of 89%.
- 94% said the GP gave them enough time compared to the CCG average of 79% and national average of 87%.
- 97% said they had confidence and trust in the last GP they saw compared to the CCG average of 90% 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 76% and national average of 85%.
- 79% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 90%.
- 82% patients said they found the receptionists at the practice helpful compared to the CCG average of 83% 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 above local and national averages. For example:

- 92% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 79% and national average of 86%.
- 89% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 72% and national average of 81%.

Patients we spoke with on the day said they were provided with appropriate information to make informed decisions regarding their healthcare. The practice used the Choose and Book system, allowing patients to have some choice in where secondary treatment was provided.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

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

## Are services caring?

The practice leaflet and notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice invited patients who were also carers to inform staff, so that the clinical computer system could accurately record their circumstances. The system would then alert staff to allow appropriate support to be

provided, for example, by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- Appointments were available up to 6.00pm on three afternoons a week, allowing children to attend outside school times.
- The practice offered extended hours appointments until 7.00pm on Wednesdays for working patients who could not attend during normal opening hours.
- Telephone consultations were available.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.

### Access to the service

The practice's morning opening hours are between 9.00am and 1.00pm Monday to Friday. Afternoon hours are 2.00pm to 6.30pm on Monday; 3.00pm to 6.30pm on Tuesday and Friday; and 3.00pm to 7.30pm on Wednesday. The practice is closed on Thursday afternoon and at weekends. Telephones are answered from 8.00am to 6.30pm on Monday to Wednesday. Consultations are available between 9.00am and 12.00noon Monday to Friday; between 3.00pm and 6.00pm on Monday, Tuesday and Friday; and between 3.00pm and 7.00pm on Wednesday.

Appointments could be booked up to six weeks in advance, urgent appointments and home visits and telephone consultations were available for patients who needed them.

The practice had opted out of providing out-of-hours (OOH) services and referred patients to the local OOH provider when closed. There was also information provided to patients regarding a nearby walk in centre, a service which opened seven days a week and was available to all patients, and regarding the NHS 111 service.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was significantly higher than local and national averages. For example:

- 84% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 75%.
- 90% patients said they could get through easily to the surgery by phone compared to the CCG average of 69% and national average of 73%.
- 81% patients described their experience of making an appointment as good compared to the CCG average of 66% and national average of 73%.
- 83% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 54% and national average of 65%.

The five patients we spoke with on the day of the inspection were equally complimentary about the practice, saying that it was easy to contact the practice by telephone and that appointments were easy to make. They told us that the appointments almost always ran on time, involving little or no waiting. This was also borne out by the comments cards we received.

Patients could book and cancel appointments and order repeat prescriptions online, using the Visiononline system. This required patients to register to use the service and we saw that there was information about it in the waiting room and included in the practice leaflet. The practice also used the Choose and Book system, allowing patients some choice in where any necessary secondary care was provided. The practice did not yet have a website, but had established plans to set one up.

### 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. Posters were displayed in the waiting room, there was information in the practice leaflet and a specific form for patients to use. Patients we spoke with were aware of the process to follow if they wished to make a complaint, but none had needed to.

## Are services responsive to people's needs? (for example, to feedback?)

We looked at the five complaints received in the last 12 months. We found they had been handled in an appropriate and timely way, with openness and transparency. Where it was found that the practice was at fault, apologies were made. We saw that lessons were learned from concerns and complaints and action was taken as a result to improve the quality of care. For example, a reference was added to a patient's records to

inform staff that the patient suffered significant pain because of their health condition and that staff should be sensitive to this when dealing with the patient. We could see no identifiable trends or underlying causes for concern from the complaints. We were shown minutes of the annual complaints review meeting, which confirmed all staff were made aware of complaints submitted, the investigations conducted and the outcomes.

# 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. This was set out in the statement of purpose which included “to deliver the best quality services for our patients...which meets their needs”, “to involve patients and carers in their decision making regarding treatment and care”, “to treat patients with dignity and respect regardless of their race, gender and marital status” and “to offer care and advice to our patients on prevention of disease by promoting health and wellbeing.”

The practice had a strategy and supporting business plan which reflected the vision and values and were regularly monitored. The practice was shortly to be purchasing the freehold of the premises which would allow it to carry out building work to improve facilities.

### 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.
- A comprehensive understanding of the performance of the practice.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership, openness and transparency

Staff at the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The provider and practice manager were visible in the practice. Staff told us that they were approachable and always took the time to listen to all members of staff. The provider and practice manager encouraged a culture of openness and honesty.

Staff told us that regular team meetings were held and we saw minutes which confirmed this. 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 were confident in doing so and felt supported if they did. Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice, and they were encouraged 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. Posters in the reception area and the practice leaflet invited patients to submit comments and suggestions. The practice monitored and responded to comments and reviews left by patients on the NHS Choices website. It reviewed and analysed patient feedback submitted as part of the on-going Friends and Family Test survey.

We saw evidence that a patient participation group (PPG), comprising 14 patients, had been set up, although it had not met by the time of the inspection. The practice later confirmed that the first PPG meeting had taken place in June 2015. The CCG was continuing to provide support and a further meeting was scheduled for September. It was planned for the meeting to take place during the evening to allow more patients to attend.

The practice gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. We saw minutes of practice meetings which confirmed staff were involved in decision making, for example when changes to working hours was being discussed. Staff told us they felt involved and engaged to improve how the practice was run.

### Innovation

The practice was forward-thinking and part of local schemes to improve outcomes for patients in the area. For example, the practice participated in a programme to encourage patients aged 17 and over to receive measles, mumps and rubella (MMR) and Meningitis C vaccinations.