

Dr Somendra Lal Ghose

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?

Requires improvement



Are services effective?

Good



Are services caring?

Outstanding



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

This is the report of findings from our inspection of Dr Somendra Lal Ghose. The practice is registered with the CQC to provide primary care services. We undertook a planned, comprehensive inspection on 14 October 2014 and we spoke with patients, relatives, staff and the practice management team.

The practice was rated as **Good**.

Our key findings were as follows:

- The practice is safe in part. Staff understood and met their responsibilities to raise concerns and report incidents, risks and near misses. Lessons were learned and communicated widely to support improvement. There were enough staff to keep people safe. We found that staff with chaperoning responsibilities had not completed a Disclosure and Barring Service (DBS) check.
- The practice is effective. Patient's needs were assessed and care was planned and delivered in line with current legislation. Staff received training appropriate to their roles and further training needs have been identified and planned.
- The practice is caring. Many patients told us they were treated with compassion, dignity and respect and that they were involved in care and treatment decisions. Accessible information was provided to help patients understand the care available to them.
- The practice is responsive. The practice reviewed the needs of their local population. Patients reported good access to the practice. The practice had good facilities and was well equipped to treat patients and meet their needs. There was an accessible complaints system with evidence demonstrating the practice responded quickly to issues raised.
- The practice is well-led. There was a clear leadership structure and staff felt supported by management. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients and this had

Summary of findings

been acted upon. The practice had an active patient participation group (PPG). Staff received inductions, regular performance reviews and attended staff meetings and events.

There were areas of practice where the provider needs to make improvements.

The provider must:

- The provider must ensure that all staff with chaperoning responsibilities have had a Disclosure and Barring Service (DBS) check completed. Reg 21

The provider should:

- Undertake a disabled access audit to ensure the entrance to the practice meets the Equality Act 2010

- Ensure annual PAT tests are completed for all electrical equipment in use.
- Have available the use of equipment such as pulse oximeters, defibrillators and oxygen for emergency treatments in line with current external guidance and national standards.
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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 service was safe. Information from NHS England and the Clinical Commissioning Group (CCG) indicated that the practice had a good track record for maintaining patient safety. Effective systems were in place to oversee the safety of the building and patients. Staff took action to learn from any incidents that occurred within the practice. Staff took action to safeguard patients and when appropriate made safeguarding and child protection referrals. We found that not all with chaperoning responsibilities have not completed a Disclosure and Barring Service (DBS) check.

Requires improvement



Are services effective?

The service was effective. There were systems in place which supported GPs and other clinical staff to improve clinical outcomes for patients. Care and treatment was being delivered in line with current published best practice. Patients' needs were consistently met. Consent to treatment was obtained appropriately.

Good



Are services caring?

The service was very caring. The forty patients who completed CQC comment cards and the seven patients we spoke with during our inspection were extremely complimentary about the reception staff and the GP. They told us the GP was a very caring person, all staff treated them with dignity and they felt that their views were always listened to. Staff we spoke with were aware of the importance of providing patients with privacy. Carers or an advocate were involved in helping patients who required support with making decisions.

Outstanding



Are services responsive to people's needs?

The service was accessible and responsive to patients' needs. The practice made adjustments to meet the needs of patients, including having access to interpreter services. The practice responded appropriately to complaints about the service. Regular patient surveys were conducted and the practice took action to make suggested improvements.

Good



Are services well-led?

The service was well led and effectively responded to changes. Governance and risk management structures were in place. The practice had a clear set of values which were understood by staff and recorded on the practice website. The team used their clinical audit tools, clinical supervision and staff meetings to assess the quality of service being provided and how to make improvements.

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

Staff were able to recognise signs of abuse in older people and knew how to escalate or refer these concerns if needed. They recognised the complex needs of older people and how best to treat them. The practice kept a register of all older people to help them plan for the regular review of their care and treatment. Structured annual assessment of older people took place.

The practice was working towards establishing a care co-ordinator for all older people on their practice register. If older patients were admitted to hospital in an unplanned way this was reviewed by the GP and if required changes would be made to their treatment plan for example a change in medications. Health promotional advice and support was given to patients and leaflets were seen at the practice. These included signposting older patients and their carers to support services across the local community. Older patients were offered vaccines such as the Flu vaccine each year.

