

The Mazhari and Khan Practice

Quality Report

Clayton Health Centre

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Website: [www.nhs.uk/Services/GP/Overview/](http://www.nhs.uk/Services/GP/Overview/DefaultView.aspx?id=40650)

[DefaultView.aspx?id=40650](http://www.nhs.uk/Services/GP/Overview/DefaultView.aspx?id=40650)

Date of inspection visit: 2 February 2016

Date of publication: 03/03/2016

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

Ratings

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

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	9
Outstanding practice	9

Detailed findings from this inspection

Our inspection team	10
Background to The Mazhari and Khan Practice	10
Why we carried out this inspection	10
How we carried out this inspection	10
Detailed findings	12

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Mazhari and Khan Practice on 2 February 2016. Overall the practice is rated as good.

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

- There was a clear leadership structure and staff felt supported by management. The practice proactively supported staff members to carry out their roles confidently and effectively.
- Risks to patients were assessed and well managed. We saw evidence of a robust infection control process in place.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw several area of outstanding practice:

- The practice had undertaken a full practice audit, to ensure each area of the practice was following current and up to date legislations and processes, with changes implemented as a direct result.
- The practice devised a Deprivation of Liberty Safeguards (DOLs) notification form which they issued to residential homes to be completed if the residential home applied for DOLs to one of their patients.

Summary of findings

- The practice was extremely proactive and reactive in monitoring and checking of referral and follow ups of patients. In cases where patients had not attended the hospital the practice would personally contact the patient and offer guidance, information and support.

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.

Good



- The practice was proactive and reactive in monitoring and checking of referral and non-attendees.
- 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 with clinical and non-clinical staff supporting different aspects of the patient's journey.
- There was a system in place for reporting and recording significant events.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.

Are services effective?

The practice is rated as good for providing effective services.

Good



- There was evidence of appraisals being patient focussed with personal development plans in place for staff.
- The practice demonstrated how they ensured role-specific training to support and develop staff. One example was the development of the trainee practice manager.
- Clinical audits demonstrated quality improvement, with reviews and clear documentation of actions taken.
- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff had the skills, knowledge, support and experience to deliver effective care and treatment.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. One patient told us they could not ask for a better family doctor.

Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice offered open clinics every Monday, to help ease demand and improve patient access to the services.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day
- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- 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.
- There was a clear leadership structure and staff felt supported by management.
- The practice had a number of robust policies and procedures to govern activity.
- There was a strong focus on continuous learning and improvement at all levels.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice participated in meetings with other healthcare professionals and social services to discuss any concerns.
- There was a named GP for the over 75s with longer appointments when required.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The healthcare assistant supported the nurses to help in the education of patients with long term conditions and clinics.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2014 to 31/03/2015) was 95% compared to the national average of 78%.
- Longer appointments and home visits were available when needed.
- Patients had a six monthly or annual review with either the GP and/or the nurse to check that their health and medication.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions. (01/04/2014 to 31/03/2015) was 78% compared to national average of 75%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The practice had extended hours, with appointments starting three days a week at 8am.
- The practice offered online access to make an appointment or order prescriptions.
- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability, for example arranging appointment times around the patient's needs.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Good



Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- 100% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is above the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of people 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 had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published on January 2016. The results showed the practice was performing in line with local and national averages. 445 survey forms were distributed and 111 were returned. This represented 4.2% of the practice's patient list.

- 87.8% found it easy to get through to this surgery by phone compared to a CCG average of 73.4% and a national average of 73.3%.
- 74.6% were able to get an appointment to see or speak to someone the last time they tried (CCG average 58.5%, national average 60%).
- 83.8% described the overall experience of their GP surgery as fairly good or very good (CCG average 81.9%, national average 84.8%).
- 74.6% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 71.9%, national average 77.5%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 34 comment cards and all were positive about the standard of care received. Patients commented that, the GPs always listened to them and provided plenty of extra information. One comment card said they could not ask for a better family doctor. Patients also said they had no problem contacting the practice to make an appointment.

We spoke with six patients during the inspection. All six patients said they were very happy with the care they received and thought staff were approachable, committed and caring. One patient told us, how they had been attending the surgery for 32 years and would recommend to anyone.

Outstanding practice

We saw several area of outstanding practice:

- The practice had undertaken a full practice audit, to ensure each area of the practice was following current and up to date legislations and processes, with changes implemented as a direct result.
- The practice devised a Deprivation of Liberty Safeguards (DOLs) notification form which they issued to residential homes to be completed if the residential home applied for DOLs to one of their patients.
- The practice was extremely proactive and reactive in monitoring and checking of referral and follow ups of patients. In cases where patients had not attended the hospital the practice would personally contact the patient and offer guidance, information and support.

The Mazhari and Khan Practice

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 a practice manager specialist adviser.

Background to The Mazhari and Khan Practice

The Mazhari and Khan Practice is located close to Manchester city centre. The practice is located on the ground floor of a health centre which is managed by NHS Properties Ltd. The practice is in a highly deprived area.

