

# Dr Rashpal Dosanj

## Quality Report

Bredon Avenue Surgery, 232 Bredon Avenue,  
Coventry, CV3 2FD

Tel: 024 7645 8777

Website: [www.bredonavenue.nhs.uk](http://www.bredonavenue.nhs.uk)

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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 Rashpal Dosanj (known locally as Bredon Avenue Surgery) on 19 October 2015. Overall the practice is rated as good for providing safe, effective, caring, responsive and well led services.

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

- 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. The practice had a particular interest in helping patients who were vulnerable or had poor mental health.
- 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.

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. The practice had addressed patient concerns about availability of appointments.
- Information about services and how to complain was available and easy to understand.
- The practice had good facilities and was well equipped to treat patients and meet their needs. There had been extensive refurbishment to a high standard over the last three years and new equipment had been purchased.
- 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.

**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 their responsibilities to raise concerns, and report incidents and near misses. Learning points were identified and discussed with staff to support improvement. Information about safety was recorded, monitored, reviewed and addressed. Risks to patients were assessed and well managed. Appropriate safeguarding measures were in place to help protect children and vulnerable adults from the risk of abuse. There were enough staff to keep people safe.

Good



### Are services effective?

The practice is rated as good for providing effective services. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. The practice worked in conjunction with other healthcare professionals, such as the district nursing team and crisis team to deliver co-ordinated services when appropriate. Staff had received training appropriate to their roles and any additional training needs were identified and planned to meet these needs. Staff were appraised annually and had personal development plans in place. Staff worked with multidisciplinary teams to improve outcomes for patients.

Good



### Are services caring?

The practice is rated as good for providing caring services. 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 saw that staff treated patients with kindness and respect, and maintained confidentiality. The practice employed an independent in-house counsellor to whom patients could refer themselves if needed.

Good



### Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It identified and reviewed the needs of its local population and engaged with the NHS England Area Team and the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they were able to make an appointment with a GP and that there was continuity of care, with urgent appointments available the same day. Extended hours opening was available on Wednesday and Thursday mornings from

Good



# Summary of findings

7am aimed at patients who worked during the day. The practice building was purpose built and well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy with the aim to provide a safe and welcoming environment for patients. 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. Appropriate systems were in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The practice had an active patient participation group (PPG) which was formed within the last 12 months and responded to feedback from patients about ways that improvements could be made to the services offered. Staff had received inductions, regular performance reviews and attended staff meetings and training events held within the Coventry and Rugby Clinical Commissioning Group (CCG).

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. It was responsive to the needs of older people, and offered home visits for those unable to reach the practice, this included patients who lived within a local care home. Health checks were carried out for all patients over the age of 75 years. At the time of our inspection, the practice had commenced its 2015-2016 flu vaccination programme. Care plans were in place for the most vulnerable older patients to prevent unplanned hospital admission.

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions. The practice used a management system to monitor patients with chronic diseases and care of these patients was monitored by the practice nurse. Patients at risk of hospital admission were closely monitored. Longer appointments and home visits were available when needed. All patients diagnosed with a long term condition had a named GP and a structured six-monthly review to check that their health and medicine needs were being met. For those patients with the most complex needs, the GPs and practice nurse worked with relevant health and care professionals to deliver a multidisciplinary package of care. The practice also offered dietary, weight management and smoking cessation advice.

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 of abuse. For example, children and young people who had a high number of accident and emergency (A&E) attendances.

New patients who registered with the practice were offered an initial assessment with the practice nurse, who would check the immunisation history of children. The practice ran weekly baby clinics and shared the care of patients who were pregnant between the GPs and midwife who came to the practice every Monday. The practice had a policy for providing same day appointments for children and appointments were also available outside of school

Good



# Summary of findings

hours. The premises was suitable and accessible for children, with changing facilities for babies. We saw good examples of joint working with midwives, health visitors, school nurses and district nurses.

## **Working age people (including those recently retired and students)**

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified. Extended hours opening was available from 7am on Wednesday and Thursday mornings to provide suitable appointment times for patients who worked. Telephone consultations were also available for patients who were unable to reach the practice during the day. The practice was proactive in offering online services as well as a full range of health promotion and screening services that reflected the needs for this age group. The practice nurse had oversight for the management of a number of clinical areas, including immunisations.

