

# Dr Sahota's Practice (The Medical Centre)

## Quality Report

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

## Ratings

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

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Sahota's Practice (The Medical Centre) on 8 September 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.
- 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 felt the practice offered an excellent service and staff were friendly, kind, polite and treated them with dignity and respect.
- 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.
- Patient's satisfaction with how they could access care and treatment showed improvement however, they remained mostly lower than CCG and national averages. The practice had implemented changes to address this.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by the management team.
- 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
- The practice adopted new approaches for improving the quality, effectiveness and efficiency of the service provided. They had recently implemented an initiative for structured planning of the practice workload to increase efficiency, meet contractual obligations and improve outcomes for patients.

# Summary of findings

The areas where the provider should make improvement are:

- Ensure all administrative staff attend annual basic life support training in accordance with national guidance.
- Continue to identify and support more patients who are carers.
- Continue to monitor and improve national GP patient survey performance relating to access of services to bring them in line with local and national averages.

**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
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, 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.
- 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 performance for diabetes and mental health related indicators were mostly comparable to CCG and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical and internal audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. Nursing staff had received additional training to expand their roles and mentor others.
- 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 July 2016 showed patients rated the practice similar to others for most aspects of care.
- Patients said they felt the practice offered an excellent service and staff were friendly, kind, polite and treated them with dignity and respect.
- Information for patients about the services available was easy to understand and accessible.

Good



# Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## 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 Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice attended regular CCG meetings and compared performance data with other local practices to share learning and identify areas for improvement.
- Patient's satisfaction with how they could access care and treatment showed improvement however, they remained mostly lower than CCG and national averages. The practice had implemented changes to address this.
- 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 the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management.
- The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching 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 partners encouraged a culture of openness and honesty.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- The practice adopted new approaches for improving the quality, effectiveness and efficiency of the service provided.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- There was a named GP lead for safeguarding vulnerable adults and staff were aware of their responsibilities to raise concerns.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. Alerts were placed on the electronic records of housebound patients to highlight this to staff when triaging home visits and booking transport.
- The practice engaged in the local admissions avoidance scheme to identify older patients at high risk of hospital admission and invited them in for review to create integrated care plans aimed at reducing this risk.
- There were monthly multi-disciplinary team meetings attended by members of the district nursing team, community matron, health visitors, and primary care navigator to discuss and update care plans of older patients with complex medical needs. The practice also had regular meetings with the community palliative care team.

### People with long term conditions

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

Good



- There was GP and nurse-led management of patients with long-term conditions and patients were invited to annual health checks and medication review.
- There were nurse and GP leads for long-term conditions, for example a specialist nurse and expert clinician in diabetes management.
- Longer appointments and home visits were available when needed.
- QOF data 2014/15 showed the practice was mostly comparable to CCG averages for performance indicators related to diabetes. Unpublished QOF data 2015/2016 at the time of inspection showed improvements in the areas that had fallen below CCG averages in the previous year.
- There was a fortnightly respiratory clinic for newly diagnosed and patients with poorly controlled asthma or chronic

# Summary of findings

obstructive pulmonary disease (COPD). The practice produced an asthma newsletter to provide information on the condition and actively encouraged patients to attend for annual reviews and flu vaccinations.

- The practice engaged in the local admissions avoidance scheme to identify patients with long term conditions at high risk of hospital admission and invited them in for review to create integrated care plans aimed at reducing this risk.
- There were monthly multi-disciplinary team meetings attended by members of the district nursing team, community matron, health visitors and primary care navigator to discuss and update care plans of patients with complex medical needs. The practice also had regular meetings with the community palliative care team.
- The practice were engaged in an empowered patient programme which was a local pilot scheme aimed at encouraging self-management in patients with diabetes and chronic obstructive pulmonary disease (COPD).

