

Dr Mathurdas Dadhania

Quality Report

102 St Georges Road
Stoke
Coventry
Tel: 02476552531
Website:

Date of inspection visit: 19 October 2016
Date of publication: 14/12/2016

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

Contents

Summary of this inspection

| | Page |
|---|------|
| Overall summary | 2 |
| The five questions we ask and what we found | 4 |
| The six population groups and what we found | 7 |
| What people who use the service say | 10 |
| Areas for improvement | 10 |

Detailed findings from this inspection

| | |
|-------------------------------------|----|
| Our inspection team | 11 |
| Background to Dr Mathurdas Dadhania | 11 |
| Why we carried out this inspection | 11 |
| How we carried out this inspection | 11 |
| Detailed findings | 13 |

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr M R Dadhania (known locally as St Georges Road Surgery) on 19 October 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. Staff were aware of this and commented on the good daily communication that took place within the practice regarding any issues.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their

care and decisions about their treatment. We saw examples, of caring practice and patients commented on the caring service they received from the staff at the practice.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with the GP and commented on the benefits of having an open surgery in the mornings for which they did not require an appointment. Urgent appointments available the same day and patients could access telephone consultations.
- The practice had adequate 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.
- The provider was aware of and complied with the requirements of the duty of candour.

Summary of findings

The areas where the provider should make improvement are:

- Amend the system in place for recording prescription allocation to show which room each batch was allocated and provide a clear audit trail.
- Introduce a log which clearly identifies what actions if any were taken as a result of MHRA safety alerts.
- Ensure infection control training takes place as planned
- Ensure regular fire drills are carried out.
- Explore ways of identifying more carers.

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.

- There was an effective system in place for reporting and recording significant events. Staff were aware of this process and we saw these were investigated and shared outcomes shared with staff.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. Staff were appropriately trained and had demonstrated knowledge of safeguarding procedures.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed the practice's overall achievement was 91% which was comparable to the clinical commissioning group (CCG) and national average of 95%.
- Staff assessed needs and delivered care in line with current evidence based guidance and the practice utilised a local system of care pathways which had been agreed by the CCG in line with the latest NICE guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey published in July 2016 showed patients responses for most aspects of care were

Good



Summary of findings

comparable with other practices in the CCG and nationally. For example, the percentage of patients who said that the GP gave them enough time during their consultation was 86% compared with the CCG and national average of 87%

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We noted the practice staff carried out acts of kindness to vulnerable patients and those without support at home, such as escorting them home and contacting older patients periodically to enquire about their health and well-being.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice staff had all worked at the practice for many years and knew the patients well and often noted if a patient had not been seen some time.
- The practice had identified approximately 1% of the practice population as carers.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice operated an open surgery in the mornings and an appointment system for afternoons and extended hours appointments one evening per week until 7.30pm. Patients commented that they found this choice and flexibility particularly helpful when trying to access the GP. They told us it was easy to make an appointment with the GP and that they would always be seen if their need was urgent. Children were seen as a priority and patients confirmed we spoke with confirmed this.
- The practice had adequate facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

Good



Summary of findings

- The practice had a vision and strategy to deliver high quality; family centred care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it. The staff at the practice were long serving and knew the practice population well.
- 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 communicated daily after morning surgery and held monthly meetings where governance issues were discussed.
- There was a governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The GP encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active and they reported good communication with the practice and that the practice was responsive to their needs. A PPG is a group of patients registered with a practice who worked with the practice team to improve services and the quality of care.
- There was a focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice manager contacted all older patients every two months to ensure they were well and all patients over 75 years were sent Christmas cards from the practice as they recognised that some patients did not have families to care for them.
- Older patients requesting evening appointments were prioritised and they would always be given an appointment.

Good



People with long term conditions

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

- The nurse had a lead role in chronic disease management and was additionally trained in diabetes management. The practice had an established system for recall management of long term conditions which staff reported worked effectively.
- We noted good achievement in diabetes management. For example, the percentage of patients with diabetes, on the register who had a blood pressure reading of 150/90 mmHg or less was 100%.
- Longer appointments and home visits were available when needed.
- All these patients had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care, such as the consultant in diabetes in secondary care who they had virtual access to using a specific system available to them.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people.

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage of women aged 25 or over whose notes recorded that a cervical screening test had been performed was 87% which was higher than the CCG and national average of 81% and 82% respectively.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Children were given priority when booking appointments and would always be seen.
- We saw positive examples of joint working with midwives and health visitors. The midwife carried out a clinic at the practice every fortnight.