Good



People with long term conditions

The practice had processes in place for the referral of patients with long term conditions that had a sudden deterioration in health. The GP reviewed all unplanned admissions to hospital. Registers of long term conditions were kept and annual reviews of patients were carried out, including a review of medications. All patients with an unplanned admission to hospital were reviewed by the GP on discharge. The practice had summary care records and special patient notes in place to share with other providers. We saw health promotional advice and information and referral to support services for example smoking cessation.

Good



Families, children and young people

The practice had systems in place for identifying children, young people and families living in disadvantaged circumstances. The practice monitored children and young people with a high number of A&E attendances. The GP had written reports for safeguarding and child protection hearings as required.

The practice identified and reviewed newly pregnant women with ante and post natal referrals along with patients who experienced issues with their pregnancy. Regular meetings were held at the practice with midwives, health visitors and district nurses. If required the GP would liaise with school nurses working locally.

Good



Summary of findings

Staff we spoke with were aware of consent best practice (Gillick competences). The practice nurse undertook children immunisation sessions and the practice followed up patients who did not attend their appointment. We saw health promotional advice, information and signposting to support organisations and services for families, children and young people, including for sexual health clinics and mental health services.

Working age people (including those recently retired and students)

The practice provided a range of services for patients to consult with GPs and nurses, including on-line booking and telephone consultations. Staff had a programme in place to make sure no patient missed their regular reviews for their condition such as diabetes, respiratory and cardiovascular problems. Appointments were available prior to 9am on one day each week.

Good



People whose circumstances may make them vulnerable

Identification of people at risk of abuse and follow up actions were taken. Systems were in place for sharing information about people at risk of abuse with other organisations where appropriate. The practice had a system in place for identifying people living in vulnerable circumstances. A register was kept of patients with a learning disability to help with the planning of services and reviews. All such patients were offered an annual health check. We heard of the close links with community teams supporting this patient group. We saw health promotional advice and information available for patients.

Good



People experiencing poor mental health (including people with dementia)

The practice maintained a register of patients who experienced mental health problems. The register supported clinical staff to offer patients an annual appointment for a health check and a medication review. Clinicians routinely and appropriately referred patients to counselling and talking therapy services, as well as psychiatric provision.

Good



Summary of findings

What people who use the service say

We received 40 completed patient CQC comment cards and spoke with seven patients who were attending the practice on the day of our inspection. We spoke with people from different age groups, including parents with children, patients with different physical conditions and long-term care needs. The patients were overwhelmingly complimentary about the staff and GPs. They spoke in particular of the caring and compassionate nature of the GP and practice staff. Patients told us they found the staff to be helpful and felt they were treated with respect at all times and they gave good examples where the GP and staff had exceeded their expectations in terms of care.

We heard that staff had looked at how to make it easier to obtain appointments and had introduced an on-line facility for booking appointments. We were told that all patients whenever they called would be provided with a consultation with the GP. This was often a face-to-face appointment on the same day or a telephone call from the GP.

The practice ran a patient participation group (PPG). We saw that they were regularly consulted about developments made to the practice and the practice manager considered their views when planning how the practice would run in the forthcoming year. We spoke with two PPG members during our inspection and they told us the members worked well together and were an important part of the practice system for making sure the service operated well. They said they undertook this work to pay back the practice for the care and support they had always been given, in particular from the GP. They all told us the doctors and nurses were competent and knowledgeable about their treatment needs.

We were told that staff were all committed to providing the best care possible and really cared about patient wellbeing. Patients discussed how the GPs had been extremely supportive for example when a patient had experienced a death in the family.

Areas for improvement

Action the service **MUST** take to improve

The provider must ensure that all staff with chaperoning responsibilities have had a Disclosure and Barring Service (DBS) check completed.

Action the service **SHOULD** take to improve

Undertake a disabled access audit to ensure the entrance to the practice meets the Equality Act 2010

Ensure annual PAT tests are completed for all electrical equipment in use.

Have available the use of equipment such as pulse oximeters, defibrillators and oxygen for emergency treatments in line with current external guidance and national standards.

Dr Somendra Lal Ghose

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC inspector and the team included a GP and a Practice Manager.

Background to Dr Somendra Lal Ghose

Dr Somendra Lal Ghose is registered with the CQC to provide primary care services, which includes access to GPs, minor surgery, family planning, ante and post natal care. The practice provides GP services for 1462 patients living in the Aintree area of Liverpool. The practice has one long standing General Practitioner (GP) partner, one practice nurse, one healthcare assistant, a practice manager and deputy practice manager and a number of receptionist/administration staff. The practice is part of NHS Liverpool CCG .