The practice offered a number of online services including booking appointments and requesting repeat medicines.

New patients who registered with the practice were offered an initial assessment with the practice nurse, who would check their blood pressure, alcohol consumption, and smoking and drug use. Appropriate support was offered to patients at this stage if needed.

**Good**



## **People whose circumstances may make them vulnerable**

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances. Any potentially vulnerable patient had their records noted accordingly and were added to the relevant practice register if appropriate, e.g. learning disability. Vulnerable patients received an annual health check and were offered longer appointments when necessary.

The practice regularly worked with multidisciplinary teams in the case management of vulnerable patients, this included the local crisis team. It had advised vulnerable patients on how to access various support groups and voluntary organisations. The practice identified and closely monitored vulnerable patients who frequently attended accident and emergency (A&E).

Staff had received training and knew how to recognise signs of abuse in adults whose circumstances made them vulnerable and

**Good**



# Summary of findings

children who were considered to be at risk of harm. 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.

## People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice regularly worked with multidisciplinary teams to plan care and treatment with patients who experienced poor mental health, including those with dementia. This included a number of patients who lived in a local care home. The most vulnerable patients had care plans in place and the practice carried out advanced care planning and annual health checks for patients with dementia and poor mental health. The GP and practice nurse understood the importance of considering patients' ability to consent to care and treatment and dealt with this in accordance with the requirements of the Mental Capacity Act 2005.

The practice had advised patients experiencing poor mental health how to access various support groups and voluntary organisations. Patients with poor mental health and their carers were given information about the local crisis team and a local **Improving Access to Psychological Therapies (IAPT) counsellor for a psychological assessment if this was needed. An independent in-house counsellor was also employed to whom patients could self-refer.**

There was a system in place to follow up patients who had attended accident and emergency (A&E). 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 in July 2015 showed the practice performance was mixed when compared with local and national averages. There were 318 questionnaires issued and 108 responses which represented a response rate of 34%. Results showed:

- 60% found it easy to get through to this practice by phone which was lower than the Clinical Commissioning Group (CCG) average of 74% and a national average of 73%.
- 78% found the receptionists at this practice helpful compared with a CCG average of 86% and a national average of 87%.
- 76% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 84% and a national average of 85%.
- 92% said the last appointment they got was convenient compared with a CCG average of 91% and a national average of 92%.
- 64% described their experience of making an appointment as good compared with a CCG average of 71% and a national average of 73%.

- 27% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 60% and a national average of 65%.
- 36% feel they did not normally have to wait too long to be seen compared with a CCG average of 55% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients before our inspection. We received 28 comment cards. Of these, 19 were completely positive about the standard of care received. Patients were very complimentary about the practice and commented that they could easily obtain appointments, the telephone consultations were useful and GPs were friendly and approachable. However, six comment cards which contained positive comments about the practice, also mentioned appointment times being delayed.

We spoke with 10 patients during the inspection who were all very positive about the service they received. Four patients were members of the Patient Participation Group (PPG). This is a group of patients registered with the practice who work with the practice to improve services and the quality of care.



# Dr Rashpal Dosanj

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor, a practice manager specialist advisor and an expert by experience (a person who has experience of using this particular type of service, or caring for somebody who has).

## Background to Dr Rashpal Dosanj

Dr Rashpal Dosanj (known locally as Bredon Avenue Surgery) is located in the Binley district of Coventry. The practice is run as a partnership comprising of the lead GP and the practice manager. They took over the management of the practice from the previous owner in 2012. The area served by the practice is urban and tending to be of a higher social economic status. Primary medical services are provided under a General Medical Services (GMS) contract with NHS England. The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

The practice is housed in a purpose built facility which has been extensively refurbished over the last two years. This has included newly equipped consultation rooms and new office accommodation within the existing building. There were 3,600 patients registered with the practice at the time of the inspection. This included a large Polish speaking population, primarily served by a Polish speaking GP employed by the practice. There is a small number of patients in a local care home, although the practice does not have an exclusive contract with this home.