## Families, children and young people

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

- There was a named GP lead for safeguarding children, staff had received role appropriate training and were aware of their responsibilities to raise concerns.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, families where there were issues with drug addiction.
- The practice held monthly multi-disciplinary team meetings attended by health visitors and school nurses to discuss cases of children at risk. The practice told us they had close relationship with the community paediatric matron.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Childhood immunisation rates for the vaccinations given were comparable to CCG averages.
- The practice offered routine ante-natal and postnatal care including six week mother and baby checks.
- The practice offered chlamydia screening and had signed up to the national C-card scheme to promote safe sex amongst young people.

Good



# Summary of findings

## **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).

- Extended hour appointments were available once a week for patients unable to attend the practice during normal working hours. Telephone consultations were also available.
- There was the facility to book appointments and request repeat prescription online.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- New patient and NHS health checks for patients aged 40 to 74 years of age were offered with appropriate follow-up when abnormalities or risk factors were identified.

**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.

- There was a named GP lead for safeguarding vulnerable adults. 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.
- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability. Longer appointments were available for these patients if required.
- Patients with learning disabilities were invited for annual health checks and care plan review. Health check questionnaires were sent out prior to the appointment for completion by carers to reduce the stress and duration of appointment. Patients were offered an alternative waiting area if the main reception was crowded.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

**Good**



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

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

**Good**





# Summary of findings

- 84% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months (April 2014 to March 15), which was similar to the CCG average of 85% and the national average of 84%.
- Staff had received in-house training to increase awareness about dementia and to help support patients with the condition.
- The practice offered opportunistic screening for dementia as well as part of care plan review with referrals sent on to local memory services if appropriate.
- The practice regularly worked with multi-disciplinary 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.
- The practice were involved in a CCG led pilot scheme to provide a community mental health nurse to the practice so patients could receive in-house mental health management and support.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published July 2016 which included data collected from July 2015 to March 2016. Two hundred and ninety five survey forms were distributed with 110 returned. This represented a response rate of 37% and 1% of the practice's patient list.

- 44% of patients found it easy to get through to this practice by phone compared to the CCG average of 67% and the national average of 73%.
- 48% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 72% and the national average of 76%.
- 61% of patients described the overall experience of this GP practice as good compared to the CCG average of 79% and the national average of 85%.
- 53% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 73% and the national average of 80%.

The practice was aware of the weaknesses highlighted in the latest GP survey results and considered that the

actions they had implemented to improve patient access in response to the previous GP survey findings published January 2016, had not been in place long enough to significantly improve patient satisfaction scores.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 19 comment cards which were mainly positive about the standard of care received. Comments received described staff as friendly, kind, polite and helpful and the environment as clean and tidy.

We spoke with nine patients during the inspection including four patient participation group (PPG) members. The majority of patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Results from the Friends and Family Test (FFT) for the period September 2015 to August 2016 showed that 85% of respondents would recommend the practice to their friends and family.

## Areas for improvement

### Action the service SHOULD take to improve

- Ensure administrative staff attend annual basic life support training in accordance with national guidance.
- Continue to identify and support more patients who are carers.
- Continue to monitor and improve national GP patient survey performance relating to access of services to bring them in line with local and national averages.

# Dr Sahota's Practice (The Medical Centre)

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

### Background to Dr Sahota's Practice (The Medical Centre)

Dr Sahota's Practice (The Medical Centre) is a well-established GP practice situated within the London Borough of Hillingdon. The practice lies within the administrative boundaries of NHS Hillingdon Clinical Commissioning Group (CCG) and is a member of Concorde Health Network in the Hillingdon locality. The practice provides training for student nurses enrolled at the University of West London.

The practice provides primary medical services to approximately 9,600 patients mostly living in West Drayton. The practice holds a General Medical Services Contract and Directed Enhanced Services Contracts. The practice is located at The Medical Centre, 6 The Green, West Drayton, UB7 7PJ, with good rail and bus transport links.

The practice operates from a single storey converted building which is owned and managed by one of the GP partners. The practice leases additional space from the owners of the building adjacent to the practice, which accommodates administration staff. The practice has nine consultation rooms and a reception and waiting area on the ground floor of the premises. There are facilities for

disabled access with a ramp from the car park to the practice entrance and toilet facilities in the main reception area. There are public parking spaces in the grounds of the practice.

The practice population is ethnically diverse and has a higher than the national average number of male and female patients between 0 and nine years of age and between 30 and 39 years of age. There is a lower than the national average number from 60 years of age plus. The practice area is rated in the fourth more deprived decile of the national Index of Multiple Deprivation (IMD). People living in more deprived areas tend to have greater need for health services. Data from Public Health England 2014/15 shows that the practice has a higher percentage of patients with a long-standing condition compared to CCG and England averages (56%, 50%, and 54% respectively).

The practice is registered with the Care Quality Commission to provide the regulated activities of diagnostic & screening procedures, maternity & midwifery services, surgical procedures and treatment of disease disorder & injury.

The practice team comprises of one female GP principal and CQC registered manager, two female and three male long-term locum GPs who collectively work 28 to 30 sessions per week. They are supported by two part time locum female advanced nurse practitioners who collectively work nine sessions per week, a pharmacist independent prescriber working four sessions a week, a full time female senior practice nurse, two part time female practice nurses and two part time female health care assistants. The administration management team comprises of a finance manager partner, a business manager, administration manager and twelve administrators/receptionists.

# Detailed findings

The opening hours are 8am to 6pm Monday, Tuesday, Thursday, Friday and 8am to 12.30pm Wednesday. Consultation times in the morning are from 8am to 11.30am Monday to Friday and in the afternoon from 2pm to 5.50pm Monday, Tuesday, Thursday, and Friday. Extended hour appointments are offered in the evening from 6.30pm to 8pm on Thursday. Pre-bookable appointments can be booked two weeks in advance. The out of hours services are provided by an alternative provider. The details of the out-of-hours service are communicated in a recorded message accessed by calling the practice when it is closed and on the practice website.

The practice provides a wide range of services including chronic disease management, minor surgery and health checks for patients 40 years plus. The practice also provides health promotion services including, cervical screening, childhood immunisations and contraception. The practice holds a minor illness clinic run by the pharmacist independent prescriber who offers advice and prescribes treatment for a range of minor conditions, within definitive exclusion criteria.

## 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 visiting, 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 8 September 2016.

During our visit we:

- Spoke with a range of staff (insert job roles of staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

We also looked at how well services 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.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. 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).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following an incident when a patient's relative sustained a minor injury in one of the treatment rooms, the case was discussed and the layout of the room was reviewed and improved to prevent future accidents from occurring. Because of the small size of the treatment room the practice also implemented a protocol to restrict the number of people permitted into the room at any one time and alternative arrangements were put in place.

### 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. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead

member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Monthly meetings were held at the practice to discuss vulnerable patients for which health visitors and school nurses were routinely invited to attend. Audits were regularly conducted to ensure that safeguarding information retained was up to date and accurate. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three, nurses to level two and non-clinical staff to level one.

- A notice in the waiting room advised patients that chaperones were available if required. 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 clean and tidy. The senior practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Twice yearly infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- 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. The practice pharmacist carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line

## Are services safe?

with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### 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. There was a health and safety policy available with a poster in the practice which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. 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 had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- 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 enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to 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 clinical staff and some administration staff had received basic life support training in the last year however, records showed that some reception staff had not completed this training for two to three years.
- The practice had a defibrillator available on the premises and oxygen 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 disaster and business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. In the event of whole practice closure arrangements were in place for the installation of two bespoke temporary mini-surgeries in the practice car park. The practice was included in their utility company's special register which enabled them in the event of a disaster, to have access to a 'haste van' containing essential equipment such as blankets, food, generators, and vaccine fridges.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice 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 had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments and audits.

### 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 2014/15 were 95% of the total number of points available which was the same as the CCG and national averages. Clinical exception reporting was 9%, which was above the CCG average of 8% and equivalent to the national average of 9%. (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). Unpublished QOF data 2015/16 at the time of inspection showed an improved overall QOF achievement rate of 98%, which was above the CCG average of 96% and the national average of 95%.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

Performance for diabetes related indicators was similar to or fell below CCG and national averages. For example,

- The percentage of patients with diabetes in whom the last IFCC- HbA1c was 64 mmol/mol or less in the preceding 12 months was 68%, which was similar to the CCG average of 74% and the national average of 78%.
- The percentage of patients with diabetes in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 68%, which was below the CCG and national averages of 78%.

- The percentage of patients with diabetes, on the register, who have had influenza immunisation was 87%, which was similar to the CCG average of 92% and below the national average of 94%.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 73%, which was similar to the CCG average of 77% and below the national average of 81%.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 82%, which was below the CCG average of 86% and the national average of 88%.

Unpublished QOF data 2015/16 at the time of inspection showed the practice had achieved higher rates for all of the above indicators and that they were similar to or above CCG and national averages.

Performance for mental health related indicators 2014/15 was similar or below CCG and national averages. For example,

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 91%, which was similar to the CCG average of 92% and the national average of 88%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 93%, which was the same as the CCG average of 93% and above the national average of 90%.

Unpublished QOF data 2015/16 at the time of inspection showed the practice had achieved similar rates for both the above indicators and that they were comparable with or above CCG and national averages.

Performance for other health related indicators 2014/15 was similar to CCG and national averages. For example,

- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less was 82%, which was similar to the CCG average of 83% and national average of 84%.

# Are services effective?

## (for example, treatment is effective)

- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 92%, which was similar to the CCG average of 92% and national average of 90%.

Unpublished QOF data 2015/16 at the time of inspection showed the practice had achieved higher rates for both the above indicators and that they were above CCG and national averages.

The practice undertook regular audits to monitor their QOF achievement to assess weaknesses in performance and to plan and make changes to improve outcomes. For example, the practice had devised a new appointment system in the review and management of diabetic patients with an initial double appointment made with the HCA to undertake clinical observations, followed by a single appointment with the practice nurse for clinical review and care planning.

There was evidence of quality improvement including clinical audit.

- There had been 15 clinical audits completed in the last two years, six of these were completed audit cycles where the improvements made were implemented and monitored. For example, the practice completed an audit to review prescriptions of domperidone, an anti-sickness medication, following a safety alert received reporting cardiac side effects and warning against long term use. The first audit identified ten patients taking the medicine that were at risk of side effects. These patients were invited in for medication review and the results were also discussed with the clinical team to raise awareness of the issue. Subsequent re-audit found improvement in results with only one patient prescribed the medicine for short term use on the advice of a secondary care consultant.
- The practice participated in local audits, national benchmarking and peer review. Findings were used by the practice to improve services. For example, the practice attended regular CCG meetings and compared performance data, such as outpatient attendances and prescribing rates, with other local practices to identify areas for improvement and share learning. The practice used patient education leaflets about viral illness to try to reduce demand for antibiotic prescriptions and improve their antibiotic prescribing rates.

- Information about patients' outcomes was used to make improvements. For example, the practice engaged in the local admission avoidance scheme by identifying patients at high risk of hospital admission and invited them in for review to create personalised care plans aimed at reducing the risk. Recent data showed the practices unscheduled accident and emergency attendances were comparable to CCG averages.

### Effective staffing

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

- The practice had a comprehensive induction programme for all newly appointed staff. This covered such topics as, infection prevention and control, fire safety, health and safety and confidentiality in addition to standard operating procedures.
- The practice employed long-term locum GPs who worked and performed salaried GP hours and roles to ensure continuity and quality of care.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, the senior practice nurse had completed the Association for Respiratory Technology and Physiology (ARTP) spirometry course and another nurse had completed a diploma in wound care. Nursing staff had received additional training to expand their roles and mentor others.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines 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 meetings and nurse forums.
- The learning needs of staff were identified through a system of appraisals, 360 degree feedback, meetings and reviews of practice development needs.
- Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on-going support, one-to-one meetings,



# Are services effective?

## (for example, treatment is effective)

coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.

- 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.

### 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.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. 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. The principal GP, finance manager partner and senior practice nurse had leadership roles within the CCG and attended regular networking events.