GP consultation times are Monday to Friday 9.30am to 11.30am and 4.30pm to 6pm. The surgery is closed on the last Thursday afternoon of each month (excluding August and December) for training. Patients can book appointments in person, via the telephone and online. Appointments can be booked for up to a week in advance for the doctors and a month in advance for the nursing clinics. The practice treats patients of all ages and provides a range of medical services. When the practice is closed patients can access the out of hour's provider for Liverpool, Urgent Care 24 (UC24).

Why we carried out this inspection

We inspected this service as part of our new inspection programme to test our approach going forward. This practice had not been inspected before and that was why we included them in this programme of inspections.

How we carried out this inspection

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

- 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
- Mothers, babies, children and young people
- The working-age population and those recently retired
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing a mental health problems

Before our inspection we carried out an analysis of the data from our Intelligent Monitoring System. We also reviewed information we held and asked other organisations and key stakeholders to share what they knew about the practice.

Detailed findings

We reviewed the policies, procedures and other information the practice provided before the inspection. The information reviewed did not highlight any significant areas of risk across the five key question areas.

We carried out an announced inspection on 14 October 2014 and spent nine hours at the practice.

We reviewed all areas of the practice including the administrative areas. We sought views from patients both

face-to-face and via comment cards. We spoke with the practice manager, registered manager, a GP, a nurse, a number of administrative staff and the receptionists on duty.

We observed how staff treated patients visiting and ringing the practice. We reviewed how GPs made clinical decisions. We reviewed a variety of documents used by the practice to run the service. We also talked with carers and family members of patients visiting the practice at the time of our inspection.

Are services safe?

Our findings

Safe Track Record

Systems were in place to monitor patient safety. Staff were encouraged by the management team to share information when incidents and untoward events occurred. They were clear that the practice manager and GP would be notified when events occurred. The practice manager told us they ensured reports about incidents, significant events and complaints were also taken and discussed at regular practice meetings. Minutes of these meetings showed this. Reports from NHS England indicated the practice had a good track record for maintaining patient safety. We saw that Serious Event Analysis (SEA) had been completed and when these incidents had occurred appropriate and safe action had been taken.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events. Staff reported an open and transparent culture when accidents, incidents and complaints occurred. Staff were trained in incident and accident reporting. There was an accident and incident reporting policy and procedure to support staff with which they were familiar. They told us they felt confident in reporting and raising concerns and felt they would be dealt with appropriately and professionally. Of the events we reviewed that had occurred, we were satisfied that appropriate actions and learning had taken place. All actions were monitored at regular practice meetings.

The practice had a process for monitoring serious event analysis (SEA) and when required these were reported to the local Clinical Commissioning Group (CCG). They received alert notifications from national safety bodies and all relevant staff were aware of these.

From the review of complaint investigations information, we saw that the service ensured complainants were given full feedback and asked for detailed information about their concerns. We saw how complaints made were used by the service to learn and improve patient safety and experience.

Reliable safety systems and processes including safeguarding

There was a current local policy for child and adult safeguarding. This referenced the Department of Health's

guidance. Staff demonstrated knowledge and understanding of safeguarding. They described what constituted abuse and what they would do if they had concerns. They had undertaken electronic learning regarding safeguarding of children and adults as part of their essential (mandatory) training modules. This training was at different levels appropriate to the various roles of staff.

There was a chaperone policy in place. Staff were familiar with this however, there was no record of training. We saw that there was signage in the consultation rooms offering chaperones if needed.

Medicines management

The practice had clear systems in place for the management of medicines. There was a system in place for ensuring a medication review was recorded in all patients' notes for all patients being prescribed four or more repeat medicines. We were told that the number of hours from requesting a prescription to availability for collection by the patient was 48 hours or less (excluding weekends and bank/local holidays). The practice met on a quarterly basis with the Medicines Manager and CCG pharmacists to review prescribing trends and medication audits.

We observed effective prescribing practices in line with published guidance. Information leaflets were available to patients relating to their medicines. We reviewed the bags available for doctors when doing home visits and found their contents were intact and in date.

Clear records were kept when any medicines were brought into the practice and administered to patients. Medicine refrigerator temperatures were checked and recorded daily and were cleaned on a monthly basis or as needed if there was a spillage. The refrigerator was adequately maintained by the manufacturer and staff were aware of the actions to take if the fridge was out of temperature range.