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 had the option of telephone appointments, open surgery in the morning or appointments in the afternoon as well as extended hours appointments on Tuesdays.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

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 including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

Good



Summary of findings

- The practice informed vulnerable patients about how to access various support groups and voluntary organisations and we saw information leaflets available in the waiting areas for patients to access.
- 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.

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).

- 100% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was above the CCG and national average of 81% and 83% respectively.
- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in their record, in the preceding 12 months, which had been agreed between individuals, their family and/or carers as appropriate. This was above the CCG and national averages of 86% and 89% respectively.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. The GP had telephone access to a GP liaison consultant and the mental health crisis team.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The National GP Patient Survey results were published in July 2016 and showed the practice was performing in line with local and national averages. There were 389 survey forms distributed and 95 were returned. This represented approximately 5% of the practice's patient list.

- 92% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 91% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 79% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 69% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 49 comment cards of which 48 were positive about the standard of care received. The other comment card related to a clinical condition and how it was dealt with where dissatisfaction was regarding another provider. Patients reported receiving good care, and that the GP and staff always treated them with dignity and respect. Many patients reported that the open surgery in the morning was particularly good for them.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. They also commented that they considered it a good system to have appointments bookable in the afternoon and an open surgery in the morning. They also told us the GP listened to them and always explained their treatment options to them.

Areas for improvement

Action the service SHOULD take to improve

- Amend the system in place for recording prescription allocation to show which room each batch was allocated and provide a clear audit trail.
- Introduce a log which clearly identifies what actions if any were taken as a result of MHRA safety alerts.
- Ensure infection control training takes place as planned
- Ensure regular fire drills are carried out.
- Explore ways of identifying more carers.

Dr Mathurdas Dadhanian

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Mathurdas Dadhanian

Dr Mathurdas Dadhanian's (also known as St Georges Road Surgery) is a GP practice which provides primary medical services under a General Medical Services (GMS) contract to a population of approximately 1,800 patients living in the Stoke and surrounding areas of Coventry. A GMS contract is a standard nationally agreed contract used for general medical services providers.

The practice operates from a converted house from which all patients see the GP on the ground floor and nurse appointments are on the first floor. When patients have mobility problems the practice arranges appointments when the GP room is available on the ground floor. The practice population has a higher than average number of patients aged 20 to 40 years and lower than average number of patients aged 60 years onwards. National data indicates that the area is one that experiences moderate to high levels of deprivation. The practice population is multi-cultural with a mixed population predominantly white British patients with significant numbers of patients of Asian, Indian and eastern European origin.

Dr Mathurdas Dadhanian is a single handed provider who employs a full time practice nurse, one full time receptionist, one part time reception /administrative assistant and a practice manager.

The practice is open Monday to Friday between 8.45am and 1pm, Monday and Friday afternoon from 3.30pm until 6.30pm and Wednesday from 3.30pm until 6pm. Extended hours appointments are available on Tuesdays from 6.30 until 7.30pm. When the surgery is closed, out of hours services are provided by Virgin Healthcare who can be contacted through NHS 111. A recorded message on the practice telephone line, advises patients of this.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before inspecting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 19 October 2016. During our inspection we:

- Spoke with a range of staff including the GP, nurse, the practice manager and reception and administration staff and spoke with patients who attended the practice that day. We also spoke with a member of the patient participation group prior to our inspection.
- Observed how staff assisted patients and talked with carers and family members.

Detailed findings

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed staff files.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- The practice manager told us that staff reported all significant events to them and they would complete a significant event form. Staff we spoke with confirmed this. We saw that the forms had been completed appropriately and staff were aware of these. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The significant event form showed who the event involved and who had been involved in the investigation and discussion. Any learning or sharing of the outcome was done at the daily meeting or monthly practice meeting. There was no specific meeting to discuss significant events but all staff told us that all issues were discussed daily and communicated as they occurred.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, a written apology and were told about any actions taken to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events and staff we spoke with confirmed they had received feedback from this and the outcomes and changes were discussed at practice meetings.

