

# Dr Sukhdeep Singh Gujral

## Quality Report

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

### Ratings

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

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Marsh Surgery (Dr Sukhdeep Singh Gujral) on 25 January 2016. Overall the practice is rated as good for all the population groups it serves.

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

- Staff understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses.
- Some risks to patients were assessed and managed.
- 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.
- 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.

- Patients said they were able to make an appointment with the GP and that urgent appointments were available the same day when required, although access to the surgery by telephone was difficult at busy periods.
- The practice was constrained by their premises, in particular in relation to disabled access and fire safety arrangements.
- The practice had a number of policies and procedures to govern activity.
- The practice had recently established a patient participation group (PPG) and was responsive to their suggestions.

However there are areas where the provider needs to make improvements.

The provider should:

- Risk assess the emergency medicine arrangements. Consider range of medicines in use, and storage arrangements.
- Evidence cleaning schedules for medical equipment by developing a log of actions completed.

# Summary of findings

- Review the risk assessment in relation to an on-site defibrillator
- Improve patient experience of accessing the practice by telephone
- Enhance patients' dignity and privacy by ensuring curtains are fitted in examination rooms.

**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



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When 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.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Staffing levels were at an appropriate level to meet patient need
- Some risks to patients were assessed and managed. The practice needs to review emergency medicine stock and storage arrangements and establish systems to evidence medical equipment cleaning logs.
- Following our visit the practice provided evidence that their internal fire safety assessment had been supplemented by an assessment by the local fire service, including an action plan recommendations to reduce risks to patient safety.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- 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 assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- All staff had received an annual appraisal which included a personal development plan.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

- 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.
- 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.
- Improvement could be made to patient experience by fitting curtains in all examination rooms.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example the practice had signed up to be an 'Antibiotic Guardian' to improve patient education and streamline antibiotic prescribing practices.
- Patients said they usually found it easy to make an appointment with the GP and there was continuity of care, with urgent appointments available the same day.
- The practice was constrained by some limitations in the building, but were adapting services to best address these shortfalls, for example patients with mobility difficulties were seen in a consultation room on the ground floor.
- 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 the patient participation group.

Good



## Are services well-led?

The practice is rated as good for being well led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held staff governance meetings.

Good



# Summary of findings

- All staff other than one person had an annual appraisal and were able to access monthly 1:1 meetings with the GP. The practice undertook to address the outstanding appraisal for the staff member concerned as soon as possible.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The GP encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was in the early stages of development but there was evidence of active engagement by the practice.
- There was a focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice provided access to ground floor consulting rooms for those patients with mobility difficulties.
- Data showed that 84% of eligible patients had received an over 75 year check in the preceding year.
- The practice participated in the Kirklees Dementia Action Alliance which aimed at increasing awareness of dementia in the community.

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.
- 95% of patients on the diabetes register had a recorded foot examination completed within the preceding 12 months which was higher than the national average of 88%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review as a minimum to check their health and medicines needs were being met. For those patients with the most complex needs the GP worked with relevant health and social 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 accident and emergency(A&E) attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- 76% of patients with asthma, on the register had received a review in the preceding 12 months compared to the national average of 75%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours.
- The constraints of the building meant that baby changing and breast feeding facilities were not available; however children were given priority access to same day appointments.
- Staff told us they had regular liaison with the health visitor and we saw minutes to evidence these meetings.

## **Working age people (including those recently retired and students)**

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- 79% of eligible women had a recorded cervical smear completed within the preceding five years compared to the national average of 82%.
- Data showed that 59% of eligible patients had received the NHS cardiovascular health check in the preceding year.

Good



## **People whose circumstances may make them vulnerable**

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.

Good





# Summary of findings

- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. Staff were able to give examples of when safeguarding processes had been appropriately implemented.

## 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).

- 80% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is lower than the national average of 84%.
- 96% of patients with schizophrenia or other psychoses had a comprehensive care plan documented in the preceding 12 months which is higher than the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Dementia screening tools were routinely used and staff had a good understanding of how to support patients with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was performing in line with local and national averages. There were 406 survey forms distributed and 94 were returned. This represented 23% of the surveyed population and 4% of the practice population as a whole.

- 66% found it easy to get through to this surgery by phone compared to a CCG and national average of 74%.
- 83% were able to get an appointment to see or speak to someone the last time they tried (CCG average 86%, national average 85%).
- 92% described the overall experience of their GP surgery as fairly good or very good (national average 85%).
- 89% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (national average 79%).

The practice currently has only one incoming phone line to the surgery. The practice had acknowledged the difficulties this created, and were encouraging the use of online services to reduce the number of incoming calls. The patient experience could be improved by also looking at ways to improve telephone access to the practice.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 22 comment cards which were all positive about the standard of care received, describing staff as going out of their way to be helpful and friendly; although two cards mentioned difficulties in accessing the surgery by telephone and one found the seating facilities in the waiting area uncomfortable.

We spoke with five patients during the inspection. All five patients said they were happy with the care they received and thought staff were approachable, committed and caring.

## Areas for improvement

### Action the service SHOULD take to improve

- Risk assess the emergency medicine arrangements. Consider range of medicines in use, and storage arrangements.
- Evidence cleaning schedules for medical equipment by developing a log of actions completed.
- Review the risk assessment in relation to lack of an on-site defibrillator
- Improve patient experience of accessing the practice by telephone
- Enhance patients' dignity and privacy by ensuring curtains are fitted in examination rooms.

# Dr Sukhdeep Singh Gujral

## 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, a practice nurse specialist adviser, and a practice manager specialist adviser.

### Background to Dr Sukhdeep Singh Gujral

Marsh Surgery (Dr S Gujral) is situated in Marsh, a suburb of Huddersfield.