The practice had the equipment and in-date emergency drugs to treat patients in an emergency situation. We saw that emergency medicine, including medicines for anaphylactic shock, were stored safely yet accessible, and were monitored to ensure they were in date and effective. The practice did not hold stocks of controlled drugs (strong medicines which require extra administration checks to ensure safety). We observed that there was a system for checking the expiry dates of emergency drugs on a monthly basis or more regularly if used.

Are services safe?

Cleanliness & infection control

The practice nurse was the lead for infection control. They had undertaken basic training in infection control and obtained support and guidance from the local teams as needed. There was a current infection control policy with supporting policies and guidance. Hand washing technique posters were displayed in each treatment and consultation room. Hand wash and alcohol hand sanitizer dispensers were situated in all the relevant rooms. A needle stick/inoculation injury flowchart protocol was displayed in all treatment rooms where the risk to staff of acquiring an infection from this type of injury was more prevalent. Sharps containers were stored in each treatment and consultation room. We observed these containers were stored on worktops and benches away from the floor and out of reach of children. We found that legionella testing had been carried out at the practice.

The environment was clean and tidy and equipment was well-maintained. However cleaning schedules for each room were not in place. We observed appropriate segregated waste disposal for clinical and non-clinical waste. Contracts were in place for waste disposal and clinical waste was stored securely.

We observed care equipment for example, bed trolleys, ECG machines, dressing trolleys and found them to be clean and tidy. The service had a cleaning schedule to ensure the equipment remained clean and hygienic at all times. The service used single use equipment for invasive procedures for example, taking blood and cervical smears.

Equipment

The practice had systems in place to ensure regular and appropriate inspection, calibration, maintenance and replacement of equipment. Suitable equipment which included medical and non-medical equipment, furniture, fixtures and fittings were in place. Staff confirmed they had completed training appropriate to their role in using medical devices. We saw evidence that clinical equipment was regularly maintained and cleaned but there was no evidence that an annual PAT test had taken place for all electrical equipment in use.

Staffing & Recruitment

The practice had a recruitment policy in place. Appropriate pre-employment checks were undertaken and completed before employment, such as references, medical checks,

professional registration checks, photographic identification. However not all staff including those with chaperoning responsibilities had completed a Disclosure and Barring Service (DBS) check before commencement of work and there was no risk assessment to support this decision. These checks provide employers with access to an individual's full criminal record and other information to assess their suitability for the role. Staff were able to describe their recruitment process and told us that they had submitted all the required information and appropriate disclosures.

Monitoring Safety & Responding to Risk

The practice had a system in place for reporting, recording and monitoring significant events. We were told that incidents were reported at regular practice meetings and minutes were shown to us to demonstrate this. We saw the practice had developed their own health and safety audit which included a walk around the practice looking for any faults or issues. Formal risk assessments for the environment and premises were in place, this included a fire risk assessment and a completed legionella test for the building. However they had not completed a disability access audit for the entrance to the building and we considered the entrance to the practice may not be in line with the Equality Act 2010. There was a wheel chair ramp but all patients were required to ring the bell to enter the practice and the bell was above the level a wheelchair user could reach.

The practice had procedures in place to manage expected absences, such as annual leave, and unexpected absences through staff sickness. Staffing levels were set and reviewed to ensure patients were kept safe and their needs met. We found that systems were in place to ensure that all staff attended refresher training course to ensure they kept up to date.

The practice nurse monitored medications to ensure they were always available and in date. The review of the emergency treatment bag showed appropriate equipment and drugs for emergency use. Staff confirmed they had received regular cardiopulmonary resuscitation (CPR) training and training associated with the treatment of a anaphylactic shock.

Arrangements to deal with emergencies and major incidents

Are services safe?

Comprehensive plans to deal with any emergencies that may occur, which could disrupt the safe and smooth running of the practice were available. A detailed business continuity plan was in place. The plan covered business continuity, staffing, records/electronic systems, clinical and environmental events. Reception staff we spoke with were knowledgeable about the business continuity plans and described how they had used the plan when telephone and IT systems failed.