There are two other GP practices located in the same building with a range of community clinics providing services. The practice is fully accessible to those with mobility difficulties. There is a car park behind the practice with disabled parking spaces.

The practice has two male GP partners. There is one nurse and one assistant practitioner. Members of clinical staff are supported by one practice manager and reception staff.

The practice is open 8am to 6pm Monday, Tuesday, Thursday and Friday. On Wednesdays the practice is open 8am -1pm.

The practice has a General Medical Service (GMS) contract with NHS England. At the time of our inspection 2600 patients were registered.

Patients requiring a GP outside of normal working hours are advised to call “Go-to- Doc” using the usual surgery number and the call is re-directed to the out-of-hours service. The surgery is part of Prime Ministers GP Access scheme offering extended hours and weekend appointments to patients.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

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?

Detailed findings

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

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. The inspector:

- Reviewed information available to us from other organisations e.g. NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 2 February 2016.
- Reviewed patient survey information.

Reviewed the practice's policies and procedures.

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 to all staff.
- The practice carried out a thorough analysis of the significant events.
- All minutes and events were typed up and stored electronically for staff to access. A printed version was available to staff, who confirmed they had read the document with a signature.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example we spoke to staff who all knew how to raise a concern. This was backed up with evidence from the minutes where event or incidents were discussed as a team. We could not find evidence of documented learning outcome, however staff could verbally explain what process had taken place.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

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 that reflected relevant legislation and local requirements and policies were accessible to all staff. We saw evidence of the team working closely together and supporting each other from a recent safeguarding incident. The policies and processes 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. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs and nurse were trained to Safeguarding level three.

- The practice devised a Deprivation of Liberty Safeguards (DOLs) notification form which they issued to residential homes; the form was completed when the residential home applied for DOLs for one of their patients.
- 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 Service check (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 building was managed by NHS Properties Ltd who were the landlords and responsible for Control of Substances Hazardous to Health (COSHH -regulations require employers to control exposure to hazardous substances to prevent ill health) procedures and maintenance of the building. The practice maintained appropriate standards of cleanliness and hygiene; we observed the premises to be clean and tidy. There were areas of concern but we saw evidence of multiple attempts by the practice to resolve. For example:
 - We could clearly hear conversations taking place in the treatment rooms, confidentiality could be breached. The waiting/ reception area was very open and there were no extra rooms available for private discussion with patients with no breast feeding room available to patients.
 - There was limited space in the practice and we saw the practice sharing and arranging clinics around this. For example, the assistant practitioner shared treatment rooms with the GP and their clinics had to be planned around this arrangement. There also were not enough work stations for staff to work to full capacity, although patient numbers were growing.
 - There was no lift access to the first floor.
 - Signage in the building was still showing old "PCT Reception".
 - The disabled toilet in the waiting area had a waste drainage problem.
- The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was a robust infection control protocol in place which clearly

Are services safe?

reflected the practice. There was an annual infection control audit undertaken and we saw evidence that actions had been addressed with improvements identified as a result. We saw multiple examples of specific working processes in treatment rooms; all ensuring staff had a clear understanding of the infection control process. Staff had received up to date mandatory and in-house training, for example all reception staff had been trained on how to handle a specimen sample.

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice had a system to monitor and record all vaccinations with process which were followed by clinical staff.
- The practice was a high prescriber of Hypnotic medicines which are addictive. There was a process in place to review, monitor and reduce the amount prescribed in the practice. The practice 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. Prescription pads were securely stored however there was no system in place to monitor their use.
- Patient Group Directions (PGD) had been adopted by the practice to allow the nurse to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions (PSD) to enable the assistant's practitioner to administer vaccinations after specific training when a doctor or nurse were on the premises. Both the nurse and assistant practitioner felt extremely supported to carry out their roles safely and effectively.
- We reviewed four personnel files and found these provided a high standard of information with appropriate recruitment checks undertaken prior to employment. Each record contained proof photographic identification, references, qualifications, registration status and renewal dates with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- The practice had been trying to improve the attendance of cervical smears; we saw evidence of a plan implemented with patient education offered by the nurse. This resulted in a five percent increase in attendance.

- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. This went one step further with all patients whose abnormal test results had been referred to hospital and did not attend; the practice nurse would follow up personally.

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, this was provided by NHS Properties Ltd. These services included:
 - A health and safety policy, with a poster in the reception office which identified local health and safety representatives.
 - Up to date fire risk assessments with records of carried out fire drills.
 - Electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
 - A variety of other risk assessments in place to monitor safety of the premises such as COSHH and general building 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 that enough staff were on duty. However due to the limited space the practice were held back in offering extra clinics to patients due to room lack of availability.
- The practice was extremely reactive in monitoring the referral and checking process. We saw the practice had a system which followed up none attendees with a clinical member contacting the patient to explain the process and encourage importance of attendance.

Arrangements to deal with emergencies and major incidents

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

Are services safe?

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- There was one defibrillator and oxygen available in the building. Checks were in place to ensure the defibrillator and oxygen were ready for use. These were managed by NHS Properties Ltd.