### 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.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet and smoking cessation. Patients were signposted to the relevant service.
- Smoking cessation advice was available in-house by appointment.

The practice's uptake for the cervical screening programme 2014/15 was 73%, which was similar to the CCG average of 78% and national average of 82%. Unpublished data 2015/16 at the time of inspection showed a higher uptake rate with the practice achieving 76% which was similar to the CCG average of 77% and the national average of 81%.

There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were failsafe and effective 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. The practice had historically conducted quarterly cervical screening audits to ensure that the quality of samples taken met the cytology screening guidelines. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates 2014/15 for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 91% to 98% (CCG averages from 90% to 95%) and five year olds from 90% to 98% (CCG averages from 88% to 94%). Unpublished QOF data 2015/16 at the time of inspection showed that similar rates had been achieved.

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

There was a fortnightly respiratory clinic for newly diagnosed and patients with poorly controlled asthma or chronic obstructive pulmonary disease. The practice produced an asthma newsletter to provide information on the condition and actively encourage patients to attend for

## Are services effective?

(for example, treatment is effective)

annual reviews and flu vaccinations. The practice had installed an automated blood pressure machine in the

waiting room to encourage patient self-monitoring and had negotiated special discounts at local fitness centres for patients and staff access to help promote healthy lifestyles.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; 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.

All of the 19 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were friendly, kind, polite and treated them with dignity and respect.

We spoke with four members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was mainly similar or above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 82% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 75% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 87%.
- 83% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 87% and the national average of 92%.

- 75% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 77% and the national average of 85%.
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 91%.
- 90% of patients said the nurse was good at giving them enough time compared to the CCG average of 89% and the national average of 92%.

### 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 July 2016 showed that the majority of 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:

- 76% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and the national average of 86%.
- 68% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 75% and the national average of 82%.
- 84% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 90%.
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 85%.

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

## Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. We were told that some of the practice team spoke a range of languages, including those spoken by many of the practice's population groups.

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

Patient information leaflets and notices were available in the patient waiting area which informed patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 82 patients as carers (0.9% of the practice list). Carers were invited to attend for flu vaccinations and could be referred for an assessment of needs where appropriate. Written information was available to direct carers to the various avenues of support available to them.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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. For example, the practice attended regular CCG meetings and compared performance data with other local practices to share learning and identify areas for improvement.

- Extended hour appointments were available once a week for patients unable to attend the practice during normal working hours. Telephone consultations were also available daily.
- There were longer appointments available for patients with a learning disability.
- 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 require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were facilities for disabled access, a hearing loop and translation services available.
- 44% of patients found it easy to get through to this practice by phone compared to the CCG average of 67% and the national average of 73%.
- 48% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 72% and the national average of 76%.
- 46% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and the national average of 76%.
- 90% of patients said the last appointment they got was convenient compared to the CCG average of 89% and the national average of 92%.
- 43% of patients said that they usually wait more than 15 minutes after their appointment time to be seen compared to the CCG average of 31% and the national average of 28%.

The practice was aware of the weaknesses highlighted in the latest GP Survey results and considered that the actions they had implemented to improve patient access in response to the previous GP survey findings published January 2016, had not been in place long enough to significantly improve patient satisfaction scores. The practice had invested in an advanced telephone system in October 2015 and since implementation there had been significant improvements in telephone access efficiency reported by patients and from internal audits conducted. The practice had also made changes to the appointment system and anticipated improved patient satisfaction scores in the next GP survey results.

People told us on the day of the inspection that they were able to get appointments when they needed them, though not always with a preferred doctor. However, some patients told us there were sometimes long waiting times to be seen for their appointment.

The practice had a system in place to assess:

- Whether a home visit was clinically necessary
- The urgency of the need for medical attention.

All home visit requests were logged by reception staff which were then considered and prioritised by the duty GP according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the

### Access to the service

The practice was open between 8am to 6pm Monday, Tuesday, Thursday, Friday and 8am to 12.30pm Wednesday. Appointments in the morning were from 8am to 11.30am Monday to Friday and in the afternoon from 2pm to 5.50pm Monday, Tuesday, Thursday, and Friday. Extended hour appointments were offered in the evening from 6.30pm to 8pm on Thursday. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey published July 2016 (data collection period July 2015 to March 2016) showed that patient's satisfaction with how they could access care and treatment was mostly below local and national averages. However, there had been some improvement from previous year's scores.