Staff told us they had training in dealing with medical emergencies including cardiopulmonary resuscitation

(CPR) and other emergencies such as fire and floods. We found there was no oxygen cylinder, nebuliser or automated external defibrillator available at the practice. We were not assured that the practice was able to immediately respond to the needs of a person who becomes seriously ill because they did not have this equipment. We discussed this with the manager and informed them it was best practice to have this equipment available.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs working at the practice were providing an effective service for their local population. Care and treatment was considered in line with current guidance from the National Institute for Health and Care Excellence (NICE) and other published guidelines which were available to staff on the IT system in place at the practice. This included the Mental Capacity Act and the assessment of Gillick competencies for children when gaining their consent. The GPs systematically used this system when assessing and treating patients.

The GP we spoke with was clear about the rationale for the treatments they were prescribing and providing. They confirmed they had access to clinical guidelines on the practice intranet, for example, guidance such as the appropriate management and use of medicines. Each patient attending the practice had their needs assessed and interviews with the GP demonstrated they considered current legislation, standards and nationally recognised evidence-based guidance. Consistency and continuity of planned care was achieved between the day and out-of-hour's service for patients with complex and end of life care needs.

Care was planned to meet identified needs and was reviewed to optimise patient treatment and experience. GPs and other clinical staff performed appropriate skilled examinations with consideration for the patient. We found that staff had access to the necessary equipment and were skilled in its use and GPs arranged timely investigations as required during the patient consultation. Patients we spoke with were clear about their investigations and their treatment and they understood the results of these.

Management, monitoring and improving outcomes for people

The delivery of care and treatment achieved positive outcomes for people which were in line with expected norms. Where positive outcomes needed improving, such as for patients with coronary heart disease, actions were taken by the practice to achieve this. There were systems in place to manage and monitor the service. Key staff had responsibilities for this and weekly management meetings took place. Minutes of these meetings were kept and we were able to review these during our inspection.

The practice had undertaken a number of clinical audits. These included patients' attendance at A&E, medication audits, diabetes and hypertensive (raised blood pressure) patients reviews. We found that where actions were needed as a result of these audits, these had been undertaken and reviewed at staff meetings.

The practice used the information they collected for the Quality Outcomes Framework (QOF) and their performance against national screening programmes to monitor outcomes for patients. We saw regular reporting was carried out by the deputy practice manager. QOF was used to monitor the quality of services provided. The QOF information we reviewed showed the practice was supporting patients well with conditions such as, asthma and diabetes.

Staff regularly checked that patients receiving repeat prescriptions had been reviewed by the GP. They also checked that all routine health checks were completed for long-term conditions such as diabetes and the latest prescribing guidance was being used. The evidence we saw confirmed that the GPs had oversight and a good understanding of best treatment for each patient's needs.

Effective staffing

All doctors were on the national GP performers list and this was monitored by the local Clinical Commissioning Group. The practice rarely used locum GPs but when they did, the same checks as those made on permanent staff were also made on locums. The practice had a mix of administration and reception staff working with a deputy and lead practice manager. A health care assistant was in post to support the work of the practice nurse. We looked at the induction programme which included mandatory training, role-specific training, risk assessments, health and safety.

We found all staff had received an annual appraisal. This was used to identify staff learning and development. This was a small practice and there was constant opportunity for close supervision of staff. Staff were supported to undertake continuous professional development, mandatory training and other opportunities for development in their role. Essential (mandatory) training topics were identified with relevance to the different roles within the practice. All doctors working at the practice had completed their General Medical Council (GMC) revalidation process.

Working with colleagues and other services

Are services effective?

(for example, treatment is effective)

There was proactive engagement with other health and social care providers and other bodies to co-ordinate care and meet patients needs. A good example of this was with the care given to the patients at a local nursing home. The GP attended the home regularly to review the care plans and treatment for patients. We saw effective communication, information sharing and decision making about who might best meet the patient's needs. We saw good communications with the out of hours services with information about the patient being shared with the practice each day by 8am. This included important information for instance for patients on the end of life care pathway whose needs may have changed overnight.

Information sharing

We found that staff had all the information they needed to deliver effective care and treatment to patients. All new patients were assessed and patients' records were set up. This routinely included paper and electronic records with assessments, case notes and blood test results. We saw that all letters relating to blood results and patient discharge letters were reviewed on a daily basis by doctors in the practice.

We found that when patients moved between teams and services, including at referral stage and this was done in a prompt and timely way. Patient summaries were completed, this is an electronic record that is stored at a central location. The records can be accessed by other services to ensure patients can receive healthcare faster, for instance in an emergency situation or when the practice is closed.