- There was a first aid kit and accident book 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 fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

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 undertaken a full practice audit looking at every aspect of the practice's daily working, which was used to help reflect and improve all aspects of the practice. One example of improvements made from this audit was a full review of clinical processes and policies being fully updated.
- 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 peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

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 were 95.4% of the total number of points available, with 12% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was 85.8% above the CCG average of 84% and national average of 89%.
- The percentage of patients with hypertension having regular blood pressure tests was 86.7 % higher than local CCG of 83% and below national average of 84%.
- The dementia diagnosis rate indicator was 100% above the local CCG of 94% and national average of 95%.

Clinical audits demonstrated quality improvement.

There had been multiple clinical audits completed in the last two years; three of these were completed audits where the improvements made were implemented and monitored.

- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, recent action taken as a result included identifying and reviewing all pre diabetic patients, each patient identified was invited to the practice for self-care and life style interventions.

Effective staffing

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

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, there was training and development in place for the newly appointed practice manager. A hand over programme which included shadowing, one to one support with a gradual increase of responsibilities. There was mentorship offered by the GPs with close supervision to ensure all aspects of the practice were covered, which provided a pressure free learning environment. We also saw examples of the support programme for the assistant practitioner, with key aspects of the role being focused and well supervised to ensure a complete confidence in clinics.
- The learning needs of staff were identified through a system of appraisals, 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 ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision. All staff had had an appraisal within the last 12 months which were patient focussed.
- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety and health and safety.
- All staff had received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Are services effective?

(for example, treatment is effective)

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- 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 services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

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.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and carers groups. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 79.7%, which was below the national average of 81.8%. The practice demonstrated how they had increased uptake of the screening programme by five percent, using information leaflets in different languages and patient education. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 73.5% to 100% and five year olds from 87.9% to 100%.

Flu vaccination rates for the over 65s were 68%, and at risk groups 56%. These were also below to CCG and national averages.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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; however conversations could be overheard taking place in these rooms.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they would offer them a private room behind reception to discuss their needs.

All of the 34 patient Care Quality Commission comment cards received were extremely positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. One comment card stated they could not ask for a better family doctor.

We spoke with one members of the patient participation group. They told us they were extremely satisfied with the care provided by the practice and said the practice is a credit to the NHS. Comment cards highlighted that staff responded compassionately and provided support when required.

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

- 86.2% said the GP was good at listening to them compared to the CCG average of 86% and national average of 89%.
- 87.8% said the GP gave them enough time (CCG average 84%, national average 87%).
- 92.5% said they had confidence and trust in the last GP (CCG average of 93%, national average of 95%).
- 83.3% said the last GP they spoke to was good at treating them with care and concern (CCG average of 83%, national average of 85%).

- 95.6% said the last nurse they spoke to was good at treating them with care and concern (CCG average of 89%, national average of 90%).

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 on the comment cards we received was also positive and aligned with these views.

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

- 84.4% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 82.8% said the last GP they saw was good at involving them in decisions about their care (CCG average 79%, national average 81%)
- 91.9% said the last nurse they saw was good at involving them in decisions about their care (CCG average 85.6% , national average 84.8%)

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.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 0.5% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them with signposting posters of groups in the waiting area.

Are services caring?

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. 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 NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered open clinics every Monday, to help ease demand and improve patient access to services.
- The practice was part of a Prime Ministers GP Access, offering extended hours opening times for patients.
- There was an active PPG which met on an annual basis.
- There were longer appointments available for patients with a learning disability. One example was seeing patients at the end of surgery, therefore offering more flexibility with time.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open 8am to 6pm Monday, Tuesday, Thursday and Friday. Each Wednesday the practice opens 8am -1pm.

Appointments were from 8.30am to 12 pm every morning and 3pm to 5.30 pm daily. Extended surgery hours were offered from 6.30pm to 8pm weekdays and every Saturday

and Sunday. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 73.2% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 87.9% patients said they could get through easily to the surgery by phone (CCG average 72%, national average 73%).
- 50.7% patients said they always or almost always see or speak to the GP they prefer (CCG average 58.5%, national average 60%).

People told us on the day of the inspection, they were able to get appointments when requested.

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

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 future vision to deliver high quality care and promote good outcomes for patients.

- The vision had not been fully documented, however evidence of an improvement strategy had already started being implementing and was witnessed by the inspection team.
- The practice had a robust business audit, which will help support the future strategy and business plans of the practice.

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 staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff in both electronic and paper form. These were also stored on each desktop for all staff to access, which also included a locum folder with various practice information available.
- There was clear clinical leadership and guidance to ensure business plans and process were up to date and followed.
- A comprehensive understanding of the performance of the practice was maintained and monitored.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements, we saw evidence of these audits and changes reflected in the practice.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, we saw a strong lead in place for the infection control process.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

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 had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

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

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

- Staff appraisals were set to ensure the patients were the main focus with clear learning and development being identified.
- 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 in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively