Dr N Pillai and Dr L Nair

Quality Report

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

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr N Pillai and Dr L Nair on15 October 2015. Overall the practice is rated as good.

Specifically, we rated the practice as good for providing safe, effective, caring, responsive and well led services. The service provided to the following population groups was rated as good:

• 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).

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- 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.

Summary of findings

We saw areas of outstanding practice, these were:

- There were examples of how the practice had responded to the needs of vulnerable patients with compassion and empathy. The practice told us that they had supplied a stair lift for a patient from their donation funds when other services were unable to. We saw a letter from the patients carer thanking the practice for their support and that it had made a positive impact on their life.
- The practice was proactive in completing clinical audits that demonstrated quality improvement. There was evidence that clinical audits were effective in improving outcomes for patients. For example, an audit identifying patients who were at risk of high cholesterol due to family history, asthma diagnosis in children, minor surgery audits and an audit on spirometry rates.

However, there was an area of practice where the provider needs to make improvements.

The provider should :

- Review the health and safety risk assessment completed in May 2014 so that potential risks are assessed and managed.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed however, the health and safety risk assessment required updating.

Are services effective?

Good

The practice is rated as good for providing effective services. Data showed patient outcomes were comparable to other practices nationally. 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. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams in managing the needs of patients with long term conditions and complex needs.

The practice was proactive in completing clinical audits that demonstrated quality improvement. There was evidence that clinical audits were effective in improving outcomes for patients.

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed that patients rated the practice comparable to other practices locally and nationally for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. There were examples of how the practice had responded to the needs of vulnerable patients with compassion and empathy. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the

Summary of findings

Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. A CCG is an NHS organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services.

Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. The practice website provided patients with the option of sending medical queries via the website which would be beneficial for patients unable to visit the practice during the main part of the day. For example, patients who worked during these hours.

The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Are services well-led?

Good

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a strong and visible leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. PPGs are a way in which patients and GP surgeries can work together to improve the quality of the service. Staff had received inductions, regular performance reviews and attended staff meetings and events.

The practice team was forward thinking and innovative and participated in local schemes to improve outcomes for patients. For example, making available specialist minor surgical procedures to patients in the local community such as vasectomy (male sterilisation) and carpal tunnel syndrome (a condition that causes a tingling sensation, numbness and sometimes pain in the hand and fingers).

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 patients in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older patients, and offered home visits and rapid access appointments for those with enhanced needs.

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

Families, children and young people
The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations. Appointments were available outside of school hours and children were given appointments as a priority. An audit had been completed on children's asthma which had resulted in positive outcomes for patients. The premises was suitable for children and babies.

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. The practice offered online services and telephone consultations as well as a full range of health promotion and screening that reflected the needs of this age group.

Summary of findings

The practice website provided patients with the option of sending medical queries via the website which was beneficial for patients unable to visit the practice during the main part of the day. For example, patients who worked during these hours.

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 homeless people, travellers and those with a learning disability. We saw that there were 11 patients on the learning disability register and the practice had carried out annual health checks for all of those on the register. It offered longer appointments for patients with a learning disability.

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

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). We saw that there were 48 patients on the mental health register and the practice had carried out annual physical health checks for all of those on the register.

The practice regularly worked with multidisciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. Information was made available at the practice to sign post patients to various support groups and services. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015 for the practice had a 110 responses and a response rate of 31.9%. The survey showed the practice was performing in line or above local and national averages in a number of areas. For example:

- 89% found it easy to get through to this surgery by phone compared with a CCG average of 75.5% and a national average of 73%.
- 86% found the receptionists at this surgery helpful which was similar to the CCG and national average of 86%.
- 64% with a preferred GP usually got to see or speak to that GP compared with a CCG average of 60% and a national average of 60%.
- 87.9% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 82.8% and a national average of 85%.
- 96.5% said the last appointment they got was convenient compared with a CCG average of 92% and a national average of 91.8%.
- 83.6% described their experience of making an appointment as good compared with a CCG average of 73% and a national average of 73%.
- 68% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 69.7% and a national average of 64.8%.
- 65% feel they don't normally have to wait too long to be seen compared with a CCG average of 59% and a national average of 57.7%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 17 comment cards all were positive about the standard of care received. Patients described a good service and staff who were caring, helpful and took time to listen and explain their health needs. However, two cards also included comments about difficulty accessing routine appointments.

On the day of the inspection we spoke with seven patients including two members of the patient participation group (PPG). PPGs are a way in which patients and GP surgeries can work together to improve the quality of the service. All of the patients told us that they were involved in their care and staff took time to explain their treatment in a way that they understood. However, we received mixed views about access to appointments, with three patients commenting that access to routine appointments could at times be difficult.

Areas for improvement

Action the service SHOULD take to improve

- Review the health and safety risk assessment completed in May 2014 so that potential risks are assessed and managed.

Outstanding practice

- There were examples of how the practice had responded to the needs of vulnerable patients with compassion and empathy. The practice told us that they had supplied a stair lift for a patient from their donation funds when other services were unable to. We saw a letter from the patients carer thanking the practice for their support and that it had made a positive impact on their life.

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- The practice was proactive in completing clinical audits that demonstrated quality improvement. There was evidence that clinical audits were effective in improving outcomes for patients. For example, an audit identifying patients who were at risk of high cholesterol due to family history, asthma diagnosis in children, minor surgery audits and an audit on spirometry rates.

Dr N Pillai and Dr L Nair

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC inspector. The team included a GP specialist advisor and a practice manager specialist advisor.

Background to Dr N Pillai and Dr L Nair

Dr N Pillai and Dr L Nair also known as St Luke's Surgery provides primary medical services to approximately 5000 patients in the local community. There are two GP partners (one male, one female) and three long term locum GPs (all male). The practice is a training practice for GP trainees (fully qualified doctors who wish to become general practitioners) and a teaching practice for medical students. At the time of the inspection there were two trainee GPs (both male) and one medical student. The GPs are supported by an advanced nurse practitioner (ANP), a practice nurse and one health care assistant. The non-clinical team consists of administrative and reception staff and a practice manager.

The practice has a General Medical Services contract (GMS) with NHS England. A GMS contract ensures practices provide essential services for people who are sick as well as, for example, chronic disease management and end of life care. The practice also provides some directed enhanced services such as minor surgery, childhood vaccination and immunisation schemes. Enhanced services require an enhanced level of service provision above what is normally required under the core GP contract.

The practice opening times are 8am to 6.30pm Mondays, Wednesday and Thursdays with the exception of Fridays when the practice closes at 1pm and does not re-open during the afternoon. The practice provides an extended hours service on Tuesdays when it is open from 7.30am to 7.30pm.

The practice has opted out of providing out-of-hours services to their own patients. This service is provided by 'Primecare' the external out of hours service provider. When the practice is closed during core hours on a Friday afternoon patients can access general medical services by contacting 'WALDOC' which is an out-of-hours service provider.

We reviewed the most recent data available to us from Public Health England which showed that the practice is located in an area with a low deprivation score compared to other practices nationally. Data showed that the practice has a higher than average practice population aged 65 years and over in comparison to other practices nationally. The practice also has a higher than the national average number of patients with a long-standing health condition

The practice achieved 100% points for the Quality and Outcomes Framework (QOF) for the financial year 2013-2014. This was above the national average of 94.2%. The QOF is a voluntary annual reward and incentive programme which awards practices achievement points for managing some of the most common chronic diseases, for example asthma and diabetes

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

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.

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.

How we carried out this inspection

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

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

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

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 15 October 2015. During our visit we spoke with a range of staff (GPs, advanced nurse practitioner, a health care assistant, reception and administrative staff).