In addition to the lead GP (male), there is a salaried GP (female), a practice nurse and a healthcare assistant. They are supported by the practice manager and administrative and reception staff.

The practice is open from 8am to 6.30pm during the week. Appointments are available between 8.30am to 12pm and from 3pm to 6pm, except on Thursday afternoons when a GP provides an 'on-call' service. There is extended opening from 7am on Wednesdays and Thursdays and an open clinic on Thursday mornings until 10am for which no appointments is needed. When the practice is closed, patients can access out of hours care through NHS 111. The practice has a recorded message on its telephone system to advise patients. This information is also available on the practice's website and in the patient practice leaflet.

A wide range of NHS services is available at the practice, including NHS health checks, minor surgery, family planning and travel vaccinations.

Home visits are available for patients who are unable to attend the practice for appointments. There is also an online service which allows patients to order repeat prescriptions and book new appointments without having to telephone the practice.

The practice treats patients of all ages and provides a range of medical services. This includes disease management such as asthma, diabetes and heart disease. Other appointments are available for maternity care, family planning and smoking cessation.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was

# Detailed findings

planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before our inspection of Dr Raspal Dosanj we reviewed a range of information we held about this practice and asked other organisations to share what they knew. We contacted Coventry and Rugby Clinical Commissioning Group (CCG) and NHS England area team to request any information they held about the practice. We reviewed policies, procedures and other information the practice provided before the inspection. We also supplied the practice with comment cards for patients to share their views and experiences of the practice.

We carried out an announced inspection on 19 October 2015. During our inspection we spoke with a range of staff that included the GPs, the practice manager, the practice nurse and reception staff. We also looked at procedures and systems used by the practice. During the inspection we spoke with 10 patients, including four members of the patient participation group (PPG). A PPG is a group of patients registered with the practice, who worked with the practice team to improve services and the quality of care.

We observed how staff interacted with patients who visited the practice and reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

### Safe track record and learning

We were satisfied that Dr Rashpal Dosanj (Bredon Avenue Surgery) had appropriate systems in place for reporting and recording significant events. This included a safety alert protocol which was understood and followed by staff. Practice staff were fully aware of their responsibilities to raise concerns and they demonstrated during our inspection how they reported incidents and near misses. We were shown how staff would notify the practice manager of any incidents and there was also a recording form available. The practice fully recorded and investigated each significant event as it occurred and carried out an annual analysis of all such events.

During our inspection, we reviewed the three significant events that had occurred in the previous 12 months. We saw each one had been fully investigated, action points had been discussed with all relevant staff and the practice had taken action to prevent reoccurrences. We saw all patients affected by significant events received a timely apology and explanation. They were told about relevant actions the practice had taken to improve care.

In one such incident, a medical sample had been sent to the laboratory in the name of a patient with the same initials and surname. The practice identified the error and how it had been caused, discussed this fully with the patient and staff and put appropriate measures in place to ensure the error would not be repeated.

The practice monitored safety using information from a variety of sources, including National Institute for Health and Care Excellence (NICE) guidance. NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and for producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment. As a result, staff understood risks and had an accurate and current picture of safety was provided.

### Overview of safety systems and processes

Dr Rashpal Dosanj had processes and procedures in place to keep patients safe. They included:

- Procedures to safeguard adults and children who were at risk of abuse. These policies were based on relevant legislation and local guidelines issued by Coventry City Council. Staff demonstrated how these policies were

accessible to them and we saw how this information was clearly available for staff to refer to when necessary. The practice provided a sample of anonymised patient safeguarding records to show us how they actioned and recorded these. The safeguarding policies listed who should be contacted for further guidance if staff had concerns about a patient's welfare. There was a GP for safeguarding at the practice. Staff we spoke with correctly identified the safeguarding lead and understood the action they should take. All practice staff had received training relevant to their role.