Consent to care and treatment

The practice had systems in place to seek patients consent for certain procedures for instance for vaccinations. Staff we spoke with understood their responsibilities for this and why written consent was required in line with legislation and national guidance. We saw that healthcare professionals adhered to the requirements of the Mental Capacity Act 2005 and the Children Act 1989 and 2004. Capacity assessments and Gillick competency of children and young people, which check whether they have the maturity to make decisions about their treatment, were an integral part of clinical staff practices. We found that clinical staff understood how to agree 'best interest' decisions for patients who lacked capacity and sought approval for treatments such as vaccinations from children's parent or legal guardian.

Health Promotion & Prevention

Information on a range of topics and health promotion literature was readily available to patients in the waiting areas. This included information about services to support patients to change their lifestyle for example smoking cessation schemes. Patients were encouraged to take an interest in their health and to take action to improve and maintain it. This was confirmed for us during our conversations with patients and GPs. This included advising patients on the effects of their life choices on their health and well-being.



Are services caring?

Our findings

Respect, dignity, compassion and empathy

Reception staff were able to describe how they would promote patient's dignity and how they treated them with respect. Consultation rooms were private with added privacy of curtain screening within the room itself. Patients we spoke with told us that staff treated them with the utmost dignity and respect. They said that doctors and staff maintained their privacy and dignity at all times. We heard from all patients of the compassion shown to them and their families in particular from the GP.

We observed reception staff dealing with patients and the public. They treated people with respect, listened to them and answered their queries in a professional manner. It appeared that the patients and their families were known by the reception staff and patients welcomed this familiarity. When patients presented at the reception desk staff would try to ensure confidentiality as far as possible.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in their care. They said they were given as much time as they needed when being seen by the nurse or doctor. We saw that patients had opportunities to discuss their health concerns and preferences, to inform their individualised care options. If

needed the patient's family, friends or advocate would be allowed to get involved or accompany the patient during an appointment. Results from the NHS National GP Patients Survey showed good results for the indicator 'the percentage of patients on the register who have a comprehensive care plan documented in the records agreed between individuals, their family and/or carers as appropriate'.

Staff had good communication skills. Patients were communicated with in a way they could understand and this was appropriate and respectful. We saw that written information was provided to patients with long term conditions to help them understand their disease. We saw many patients' leaflets and health promotion information some in different languages along with posters asking patients if they required advocacy services.

Patient/carer support to cope emotionally with care and treatment

Patients we spoke with were able to confirm the support they were given when a close relative had died. They felt well supported with the home care that was given and the support their family had received since this time. We heard how the GP had visited patients in hospital during this time. We spoke with the GP who reported that should a family need extra support than could be given by the practice they would be referred to local bereavement support groups.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice was responsive in terms of seeking and acting upon patients views. We saw in reception there were publicised comments forms and a box for patients and public to contribute views. We were told that patient experience feedback was discussed at staff meetings and appropriate actions taken. After initial contact with the practice patients would be given a choice of appointments. This was either telephone advice, a face to face appointment or a home visit dependent on the patients needs. Each of the patients we spoke with were complimentary about the response the practice had made when they called the practice. They all said that most of the time they had been seen on the same day they had called the practice. During our inspection we observed reception staff. We saw how professionally they dealt with patient calls and how empathetic and respectful they were during the conversations.

The practice proactively engaged with the general public, patients and staff to gain feedback. The practice had an active Patient Participation Group (PPG) and during our inspection we spoke with two of the members. We were told how caring staff were at the practice and how supportive the practice manager had been at PPG meetings. Examples were given showing us that staff always took account of patient views and perspective, in particular in the making of decisions that could have an impact on older people and their care.

The practice understood the different needs of the local population and acted on these when improving services. We heard how the practice engaged with the local community and their groups. We saw how the practice engaged with commissioners of services and other acute and community providers to ensure a co-ordinated approach to integrated care. We found effective communication and information sharing between services.

Tackling inequity and promoting equality

The practice was tackling health inequalities by providing good access to medical care and helping patients navigate a complex health system. Patients we spoke with

confirmed that the appointments system was easy to use. They felt staff were supportive from the initial contact and they were satisfied with the choices available to them in terms of access to the service.