We talked with carers and/or family members and reviewed the personal care or treatment records of patients. We reviewed comment cards where patients and members of the public shared their views and experiences of the service. We also spoke with the palliative care nursing team and practice pharmacist. We received written feedback from the community mental health team.

Good

Are services safe?

Our findings

Safe track record and learning

The practice had systems in place to monitor safety and used a range of information to identify risks and improve patient safety. This included reporting incidents, reviewing national patient safety alerts and acting on comments and complaints received from patients. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses. Staff told us they would inform the practice manager or a GP partner of any incidents and there was a recording form available on the practice's computer system.

There was an open and transparent approach for reporting significant events and systems in place to record and analyse them. There were 10 significant events that had occurred during the last 12 months. We reviewed records of these and saw this system was followed appropriately. We saw that significant events were discussed at monthly practice meetings as well as by email to staff, structured discussions and reviews took place and lessons were shared to ensure action was taken to improve safety in the practice. For example, following an incident where a prescription had been sent in an incorrect collection bag a review of the storage of prescriptions and other items for collection was undertaken and systems put in place to prevent reoccurrence.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard vulnerable adults and children from abuse. There was a lead member of staff for safeguarding and staff knew who this was if they needed advice or support. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. The GPs had received level three childrens safeguarding training. There were polices in place and contact details were accessible to staff for reporting safeguarding concerns to the relevant agencies responsible for investigating. We saw an example of a referral made by the practice in response to a child safeguarding concern. There was a system to highlight vulnerable patients on the practice's electronic records. This included information to make staff aware of any relevant issues when patients attended appointments; for example children subject to child protection plans.
- Notices were displayed on consulting room doors advising patients that a chaperone was available if required. Only clinical staff acted as chaperones and they were trained for the role and had received a disclosure and barring check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- There were procedures in place for monitoring and managing risks to patients and staff . The practice had an up to date fire risk assessments and fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and legionella. The practice had a health and safety policy in place but the health and safety risk assessment was last completed in May 2014 and required review.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. There were schedules in place for the cleaning of equipment used in consulting rooms. The cleaning of the general environment was undertaken by an external cleaning company and we saw that cleaning specifications were in place and these had been completed appropriately to demonstrate the cleaning undertaken. There were also spot checks undertaken to ensure standards of cleaning were maintained. There was a procedure in place for the deep cleaning of curtains and blinds. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control policy in place and staff had received up to date training. The last infection control audit which included an assessment of the minor surgery room had been undertaken in April 2015 by a NHS Trust commissioned by the Clinical Commissioning Group (CCG). A CCG is an NHS organisation that brings together local GPs and

experienced health professionals to take on commissioning responsibilities for local health services. The practice had received an overall score of 97%. We saw that there was only one action outstanding which was in progress, this was repairing the flooring and skirting board seal in one of the rooms.

- There were arrangements in place for managing medicines, including emergency medicines and vaccinations. We checked medicines for use in a medical emergency and medicines in refrigerators and found they were stored securely, in date and were only accessible to authorised staff. Records showed that fridge temperature checks were carried out which ensured medication was stored at the appropriate temperature.
- A system was in place for repeat prescribing so that patients were reviewed appropriately to ensure their medications remained relevant to their health needs. There was an alert system on the practice's electronic records to highlight when a patient was due their medication review. All prescriptions were reviewed by either a GP or the practice pharmacist and then signed by a GP before they were given to the patient. Prescription pads were securely stored and there were systems in place to monitor their use. Both blank prescription forms for use in printers and those for hand written prescriptions were held securely. The serial numbers for paper prescription pads taken on home visits were recorded to ensure a clear audit trail. However, the practice had not implemented the electronic prescription service with local community pharmacists which could benefit some patients. We saw that a number of complaints included complaints about repeat prescriptions systems. However, we spoke with the practice pharmacist who told us that since the inspection the practice had requested training on the electronic prescription service. As a result of the training they had now implemented the system and their usage was 70%.
- National prescribing data showed that the practice was similar to the national average for medicines such as hypnotics and lower that the national average for prescribing certain antibiotic medicines, the practice rate was 1.82% compared to the national average of 5.3%.
- The nurses used Patient Group Directions (PGDs) to administer flu vaccines and other medicines that had been produced in line with legal requirements and national guidance. The health care assistants used Patient Specific Directives (PSD) for flu vaccinations which were undertaken for a group of named patients who had been individually assessed and reviewed by the GP.
- Recruitment checks were carried out and the files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. Regular locum GPs were employed when necessary to ensure continuity in patients care and treatment.

Arrangements to deal with emergencies and major incidents

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

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage and the plan was also available remotely in the event this was required.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice staff had access to guidelines from NICE which was available on the practice computer and used this information to develop how care and treatment was delivered to meet needs. The practice had systems in place to ensure all clinical staff were kept up to date which included discussions in weekly clinical meetings where clinical staff presented new NICE guidance which were then implemented in practice. The practice monitored that these guidelines were followed through audits for example, an audit to ensure NICE guidance was followed for newly diagnosed patients with hypertension (high blood pressure). As a result of the audit the practice developed a practice protocol for the management of hypertension which was displayed in all clinical consulting room.

The practice had systems in place to identify and assess patients who were at high risk of admission to hospital. This included reviewing discharge summaries following hospital admission to establish the reason for admission and included members of the relevant multidisciplinary team such as the practice pharmacist. These patients were reviewed to ensure care plans were documented in their records and their needs were being met which assisted in reducing the need for them to go into hospital.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. The practice proactively reviewed its QOF figures and recalled patients when necessary for reviews. A staff member was the QOF lead responsible for overseeing QOF and there was a team approach to the management of patients with long term conditions. This included running regular searches to identify progress and discussions at weekly clinical meetings which ensured a high score.

The published data from 2013/14 showed that the practice was a high achieving practice and had achieved 100% of the total number of QOF points available with an overall exception reporting rate of 3.3% (Exception reporting is the exclusion of patients from a QOF target who meets specific criteria. For example, patients who choose not to engage in the review process or where a medication cannot be prescribed due to a contraindication or side-effect).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013/14 showed that the practice was in line or above the national average for a number of QOF indicators, for example:

- Performance for diabetes related indicator for foot examinations was 93.5% which was higher than the national average of 88%.
- The percentage of patients with a mental health need who had a comprehensive agreed care plan was 93% which was higher than the national average of 86%.
- The percentage of patients with hypertension having regular blood pressure tests was 85% which was similar to the national average of 83%.
- The dementia diagnosis rate was 83% which was similar to the national average of 83%.

  The practice was proactive in completing clinical audits that demonstrated quality improvement. There was evidence that clinical audits were effective in improving outcomes for patients. The GPs had a genuine interest and a positive attitude towards completing clinical audits and there had been ten clinical audits completed in the last 12 months.
- We saw evidence of completed audits where improvements were implemented and monitored. For example, following an audit on spirometry rates the practice had trained the health care assistant to undertake spirometry testing to increase their uptake. An audit had been completed on children's asthma in 2013 which involved reviewing diagnosis rates, looking at follow up of these patients and their uptake of the flu vaccination. The initial audit had shown the diagnosis had been mistaken in 30 out of 94 patients; follow up in children was 25% and no flu vaccinations had been given. When re audited in November 2014 this had improved with a diagnosis correct in 100% of patients, follow up had increased to 50% and flu vaccination

Good

Are services effective?

(for example, treatment is effective)

uptake was 48%. An audit was also completed to identify patients who were at risk of high cholesterol. As a result of the audit 62 patients were identified, of these 11 patients were referred to a specialist clinic, 11 patients were identified as having a risk of heart disease and were started on medication and given lifestyle advice, seven patients did not attend their appointment and were sent information by post. The remaining 33 patients had no current risks and were given lifestyle advice and told to attend for cholesterol testing in six months' time.

- The practice participated in applicable local audits, pilots, peer review and research. For example, one of the GPs was the Clinical Commissioning Group (CCG) lead for minor surgery and undertook a high number of minor surgical procedures at the practice. This included specialist surgery such as vasectomy (male sterilisation) and carpal tunnel syndrome surgery (a condition that causes a tingling sensation, numbness and sometimes pain in the hand and fingers). A CCG is an NHS organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services. The practice audited the vasectomy provision at the surgery as part of a peer review based on national standards. The results showed no failures in the procedure and the practice compared favourably to national standards on failure rates and complications.

Effective staffing

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

- There was an established team which included two GP partners. The team also included an advanced nurse practitioner (ANP), a practice nurse and one health care assistant. The non-clinical team consisted of administrative/ reception staff and a practice manager.
- The practice had an induction programme for newly appointed members of staff which included induction packs for GP trainees and locums.
- The practice was proactive in providing training to staff. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included core training in areas such as safeguarding children and vulnerable adults, basic life support and infection prevention and control. Staff had received training and updates relevant to their role, for example the GPs had received level three safeguarding children's training, the GP undertaking minor surgery had received an update. The ANP had received updates on childhood immunisations and cervical screening. Staff discussed with us training opportunities they had been given to develop skills in line with their roles and responsibilities. For example, the ANP had completed a diploma in asthma which was funded by the practice. There was training provided to the GP trainees to support their professional development and monthly protected learning time for all staff.
- The GP partners in the practice had specialist interests and utilised their knowledge and skills in practice to improve outcomes for patients. For example, one of the GPs was a former surgeon as a result they had a lead role for minor surgery in the CCG and provided a high number of specialist minor surgery to patients in the local community. Another GP was a former paediatrician and had completed a diploma in dermatology as a result they had lead roles in these areas within the practice.
- The learning needs of staff were identified through a system of appraisals and meetings. We saw that a number of staff had received an appraisal within the last 12 months although some staff had not yet had their appraisal due to a change in management however, these were scheduled.
- The GPs we spoke with confirmed they were up to date with their yearly continuing professional development requirements and had recently been revalidated. Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England.
- Staff had various lead roles within the practice to support the management of patients' care and treatment. These included QOF, safeguarding, women and children health and diabetes.
- Regular staff meetings provided the opportunity to share important information with staff. The minutes showed that these meetings were detailed and covered a number of areas including significant events and complaints.

Good

Are services effective?

(for example, treatment is effective)

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system, their intranet and an integrated pathology and discharge summaries system linked to the local acute hospital. This included care plans, risk assessments, medical records and results of tests and investigations. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

The practice referred patients appropriately to secondary and other community care services such as the district nurses. The practice used the Choose and Book system for making the majority of patient referrals. The Choose and Book system enables patients to choose at which hospital they would prefer to be seen.

Staff worked together and with other health and social care services 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 to other health professionals, or after they were discharged from hospital.

The practice implemented the gold standards framework for end of life care (GSF). This framework helps doctors, nurses and care assistants provide a good standard of care for patients who may be in the last years of life. This included a palliative care register and regular multidisciplinary meetings to discuss the care and support needs of patients and their families. Our discussions with the palliative care nursing team suggested that there was effective communication with the practice to share information in a timely manner. Regular GSF meetings took place and the GPs were approachable and responsive to feedback. We also received feedback from the community mental health team who provided brief interventions for patients with mental health needs. The service could be accessed by patients self-referring or by a GP referral. They told us that the GPs at the practice always made appropriate referrals and they were very approachable, accessible and information was shared in a timely manner.

Consent to care and treatment

Patients' consent to care and treatment was sought in line with legislation and guidance. Booklets were made available to all staff on the principles of the Mental Capacity Act 2005. Our discussion with staff demonstrated that they understood the relevant consent and decision-making requirements of legislation when providing care and treatment and would act on any concerns about a person lacking capacity to consent. This included Gillick competence (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). Staff confirmed that assessments of capacity to consent would be carried out in line with relevant guidance.

There were 11 patients on the learning disability register and 48 patients on the mental health register all of whom had received a health review. We reviewed a sample of care plans for patients with a learning disability and those with mental health needs and saw that they were supported to make decisions through the use of care plans, which they were involved in agreeing.

Health promotion and prevention

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

The practice had an electronic screen with health promotion information. There was also posters and practice leaflets with details of services for patients to access including a range of self-referral service such as sexual health, physiotherapy, smoking cessation and mental health services.

The practice had a comprehensive screening programme. Data showed that the practice's uptake for the cervical screening test was 83% which was similar to the CCG average of 81.8%. There was a system in place to recall and follow up patients who did not attend for their cervical screening test. Findings were audited to ensure good practice was being followed.

Childhood immunisation rates were mostly above the CCG averages. For example, childhood immunisation rates for the vaccinations given to under one year olds was 100%, two year olds ranged from 97% to 98% with the exception of the Infant Men C which was 67% however, the practice provided us more recent data which showed the uptake was 90%. Vaccinations for five year olds ranged from 95%

Good

Are services effective?

(for example, treatment is effective)

to 100%. Flu vaccination rates for patients over 65 years was 73.9% this was similar to the CCG average of 73%. Flu vaccination for at risk groups was 50%, this was similar to the national average of 52%.

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

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. We saw that there was a queuing system in place in the reception area and a poster requesting patients not to approach the desk if someone else was there. There were also posters informing patients that they could discuss any issues in private away from the main reception desk.

All of the 17 CQC comment cards we received were positive about the service experienced. Patients said staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. We also spoke with seven patients including two members of the patient participation group (PPG) on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

There were examples of how the practice had responded to the needs of vulnerable patients with compassion and empathy. The practice told us that they had supplied a stair lift for a patient from their donation funds when other services were unable to. We saw a letter from the patients carer thanking the practice for their support and that it had a made positive impact on their life.

Results from the national GP patient survey published in July 2015 showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was in line or above local and national average for its satisfaction scores on consultations with doctors and nurses. For example:

- 86.6% said the GP was good at listening to them compared to the CCG average of 85.9% and national average of 88.6%.
- 81.7% said the GP gave them enough time compared to the CCG average of 84.7% and national average of 86.6%.
- 94.7% said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and national average of 95%.
- 89% 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%.
- 94% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90.6% and national average of 90%.
- 86.6% patients said they found the receptionists at the practice helpful compared to the CCG average of 86.6% and national average of 86.8%.

Care planning and involvement in decisions about care and treatment

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

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

- 84% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 82% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and national average of 81%.

Staff told us that translation services were available for patients who did not have English as a first language. However, we did not see any posters in the reception areas informing patients that this service was available.

Good

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting area and information on an electronic screen told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers and 77 patients on the practice list had been identified as carers and were being supported, for example, by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them, this included a 'Carers corner' in the practice and a carers support service information leaflet.

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local Clinical Commissioning Group (CCG) to plan services and to improve outcomes for patients in the area. A CCG is an NHS organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services. For example, the practice provided minor surgical procedures to patients in the practice and local community that included more specialist surgery such as vasectomy (male sterilisation) and carpal tunnel syndrome surgery (a condition that causes a tingling sensation, numbness and sometimes pain in the hand and fingers).