# Are services responsive to people's needs?

(for example, to feedback?)

patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

## 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.
- 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 for example in the practice information leaflet and on the practice website.

We looked at 23 complaints received in the last two years and found they were satisfactorily handled, with openness and transparency and apologies offered where appropriate. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, following a complaint about staff attitude when requesting a repeat prescription, the practice discussed the event and used it as a training example for reception staff to improve customer care. They also improved the repeat prescription process information displayed in the waiting area providing clearer information to avoid any further confusion for patients.

# 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 written mission statement which declared that they were; 'Committed to providing the best possible patient care by our friendly innovative team'. This was displayed on the practice information leaflet and on the website. Staff were aware and understood the practice vision and values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies, procedures and protocols were implemented, regularly reviewed and were available to all staff.
- The practice maintained an up to date and comprehensive view of the performance of the practice which was shared with the whole practice team.
- A programme of clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection the principal GP and management team 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. Staff told us the principal GP was very 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). The principal GP and management team 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, truthful information and a verbal or 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 the management team.

- Staff told us the practice held regular team, clinical and business meetings well as multi-disciplinary meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- There were high levels of staff satisfaction. Staff said they felt respected, valued and supported by the principal GP and management team and spoke highly of the team work culture across the practice.
- All staff were involved in discussions about how to run and develop the practice, and the principal 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. The PPG met quarterly, reviewed and discussed patient feedback from the various sources received and submitted suggestions for improvements to the practice management team. For example, the practice displayed the number of appointments not attended by patients each month in response to PPG suggestions to raise patient awareness of the extent and impact of wasted



# Are services well-led?

Good 

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

appointments that could have been re-allocated if the practice had been informed. The practice had also added a diabetes self-assessment test to their website following PPG suggestion.

- The practice had gathered feedback from staff through staff meetings, appraisals, 360 degree feedback and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example the practice was engaged in an empowered patient programme which was a local pilot scheme aimed at encouraging self-management in patients with diabetes and chronic obstructive pulmonary disease (COPD). The practice had also been involved in a pilot scheme to mentor student nurses undertaking the Local Medical Committee (LMC) transition to General Practice Nursing course. The scheme aimed to encourage nurses in training to consider practice nursing as part of their career progression in an attempt to increase the number of GP practice nurses. The practice had since the pilot completion continued to provide regular placements and nurse mentor training to student nurses.

There was a commitment to developing staff for the benefit to patients. For example, two receptionists were supported to undertake and complete health care assistant (HCA) training courses and both had recently undertaken flu immunisation training and were working to achieve their competencies.

The leadership in the practice drove continuous improvement and supported staff to deliver. The practice adopted new approaches for improving the quality, effectiveness and efficiency of the service provided. For example, they had recently implemented an initiative for structured planning of the practice workload to increase efficiency, meet contractual obligations and improve outcomes for patients. Named leads were allocated specific clinical responsibilities in their area of expertise and the practice patient list was divided between them. Each clinical lead was allocated a weekly list of 40 to 50 patient records for review to identify all of the health care areas that needed to be addressed. Patients were then invited by the administration team to attend an appointment that was arranged with the appropriate clinician with enough time allocated for required clinical input. The practice monitored and displayed a performance chart against the monthly targets set which was regularly updated so that staff were aware of progress and achievement.

The practice engaged in community events. They were involved in a community event celebrating Mayday and had opened the practice to provide refreshments on the day. They also organised for the local Friends of Dementia representative to attend the event who handed out information about the condition. The practice had been involved in a community campaign to improve the safety of the local area following a serious car accident close to the practice. Staff from the practice provided assistance at the time of the accident and the significant event they documented after their involvement, was used to highlight the need to make the area safer in discussions with local politicians.