Opening hours met the needs of the practice population and were clearly stated. Patients we spoke with told us this. They told us they were always able to get an appointment, if this was not a face-to-face appointment it could be a telephone consultation. The appointments system was monitored to check how the appointments system or open-access system works. Appropriate requests for same-day appointments were met. Patients were given a number of access choices. This included telephone advice, face-to-face contact or a home visit if needed.

We found that staff were aware of local services (including voluntary organisations) that they could refer patients to. Patients information sign posted patients and families to welfare and benefits advice organisations. We saw that in an effort to improve access for specific diseases the practice held nurse led clinics e.g. diabetes and we found close working relationships with the health visitors and the community nursing team. We saw that when a patient was house bound the practice nurse would attend their home to provide care and advice.

Access to the service

Patients told us they experienced good access to the service. They felt all of their needs were regularly met including their spiritual, ethnic and cultural needs. Their care and treatment was planned and delivered to reflect those needs as appropriate. We spoke with staff and found they were aware that each patient's needs might be different. They reported how patients with learning disabilities needed more time, attention and explanations about their care.

We saw good evidence of how practice staff worked with out-of-hours services and other agencies to make sure patients' needs were met when they moved between services. We saw that when needed a patient appointment with other providers such as a hospital referral would be made during the patient's consultation with the GP. This was undertaken after the appropriate tests and examinations had been completed by the practice. We heard from patients that following discharge from hospital the GP and practice staff had been very supportive.

Listening and learning from concerns & complaints

Are services responsive to people's needs?

(for example, to feedback?)

The practice had a system in place for handling complaints and concerns. The practice had not had any complaints made in the last year. Their complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible

person who handled all complaints in the service. Staff were knowledgeable regarding the complaints process. We saw posters advising patients how they could make a complaint.

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 good patient care and staff were clear about this. There was a clear leadership structure and staff felt supported by management. We spoke with staff with differing roles within the service and they were clear about the lines of accountability and leadership. They spoke of good visible leadership and full access to the senior GP and practice manager.

All staff told us they enjoyed working at the practice and they felt valued in their roles. Staff felt supported, valued and motivated and reported being treated fairly and compassionately. They reported an open and 'no-blame' culture where they felt safe to report incidents and mistakes.

Governance arrangements

We saw transparent and open governance arrangements. We found practice staff were clear about their accountabilities, and a number of staff had worked there for a long period of time. Staff were clear about who was responsible for decision making and there was a transparent culture within the service. There were formal risk assessment and risk management processes and procedures. The practice had up to date policies and procedures for staff. We also found records with information showing the skills and fitness of people working at the practice. Team meetings were taking place and formal minutes of these were seen.

Leadership, openness and transparency

The management model in place was supportive of staff. Staff we spoke with said they enjoyed working at the practice, many had worked there for a long period of time. Annual and more regular team events took place and this included the whole practice. Staff spoke positively of these events and how valued and supported they felt working

here. The practice had a strong team who worked together in the best interest of the patient. All staff were aware of the practice Whistleblowing Policy and they were sufficiently confident to use this should the need arise.

Practice seeks and acts on feedback from users, public and staff

Staff reported a culture where their views were listened to and if needed action would be taken. We saw how staff interacted and found there was care and compassion not only between patients and staff but also amongst staff themselves. We were told that regular clinical and non-clinical meetings took place. At these meetings any new changes or developments were discussed giving staff the opportunity to be involved. All incidents, complaints and positive feedback from surveys were discussed.

We found the practice proactively engaged with the general public, patients and staff to gain feedback. The practice had an active Patient Participation Group (PPG) and during our inspection we spoke with two of the members. We were told how caring staff were at the practice and how supportive the practice manager had been at PPG meetings. Examples were given showing us that staff always took account of patient views and perspective in particular in making decisions that could have an impact on older people and their care. We looked at minutes of the meetings and confirmed the lead GP was in attendance. They had asked the views of the group on a number of ways to improve the practice and improve the way they obtained views about patient experience. We saw also that other health care professionals attended the meetings to show work that was occurring across the community.

Management lead through learning & improvement

Staff had access to a programme of induction and training and development. Mandatory training was undertaken and monitored to ensure staff were equipped with the knowledge and skills needed for their specific individual roles. Staff were supervised until they were able to work independently but written records of this were not kept. Annual appraisals were undertaken for all staff.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers The provider did not ensure that all staff with chaperoning responsibilities had completed a Disclosure and Barring Service (DBS) check. Regulation 21 (1)
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	