- Processes were in place at the practice for monitoring and managing risks to patients and staff. This included a health and safety policy, last reviewed in March 2015. All electrical equipment was checked to ensure it was safe to use and had last been checked in March 2015. There were other risk assessments in place to monitor safety of the premises such as fire safety (March 2015), infection prevention and control (October 2014) and legionella, a term for particular bacteria which can contaminate water systems in buildings. A legionella risk assessment and test had been carried out in November 2014 and was due to be undertaken again in November 2015.
- The practice had appropriate measures in place to ensure the required levels of cleanliness and hygiene were met and maintained. During our inspection we noted that the premises were visibly clean and tidy. Five patients who completed comment cards before our inspection had also mentioned this. The practice nurse was the infection control lead and liaised with the local infection prevention and control teams to keep up to date with best practice. The practice had an infection control protocol in place and we saw evidence that staff had received up to date training along with regular updates. Annual infection control audits were undertaken and we saw action was taken to address any improvements identified as a result. The latest infection control audit had been carried out in October 2014 and was due to be carried out again in October 2015 after our inspection. The last infection control audit had not identified any actions that needed to be taken on this occasion, although we saw that relevant actions had been identified in the past. These had been rectified by the refurbishment of the practice building and purchase of new equipment for the consultation rooms over the last two years.

## Are services safe?

- There were arrangements in place for managing medicines to ensure patients were kept safe. This included emergency medicines and vaccinations. There were procedures in place for obtaining, prescribing, recording, handling, storing and security of medicines. A cold chain procedure was in place for medicines that needed to be stored within a fridge and fridge temperatures were checked manually every day. A computerised data logger was also in place to monitor fridge temperatures. The practice carried out regular medicine audits to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms were securely stored and there were systems in place to monitor their use. To assist with prescribing, the practice received a weekly visit by a pharmacist from the Coventry and Rugby Clinical Commissioning Group (CCG) Medicines Management Team to support this. A CCG is a group of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services.
- The practice had up to date fire risk assessments and regular fire drills were carried out. The latest fire safety check and fire risk assessment was carried out in March 2015. There was also an emergency evacuation plan in place.
- Chaperones were available for patients if required. A notice was displayed in the waiting room and in consultation rooms to inform patients that chaperones were available if required. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. All staff who acted as chaperones were trained for the role and had been risk assessed.
- The practice had an on-going staffing levels assessment. This set out minimum staffing levels and a policy to plan and monitor the number and range of staff on duty each day to meet patients' needs. There was a rota system in place for the different staff groups to ensure enough staff were available during the times the practice was

open. Staff told us they covered for each other at holiday periods and at short notice when colleagues were unable to work due to sickness. There were guidelines for long term unpredictable staff absences.

- During our inspection, we examined staff records to ensure recruitment checks had been carried out in line with legal requirements. We saw that appropriate recruitment checks had been undertaken on staff prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS) for clinical staff.

### Arrangements to deal with emergencies and major incidents

The practice had an instant messaging system on the computers located in all of the consultation and treatment rooms which could be used to alert staff about emergencies. We saw records to show staff received annual basic life support training. There were emergency medicines and equipment available in the treatment room and we saw a first aid kit and accident book. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. There was a defibrillator for the treatment of cardiac arrest (where the heart stops beating), oxygen and medicines to treat patients with a severe allergic reaction and low blood sugar. The medicines we checked were in date and fit for use.

Dr Rashpal Dosanj had a business continuity plan to deal with a range of emergencies that might affect the daily operation of the practice. The practice had worked with other nearby practices to support each other in the event of the practice building being unable to offer a service to patients. Risks identified included power failure, loss of telephone system, loss of computer system, and loss of clinical supplies. We saw there was a procedure in place to protect computerised information and records in the event of a computer systems failure. In the event of the practice building being unusable, arrangements were in place for another GP practice or a local community centre to be used.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

During our inspection we saw that Dr Rashpal Dosanj undertook patients' assessments and treatments in line with relevant and current evidence based guidance and standards. This included best practice guidelines issued by the National Institute for Health and Care Excellence (NICE). NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and for producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment. Systems were in place to ensure all clinical staff were kept up to date of the latest clinical guidance and advice. The practice carried out regular monitoring to ensure these clinical guidelines were followed. This included clinical audits, risk assessments and checks of patient records. Clinical staff explained how they used NICE guidance and actioned recommendations when appropriate.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF) scheme. This is a voluntary incentive scheme for GP practices in the UK 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 for the practice were 96.2% of the total number of points available, with 1.4% exception reporting. This was above the average for the Coventry and Rugby Clinical Commissioning Group (CCG) average of 94.8%. Exception reporting relates to patients on a specific clinical register who can be excluded from individual QOF indicators. For example, if a patient is unsuitable for treatment, is newly registered with the practice or is newly diagnosed with a condition.