We reviewed safety records, incident reports, patient safety alerts including MHRA (Medicines and Healthcare products Regulatory Agency) alerts. The practice manager told us that they received all alerts and forwarded them to the GP. We saw they had printed off alerts and signed to say they had been sent to the GP but there was no reference to the action the GP had taken. However, for medicine alerts we saw that appropriate searches had been made and medicines changed in response to these. The practice was also able to demonstrate where action had been taken in response to MHRA alerts. For example, we saw where the practice had taken action regarding glucose testing kits and had carried out a search for potential patients who may have used these. We noted no patients had been affected by this alert.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. We saw there were posters in clinical rooms informing staff of procedures and telephone numbers of the local safeguarding teams and policies were accessible to all staff which also clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The GP was the lead member of staff for safeguarding and all staff were aware of this. The GP attended safeguarding meetings and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. The GP was trained to child safeguarding level 3 and the practice nurse to level 2. All other staff had received safeguarding training appropriate to their role.
- A notice in the waiting room and clinical rooms advised patients that chaperones were available if required. The nurse usually acted as a chaperone but the reception staff undertook chaperone duties if necessary. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The practice nurse was the infection control clinical lead who had been trained in infection control in 2013 and was awaiting an update which had been arranged for the week of our inspection but had been cancelled by the trainers. We saw there had been an infection control audit carried out in August 2016 as well as a handwashing audit. The infection control lead had identified areas for change and had planned to introduce disposable tourniquets and disposable curtains in the next six months. We saw that privacy curtains were in use and whilst they were not disposable they appeared clean and there was a

Are services safe?

schedule in place for regular cleaning. There was personal protective equipment available to staff including aprons, gloves and sterile gloves. There were also spill kits available for blood and urine spillages.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. We saw that the system in place was appropriate and looked at records to demonstrate that patients taking high risk medicines had been monitored with appropriate blood tests and these were prescribed in line with current guidance. The practice carried out regular medicines audits, with the support of the local CCG medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing. We noted that whilst the practice kept a log of prescriptions for use in the printers they did not record the prescriptions numbers which were placed in each printer; therefore the audit trail was not clear. Following our inspection the practice manager informed us that they had amended their system to include this information. Patient Group Directions (PGDs) had been adopted by the practice to allow the nurse to administer medicines in line with legislation.
- We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. For example, there was a health and safety assessment and the practice had up to date fire risk assessments. We saw records of fire alarms and extinguisher testing that had been completed in February 2016. We noted that they had not carried out regular fire drills, although discussions with staff demonstrated that they knew what to do in the event of a fire. One member of staff

was the fire marshal and had attended training in October 2015 and cascaded the information to staff. The practice manager also confirmed that fire safety training had been arranged for November 2016 for all staff. All electrical equipment was checked in September 2016 to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly and we saw a certificate to show that this had been carried out in April 2016. The practice had a variety of other risk assessments in place to monitor safety of the premises. We saw that a legionella assessment had been carried out by an external company in February 2015 and there were no actions (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- The practice was small and staff were long serving and covered for each other in times of sickness and annual leave. The practice used a regular locum GP who had always covered when the GP was on leave and appropriate checks had been undertaken.

Arrangements to deal with emergencies and major incidents

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

- There was a panic button in the reception and the GP and nurse's room to alert staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the GP's room.
- The practice had a defibrillator available on the premises and an oxygen cylinder available with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and the GP and practice manager kept copies off site. This had been updated in January 2016.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

- The GP and practice nurse assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice utilised the GP Gateway system which was a local set of care guidelines agreed by the CCG and included up to date NICE guidance. Staff also had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results from 2015/16 showed the practice had achieved 92% of the total number of points available which was comparable to the CCG and national averages of 95% and 97% respectively. The practice exception reporting was 6% which was below the CCG and national averages of 9% and 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for the overall diabetes related indicators was 100%, which was above the CCG and national average of 90%. For example, the percentage of patients with diabetes, whose last measured total cholesterol was within the recommended level was 92% compared to the CCG and national averages of 80%.
- Performance for overall mental health related indicators was 89% which was comparable to the CCG and national average of 90% and 93% respectively.

There was evidence of quality improvement including clinical audit.

- There had been four clinical audits completed in the last two years. These were completed audits where the improvements made were implemented and monitored. For example, patients who were taking more than four medicines were all audited and changes made to ensure they were taking the appropriate medicines. They were also audits undertaken regarding patients seen by the out of hours service and actions taken to raise patients awareness of the open surgery in the mornings.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Information about patients' outcomes was used to make improvements and we saw how the GP had reviewed patients with complex care needs and provided interventions and prevented admission to hospital.

Effective staffing

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

- The practice had a long standing workforce and had not recruited new staff for four years. However, an induction programme for all newly appointed staff was available and the latest recruited member of staff told us they had received a thorough induction into the practice and was well supported throughout the process. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. The practice nurse had achieved a diploma in diabetes and had plans to undertake a diploma in asthma.
- The nurse who administered vaccines and took samples for the cervical screening programme had received specific training which had included an assessment of competence. They could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice and contacts with other nursing colleagues from other practices at protected learning sessions.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate

Are services effective?

(for example, treatment is effective)

training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision. All staff had received an appraisal within the last 12 months except the nurse. The nurse told us they had received a significant amount of support and had daily discussions with the GP regarding clinical issues and had received a development programme when they commenced with the practice. They told us they had received ongoing training and had identified their development needs. They also told us they carried out clinical sessions with the GP for learning purposes. Following our inspection the practice manager provided evidence to demonstrate that the nurse appraisal had been completed.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. We noted the formal fire training update was due and the practice manager notified us that this had been arranged for November 2016.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. We looked at care plans and saw that they had been completed appropriately and thoroughly.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. We saw that the practice logged that two week wait referrals had been sent and patients were asked to contact the practice if they had not received an appointment in two weeks to ensure these were followed up.

Staff worked together and with other health and social care professionals such as the community matron and district nurses to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they

were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The practice did not carry out minor surgery except for joint injections and we saw they obtained written consent for these procedures.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and mental health problems. Patients were signposted to the relevant service. The practice hosted sessions from the Improving Access to Psychological Therapies (IAPT) councillor for patients who needed extra support with mental health issues.
- The practice referred and signposted to other services where appropriate such as alcohol abuse and domestic violence support.

The practice's uptake for the cervical screening programme was 84%, which was comparable to the CCG average of 74% and the national average of 75%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening and we saw leaflets in

Are services effective? (for example, treatment is effective)

the waiting area informing patients regarding screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

We noted the number of patients aged between 60-69 years, screened for bowel cancer in last 30 months was 47% which was lower than the CCG and national averages of 59% and 58% respectively. However, the number of female patients aged between, 50-70 years, screened for breast cancer in last 36 months was 75% which was higher than the CCG and national averages of 71% and 72% respectively. The practice were actively trying to encourage uptake of chlamydia screening and HIV screening uptake.

Childhood immunisation rates for vaccinations given were high in all age groups compared to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds was 100% compared to the CCG average of 97% to 99% and five year olds from 88% to 100% compared to the CCG average of 93% to 98%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

Staff knew many of the patients well and we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect. Patients told us they were always treated with respect and commented on the benefits of having the continuity of care from one GP who knew them and their families.

We saw that curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. Consultation and treatment room doors were closed during consultations and 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.

We received 49 patient Care Quality Commission comment cards which were positive about the service experienced with the exception of one. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Patients commented on how they always felt listened to and that the GP gave them time to talk about their problems.

We spoke with a member of the patient participation group (PPG) who also spoke positively about the practice. A PPG is a group of patients registered with a practice who worked with the practice team to improve services and the quality of care. They told us the practice listened to the patients and shared information regarding what was available to them. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They gave examples of specific health difficulties and how the GP and nurse had helped deal with these. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the National GP Patient Survey published in July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was comparable with the CCG and national average for its satisfaction scores on consultations with GPs and nurses. For example:

- 81% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 91% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 79% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 84% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 98% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

The practice staff provided examples which demonstrated acts of kindness and compassion. For example, escorting vulnerable frail patients home who lived nearby and did not have a family member to accompany them, and sending cards at Christmas to patients over 75. The practice manager called patients over 75 years every two months to check on their wellbeing and referred to the GP if they expressed any concerns.

Care planning and involvement in decisions about care and treatment

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

Results from the National GP Patient Survey published in July 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 83% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.

Are services caring?

- 75% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. The GP also spoke some of the most popular Asian languages, such as Gujarati. We saw notices in the reception areas informing patients this service was available.
- We saw a significant number of leaflets were available in easy read format for patients to gain more information regarding a wide range of conditions, for example obesity, alcohol problems, and breast and bowel screening.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations, for example, carers information, support for mental health conditions and dementia and AgeUK.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified nine patients who were carers prior to our inspection. However, following our inspection the practice manager contacted us to report that they had carried out additional searches and identified another 11 patients as carers which gave a total of 20 and was approximately 1% of the practice list. Written information was available to direct carers to the various avenues of support available to them and the practice offered carers flu vaccination and health checks.