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

- The practice had three practice pharmacists who provided a total of 16 hours pharmacy support to the practice as part of a CCG scheme. The aim of the scheme was to enable all practices in Walsall to have pharmacy support to ensure safe and appropriate prescribing of medications and increase efficiency in repeat prescribing. The role of the pharmacists included undertaking medication reviews of patients specifically those with complex needs and patients discharged from hospital. The pharmacists also undertook audits with the practice to ensure prescribing was in line with best practice guidelines and to improve safety and effectiveness. For example, an audit to review patients prescribed medications for specific health conditions such as diabetes and high cholesterol. The role of the pharmacists also included undertaking a hypertension (high blood pressure) clinic to review patients with uncontrolled hypertension. We spoke with one of the practice pharmacists who told us there were effective communication systems in place to share information and manage the needs of patients with complex needs and long term conditions.
- Systems to review and recall patients with long term conditions such as asthma, diabetes and chronic obstructive pulmonary disease (COPD) which is the name for a collection of lung diseases, including chronic bronchitis and emphysema. Typical symptoms are increasing shortness of breath, persistent cough and frequent chest infections.
- Longer appointments were available for patients with a learning disability and long term conditions. There were annual health checks for patients with a learning disability and those with mental health needs.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available on the same day for children, the elderly and patients who were vulnerable.
- Systems were in place to follow up urgent requests for appointments which meant that patients would receive a telephone call if a same day appointment was not available.
- The facilities were accessible for patients who had difficulty with their mobility. There was a hearing loop system to assist patients who used hearing aids, and translation services available.
- There were extended opening hours on Tuesdays when it was open from 7.30am to 7.30pm and patients could book appointments and order repeat prescriptions on line which would benefit patients unable to visit the practice during the main part of the day. For example, patients who worked during these hours.
- The practice had a patient participation group (PPG) and there were 13 members, we spoke with two members during the inspection. PPGs are a way in which patients and GP surgeries can work together to improve the quality of the service. There was evidence from minutes of meetings and discussion with the members that the PPG was trying to generate interest, engage with patients and act on feedback. For example, the PPG had developed its own patient survey which was distributed to patients to obtain feedback. Actions taken as a result of patient feedback included ensuring confidentiality in the patient waiting area.

Access to the service

The practice opening times were 8am to 6.30pm Mondays, Wednesday and Thursdays with the exception of Fridays

Good

Are services responsive to people's needs?

(for example, to feedback?)

when the practice closed at 1pm and did not re-open during the afternoon. The practice provided an extended hours service on Tuesdays when it was open from 7.30am to 7.30pm.

In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent same day appointments were available for patients that needed them. Patients could book appointments and order repeat prescriptions online. There were telephone consultations available with the GPs. The practice website also provided patients with the option of sending medical queries via the website which would be beneficial for patients unable to visit the practice during the main part of the day. For example, patients who worked during these hours.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was in line or above local and national averages for example:

- 74 % of patients were satisfied with the practice's opening hours this was similar to the CCG and national average of 74.9%.
- 89% of patients said they could get through easily to the surgery by phone compared to the CCG average of 75.5% and national average of 73%.
- 83.6% patients described their experience of making an appointment as good compared to the CCG average of 73% and national average of 73%.
- 68% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 69% and national average of 64%.

Listening and learning from concerns and complaints

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

We saw that information was available to help patients understand the complaints system which included a poster a complaints policy and practice leaflet. Patients we spoke with said that they had not needed to make a complaint but were aware of the process to follow if they wished to.

The practice had received ten complaints in the last 12 months. We reviewed these complaints and found they had been handled satisfactorily. There was evidence that complaints were discussed with staff during staff meetings to ensure learning and reflection.

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 practice charter which was displayed in the patient waiting area. Staff spoken with demonstrated a commitment to providing a high quality service that reflected the vision.

We saw areas of outstanding practice that supported the practices vision and aspirations.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

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

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. The partners encouraged a culture of openness and honesty. There was a sincere relationship between the staff and partners which nurtured an environment of trust and staff engagement.

Staff told us that regular team meetings were held and the culture in the practice promoted openness and transparency. Staff told us that they had the opportunity to raise any issues at team meetings. Staff said they were confident in raising any issues and felt supported if they did. There were protected learning events held once a month to support staff learning and development. Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, improving confidentiality in the patient waiting area.

The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Innovation

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local schemes to improve outcomes for patients in the area such as providing specialist minor surgery.

The practice had completed a high number of clinical audits with evidence to confirm that these were positively influencing and improving practice and outcomes for patients.