Data from 2014-2015 showed:

- The proportion of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 100% which was higher than the CCG average of 75% and the national average of 83.82%.

- The percentage of patients with mental health concerns such as schizophrenia, bipolar affective disorder and other psychoses with agreed care plans in place was 97.7% which was higher than the CCG average of 89.5% and the national average of 86%.
- The percentage of patients with hypertension (high blood pressure) having regular blood pressure tests was 87.1% which was below the CCG average of 89.2% and above the national average of 83%.

Performance for diabetes related indicators such as patients who had received an annual review was 89.7% which was higher than the CCG average of 87.6% and higher than the national average of 88.35%.

The practice had a system for completing clinical audits which were used to improve clinical outcomes for patients. Clinical audits are quality improvement processes that seek to improve patient care and outcomes through systematic review of care and the implementation of change. The practice also participated in appropriate local audits, national benchmarking, accreditation and peer review.

One such audit we examined reviewed patients who received prescribed nutritional supplements and children who had been prescribed infant formula. This was carried out in November 2014 and reviewed in October 2015. The weight and body mass index (BMI) of these patients was also examined. As a result, nutritional supplements were stopped for patients who no longer needed them and inappropriate prescribing was reduced. Children who were not under a dietician were referred to a paediatric dietician where appropriate.

### Effective staffing

As part of our inspection we reviewed evidence and had discussions which showed that staff had the skills, knowledge and experience to deliver effective care and treatment. We found that:

- Practice staff received relevant training that included infection control, safeguarding, fire procedures and basic life support.
- Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included meetings, appraisals, clinical supervision and facilitation. All staff had received an appraisal within the last 12 months.



# Are services effective?

## (for example, treatment is effective)

- There was an induction programme for newly appointed staff that covered topics such as patient confidentiality, safeguarding and health and safety. This included locum GPs.

### Coordinating patient care and information sharing

Patient care and treatment was planned and delivered by practice staff using information available in the patient records and practice intranet systems. This included care and risk assessments, medical records, care plans and test results. Appropriate information, for example, NHS patient information leaflets were also available. All relevant information was shared in a timely way such as when patients were referred to other services, for example, consultants in secondary healthcare.

Records demonstrated how the practice staff worked 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 patients moved between services, including when they were referred, or after they were discharged from hospital. We saw examples of the minutes of regular multidisciplinary team meetings to support this. We saw from meeting minutes they included health visitors, district nurses and a Macmillan nurse when appropriate. Discussions had included patients who needed end of life care and support. We also saw details of the monthly meetings held with health visitors. Children at risk were discussed and actions agreed as a result.

### Consent to care and treatment

During our inspection, we saw how patients' consent to care and treatment was always obtained in line with current legislation and guidance. This included consent for minor surgery. We were shown the relevant forms. Staff we spoke with understood the Mental Capacity Act 2005 and how it related to obtaining consent within the practice. When providing care and treatment for children and young people, clinical staff carried out assessments of capacity to consent in line with relevant guidance. Where a patient's

mental capacity to consent to care or treatment was unclear, the GP or nurse assessed the patient's capacity and when necessary, recorded the outcome of the assessment.

Clinical staff we spoke with understood the need to consider Gillick competence when providing care and treatment to young people under 16. The Gillick test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

### Health promotion and prevention

Clinical staff we spoke with explained how the practice identified patients who needed additional support and met their needs when appropriate. As an example, the practice kept a register of all patients with a learning disability and ensured that longer appointments were available for them if needed.

The practice offered all newly registered patients a health check with the practice nurse. Patients were referred to a GP if concerns were identified during the health check. Since the start of 2015, 100% of patients aged over 75 had received a health check.

A comprehensive screening programme took place at the practice. The practice's uptake for the cervical screening programme was 78%, which was just below the national average of 81.88%. Childhood immunisation rates for the vaccinations given were comparable to national and local averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 82.56% to 95.45% and five year olds from 86.49% to 97.62% which compared with CCG rates of 98.2% to 99.2% and 92.3% to 99% respectively. The practice was working closely with local health visitors to improve this.

Smoking cessation advice and support was also carried out at the practice. A total of 90% of patients who smoked had been given advice in the last 12 months and of these, the practice had recorded that 1% had stopped smoking. A self-service blood pressure monitoring machine was located in the patient waiting area.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

During our inspection, we saw that staff were polite and helpful to patients at the reception desk and on the telephone. Patients were treated with dignity and respect. This was supported by comments we received from patients who completed comment cards and those we spoke with. Curtains were provided in consulting rooms to enable patients' privacy and dignity to be maintained during examination, investigation and treatment. The doors to consultation and treatment rooms were closed during consultations and conversations that took place in these rooms could not be overheard from the outside.

The results from the July 2015 national GP patient survey showed the practice scored below average results in relation to patients' experience of the practice and some of the satisfaction scores on consultations with doctors and nurses. For example:

- 93% said they had confidence and trust in the last GP they saw, similar to the CCG average of 95% and national average of 95%.
- 73% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and national average of 85%.
- 84% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 90%.

We spoke with the GP and practice management about the patient survey results. They told us how the practice had been looking at ways to increase appointment availability to enable clinical staff to feel less rushed with patient appointments. The Thursday morning open surgery which did not need an appointment had been well-received by patients. A member of clinical staff had also received very specific training and management to ensure patient sessions ran on time and that patients were dealt with appropriately. The lead GP and practice management said they would continue to monitor patient satisfaction and a patient satisfaction action plan was in place which was reviewed at staff meetings. We also saw a communication from the lead GP to all staff dated June 2015 which

outlined the concerns patients expressed in the latest satisfaction survey and which reminded staff of their key responsibilities to patients and how these concerns should be addressed.

### Care planning and involvement in decisions about care and treatment

Information we received from patients through the comment cards and in person demonstrated health issues were fully discussed with them. Patients we spoke with told us they felt involved in decision making about the care and treatment they received. Patients gave us mixed answers about whether they felt listened to and supported by staff and whether they were given enough information to enable them to make informed decisions about the choices of treatment available to them.

Results from the July 2015 national GP patient survey showed some patients surveyed had responded in a mixed way to some questions about their involvement in planning and making decisions about their care and treatment. This differed from comments made by patients on the day of our inspection. For example:

- 78% said the GP was good at listening to them compared with the Clinical Commissioning Group (CCG) average of 88% and national average of 89%.
- 79% said the GP gave them enough time compared to the CCG average of 85% and national average of 87%.
- 76% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 75% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 85%.
- 78% of patients found the receptionists at this practice helpful compared to the CCG average of 86% and the national average of 87%.

We discussed this with the lead GP and practice manager. We were shown how additional training had been provided for both clinical and non-clinical staff and these areas had become regular agenda items at staff meetings. The practice was able to demonstrate these results were improving each year since the present management took over the practice.

## Are services caring?

Staff told us that staff were able to speak a range of languages used in the local community and they did not often have to use a translation services for patients who did not speak English as a first language. The most common language spoken by patients after English was Polish and the practice employed a Polish speaking GP for these patients. Word about this had spread through the Polish community and patients who spoke Polish as a first language had registered at the practice from outside of the traditional practice area as a result.

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

We saw notices in the patient waiting room which explained to patients how to access a number of support groups and organisations. This included organisations for mental health support, including the local Crisis team, with

details of a 24-hour helpline. Patients who were carers were actively identified and signposted to local and national services for support. Carers were also offered health checks by the practice.

An independent in-house counsellor was also employed by the practice. Patients could refer themselves for appointments or they could be referred by a GP or practice nurse. The practice also referred patients to the local **Improving Access to Psychological Therapies (IAPT) counsellor for a range of services including a psychological assessment if this was needed.**

Patients who had experienced bereavement were offered support by the practice, including signposting to relevant support groups and referrals for counselling if this was felt to be helpful. Leaflets giving support group contact details were also available to patients in the waiting room.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

Dr Rashpal Dosanj was involved with regular meetings with NHS England and worked with the local Coventry and Rugby clinical commissioning group (CCG) to plan services and to improve outcomes for patients in the area. A CCG is a group of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services. We saw evidence the practice planned and delivered its services to take into account the needs of different patient groups and to ensure flexibility, choice and continuity of care. For example:

- The continued employment of a Polish speaking GP to serve the large number of Polish speaking patients registered at the practice.
- Six-monthly reviews were carried out with patients who had long term conditions such as diabetes, lung diseases, patients with learning disabilities, and those experiencing mental health problems including dementia.
- Care plans were in place for the most vulnerable patients to reduce the risk of unplanned hospital admission.
- The practice worked closely with the local Crisis team to provide support for vulnerable patients and those with poor mental health. This reflected an area of expertise and interest the lead GP had.
- The lead GP made proactive regular visits to patients who lived in a local care home.
- The lead GP and practice nurse made home visits to patients whose health or mobility prevented them from attending the practice for appointments.
- Longer appointments were available for patients with specific needs or long term conditions such as patients with a learning disability.
- Urgent appointments were prioritised for children and patients with long term or serious medical conditions.
- The practice offered routine ante natal clinics, childhood immunisations, travel vaccinations and cervical screening.

- A weekly open surgery and telephone consultations had recently been introduced to increase GP availability and these had been well-received by patients. Comments we received from patients supported this.

### Access to the service

Dr Rashpal Dosanj was open from 8am to 6.30pm Monday to Friday. Appointments were available from 8.30am to 12pm and from 3pm to 6pm. Extended hours opening was available from 7am on Wednesday and Thursdays. These were primarily aimed at patients who worked during the day. Telephone consultations were available and an open surgery had been introduced on Thursday mornings until 10am to reduce pressure on the appointment system following patient feedback. At the time of our inspection, an open clinic had been introduced on Thursday afternoons for flu vaccinations. Home visits were available for patients who could not attend the practice for appointments. Patients could book appointments and order repeat prescriptions on-line.

The practice closed at weekends. When the practice was closed, patients could access out of hours care through NHS 111. The practice had a recorded message on its telephone system to advise patients. This information was also available on the practice's website and in the patient practice leaflet.

There were accessible facilities for patients with physical disabilities, a hearing loop to assist patients who used hearing aids and translation services available. GPs and some practice staff spoke a range of the languages spoken locally, so were able to translate for most patients without having to use the formal translation service.

The results from the July 2015 national GP patient survey showed that patients' satisfaction with how they could access care and treatment was mixed when compared with local and national averages. For example:

- 60% of patients said they could get through easily to the surgery by phone. This was below the CCG average of 74% and national average of 73%.
- 64% of patients described their experience of making an appointment as good. This was below the CCG average of 71% and national average of 73%.
- 27% of patients said they usually waited 15 minutes or less after their appointment time. This was below the CCG average of 67% and national average of 73%.

# Are services responsive to people's needs?

(for example, to feedback?)

Before our inspection took place, patients completed 28 comment cards. They all contained positive comments about all aspects of care at the practice and the practice staff. Patients said they could easily obtain appointments, that the open surgery at the practice on a Thursday morning was helpful and they could get through on the telephone. Six patients who completed comment cards told us there could be delays to appointments once they had arrived at the practice however.

We discussed these concerns with the lead GP and practice manager and saw they had been addressed in the practice's patient survey action plan. The concerns about waiting times within the practice had been addressed by specific training where this was needed and in a communication to all staff from the lead GP in June 2015. This continued to be closely monitored by the lead GP and practice manager. As part of the building refurbishment, an additional phone line had also been installed and options added to the telephone system to directly route calls, to meet an increased demand for incoming calls.