Staff told us that if families had suffered bereavement, the GP contacted them or sent them a sympathy card and also attended the funeral if appropriate.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice had recently become aware of fire safety checks that were available to elderly patients and were exploring ways of informing patients that this service was available and obtaining consent to opt in to this service.

- The practice offered a daily morning open surgery system for consultation and an appointment system for the afternoons. In addition they offered extended hours appointments on Tuesday evenings from 6.30pm until 7.30pm for working patients and those who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and those with complex conditions.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS.
- The premises was a converted house, but the practice had ensured that there was access for patients with mobility aids and wheelchairs. There was also accessible toilet facilities, a hearing loop and translation services available. When patients with mobility difficulties needed a nurse consultation, arrangements were made to see them on the ground floor level and staff were aware of this.

Access to the service

The practice was open Monday to Friday between 8.45am until 1pm when an open access surgery was in place. Appointments were available on Monday and Friday afternoons from 3.30pm until 6.30pm, Wednesday 3.30pm until 6pm, and extended hours appointments were available on Tuesdays from 6.30pm until 7.30pm. Patients we spoke with and comment cards we received expressed satisfaction at the open access surgeries and how they

found this particularly beneficial. When the surgery was closed, out of hours services were provided by Virgin Healthcare who could be contacted through NHS 111. A recorded message on the practice telephone line, advised patients of this.

Results from the National GP Patient Survey published in July 2016 showed that patient's satisfaction with how they could access care and treatment was above the local and national averages.

- 91% of patients reported they could get an appointment when they tried compared to the CCG and national average of 83% and 85% respectively.
- 92% of patients said they could get through easily to the practice by phone compared to the CCG and national average of 73%.

The practice had a system in place to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. The practice staff reported that they contacted the GP for a decision on any need regarding clinical care or necessity for a visit by the GP. They told us the GP was very accessible and they met daily after each consulting session to discuss any issues.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice and staff confirmed they would refer any complaints to the practice manager. The practice manager discussed all complaints with the GP during their investigation.
- We saw that information was available to help patients understand the complaints system, for example, we saw a poster in the waiting area informing patients about how to complain.

We saw that the practice did not receive many complaints but looked at two complaints received in the last 12 months and found that they were handled appropriately in a timely manner. Lessons were learnt from individual concerns and complaints and we saw that there was a suggestions box in the reception area to collect patients views about the service.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which staff knew about and understood the values. All staff told us the practice was family centred and always put patients first.
- The practice had a strategy which reflected the vision and values and were regularly monitored.

Governance arrangements

Whilst the practice was small there were clear leads for governance issues. For example, the GP was the lead for safeguarding and all other clinical areas and the practice nurse was the infection control lead and all staff were aware of this. This supported the delivery good quality care and we saw procedures were in place and ensured that staff were aware of their own roles and responsibilities. The practice manager ensured that practice specific policies were implemented, available to all staff and kept updated.

All staff were involved and aware of the performance of the practice and worked together to ensure this was maintained. For example, the practice QOF progress and achievement was discussed and areas addressed where improvements could be made. The practice manager demonstrated that there were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The GP carried out audits where necessary to identify and implement improvements, and we saw how they had audited the patients' use of the out of hours service and contacted them to ensure they were aware of the services available at the practice.

Leadership and culture

During the inspection the GP demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care and we saw examples of where they had been provided, such as the GP or practice manager contacting the patients to provide additional support when necessary. The GP demonstrated a thorough knowledge of patients and their families. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The GP encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held daily meetings after surgery had finished as well as a regular team meeting.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at any time and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the GP and practice manager in the practice. All staff were involved in discussions about how to run and develop the practice, and the GP encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. A PPG is a group of patients registered with a practice who worked with the practice team to improve services and the quality of care. The PPG met quarterly and they received the outcomes from patient surveys carried out. The PPG member we spoke with told us the practice kept them

Are services well-led?

Good 

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

well informed about what was happening at the practice and had been encouraging patients to inform the practice if they were carers and providing literature regarding this.

- The practice had gathered feedback from staff through staff meetings, appraisals and general discussion. Staff told us they would not hesitate to give feedback and

discuss any concerns or issues with colleagues and management. They told us that because they were a very small practice communication was good and they felt very involved in everything that took place and could speak freely if they had ideas regarding improvements.