## Listening and learning from concerns and complaints

Dr Rashpal Dosanj had an appropriate system in place for handling concerns and complaints. Their complaints policy

and procedures were in line with recognised guidance and contractual obligations for GPs in England. The practice manager was the designated team member who handled all complaints in the practice.

We saw the system for dealing with complaints was transparent and open. Information on how to complain was clearly displayed within the patient waiting area, was included within the practice patient leaflet and was displayed on the practice website. Patients we spoke with said they knew how to make a complaint, but had never needed to do so.

During our inspection, we examined records of complaints. Eight complaints had been received within the last 12 months, five of which related to delayed appointments. We reviewed these complaints and saw the practice had replied to patients with an apology and explanation within the timescales outlined in their complaints procedure. We saw that all complaints had been related to administrative issues and no complaints had been made about clinical matters.

We saw evidence that showed lessons learned from individual complaints had been acted on. For example, following the patient concerns about delayed appointment times, relevant staff training had been given and the practice continued to closely manage and monitor the situation.

# 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

As part of our inspection, we reviewed Dr Rashpal Dosanj's statement of purpose. This clearly stated the practice's intention to provide a safe and welcoming environment for patients and maintain patient dignity and confidentiality at all times. Throughout our discussions with clinical, managerial and administrative staff during our inspection, it was evident the practice aimed to provide a consistently high standard of care for its patients. This was also reflected in the positive comments we received from patients who completed the patient comment cards before our inspection and from patients who spoke with us on the day.

The practice partners discussed with us some of the problems they inherited when they took over the management of the practice, both organisational and with the fabric of the building and it was clear during the course of our inspection that significant improvements had been made by the current team during the last three years. Areas that still needed to be improved had been clearly identified and plans were in place to deal with them, for example, delays to patient appointments.

### Governance arrangements

The practice had a governance framework in place to facilitate the delivery of its strategy and provide high quality care for its patients. This ensured that:

- Quality and Outcomes Framework (QOF) was used to measure practice performance. QOF is a national performance measurement tool. QOF data for this practice showed that in all relevant services it was performing above or in line with national standards. We saw that QOF data was regularly discussed at weekly meetings and action taken to maintain or improve outcomes.  
There was a programme of continuous clinical and internal audit in place. This monitored quality and highlighted areas that needed improvement within the services provided by the practice.
- Procedures and policies were implemented, regularly reviewed and were available to all staff. Staff we spoke with knew how to access these policies.

- There was a clear staff structure and all staff were aware of their own roles and responsibilities, those of others and of the lines of responsibility for reporting.
- There were policies and procedures in place for identifying, recording and managing risks and taking action to deal with these. This included patient chaperoning. Within the minutes of practice meetings we saw evidence that information was shared, discussions were held about areas that worked well and areas where improvements could be made.
- The practice held meetings to share information, to look at what was working well and where improvements needed to be made. We saw minutes of these meetings to confirm this. Staff we spoke with confirmed that complaints and significant events were discussed with them, along with any changes that needed to be made as a result.

### Leadership, openness and transparency

During our inspection, we saw that the GP and management team had the experience, capacity and capability to run the practice and provide high quality care. Staff we spoke with told us the GP and management team were open and approachable and they would have no hesitation with raising anything with them at any time. Staff said they were well supported and knew what was expected of them within their roles. We saw records to evidence that regular team meetings were held.

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

We saw how the practice actively encouraged and valued the feedback it received from patients about the delivery of the service. It had obtained feedback from patients through the patient participation group (PPG), patient surveys and complaints received. A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care. We saw how the practice reviewed concerns expressed by patients through the patient satisfaction results and through the complaints procedure and were satisfied the practice management had worked hard to clearly identify, address and manage the causes of these concerns. Other changes introduced following patient feedback included aligning the times of the Friday afternoon surgery in-line with the remainder of the week to eliminate confusion and the introduction of a noticeboard section to the practice website.

# Are services well-led?

Good 

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

During our inspection we saw how the practice monitored the feedback it received through the NHS Friends and Family Test. The Friends and Family test results for

September 2015 showed that 80% of patients were extremely likely or likely to recommend the practice. 10% of patients said they were unlikely to recommend the practice.