The practice building was formerly a terraced house. It is two storeys high and presents limitations for disabled access. The practice has 2566 patients on their list. Approximately 50% of their patients are white British, whilst 30-40% are of South Asian ethnicity, with approximately 10% of Eastern European or Afro-Caribbean origin. The practice provides General Medical Services (GMS) under a contract with NHS England. The practice offers a range of enhanced services such as extended hours access to appointments and childhood immunisations.

The practice is run by a single handed male GP. It also makes use of two regular locums, one male and one female. Clinical staff also include one nurse practitioner, one practice nurse and two health care assistants, all of whom are female. The clinical team is supported by a business manager, a senior practice administrator and a range of administrative and clerical staff.

The practice is classed as being in one of the more deprived areas in England. The age profile of the practice is commensurate with average practice profiles in England.

The practice is open from 8.30am until 6pm Tuesday, Thursday and Friday. On Wednesday the practice has an early closing time at 12.30pm with emergency telephone cover only provided until 6.30pm. On Monday it is open from 8.30am with extended hours until 8pm.

Child surveillance, asthma, diabetes and coronary heart disease are some of the clinics which run every week. Patients are able to access smoking cessation and weight management support in-house at the surgery. Patients can be signposted to local agencies for support with drug and alcohol problems or mental health support services.

One of the upstairs consultation rooms is used by an aesthetic skin care provider. This is a separate organisation and sees patients privately.

Marsh Surgery is registered with the Care Quality Commission to provide diagnostic and screening procedures, treatment of disease, disorder or injury, family planning and surgical procedures.

### 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 registered 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.

# Detailed findings

## How we carried out this inspection

Before visiting the practice we reviewed information we hold about the practice and asked other organisations and key stakeholders such as NHS England and Greater Huddersfield Clinical Commissioning Group (CCG) to share what they knew about the practice. We reviewed policies, procedures and other relevant information the practice manager provided before the inspection day. We also reviewed the latest data from the Quality and Outcomes Framework (QOF) and feedback on NHS choices.

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

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

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

- Older people
- People with long-term conditions

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

We carried out an announced visit on 25 January 2016. During our visit we:

- Spoke with a range of staff including the GP, senior practice administrator, one health care assistant, one practice nurse and two receptionists.
- In addition we spoke with the community matron attached to the practice and pharmacist assigned to work with the practice.
- We spoke with five patients, four of whom were members of the PPG.
- We observed communication and interaction between staff and patients, both face to face and on the telephone. We reviewed comment cards where patients and members of the public shared their views and experience of the service.

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- In addition a daily log sheet was held where staff recorded any incidents at the time they happened to feed into the incident reporting system in the practice.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts 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 a cervical smear sample had been sent to the laboratory with no patient details on the label. The sample was returned and the test had to be repeated within three months. Following this incident processes were changed to ensure that appointment times were long enough for the procedure needed, and staff were advised to be vigilant in checking samples before they were dispatched to the laboratory. The practice were able to demonstrate that they had been open and transparent in their dealings with the patient concerned which demonstrates their compliance with, and understanding of the Duty of Candour.

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. The policies clearly outlined who to contact for further guidance if staff had concerns

about a patient's welfare. There was a lead member of staff for safeguarding. The GP provided information or reports for safeguarding meetings when possible. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. The GP was trained to Safeguarding level three.

- A notice in the waiting room and in examination rooms 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 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 practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local IPC teams to keep up to date with best practice. There was an IPC protocol in place. Not all staff had received up to date training at the time of our visit. We were told this would be addressed at the next protected learning time session. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. At the time of our visit the nurse told us that clinical equipment such as ear syringing equipment was cleaned in between each use, but no cleaning log was available to evidence that this was carried out.
- Not all the arrangements for managing medicines, including emergency drugs and vaccinations in the practice were appropriate. (including obtaining, prescribing, recording, handling, storing and security). We saw that the emergency drugs were kept in a cupboard in the GPs room, but that the range of medicines available did not include a glyceryl trinitrate (GTN) spray. GTN is a medicine used to treat angina (chest pain). We also saw the storage of the medicines was disorganised. This would make it more difficult to access the correct medicine during a time of emergency. The practice did carry out regular medicines audits, with the support of the local CCG pharmacist to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the

## Are services safe?

practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.

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

### Monitoring risks to patients

Some risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available which identified local health and safety representatives. The practice had carried out an internal fire risk assessment which was up to date, and we saw evidence that regular fire drills were carried out. However we noted that the building did not have a fire alarm and that risk assessments for safe patient evacuation procedures had not been completed. Following our visit the practice provided evidence that a fire risk assessment had been completed by the local fire authority, who had made recommendations to improve the existing systems which the practice were implementing. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health (COSHH), infection prevention and 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. During GP absence the locums provided medical cover. Additional medical support was also available from a neighbouring surgery if required. Staff told us they would cover for sickness and holidays by working additional hours if the need arose.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms as well as a buzzer underneath desks in clinical areas, which alerted staff to any emergency.
- All staff received annual basic life support training and emergency medicines were available in the GPs room. However they were stored in a disorganised manner and were not placed together in a separate identifiable box. In addition the range of available medicines did not include a medicine used to treat chest pain. It is recommended that the stock of emergency medicines is risk assessed and storage arrangements improved to allow for easy accessibility in the event of an emergency.
- The practice did not have a defibrillator available on the premises. A risk assessment had been carried out and it had been identified as low risk since the ambulance operational depot was situated a few hundred yards away from the practice. Oxygen had recently been ordered, and was delivered the last working day before our inspection. A first aid kit and accident book were available.

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

### Our findings

#### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met 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 95.9% of the total number of points available, with 7.7% 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). Data from 2014/15 showed;

- Performance for diabetes related indicators was lower than the CCG and national averages. For example 78% of patients with diabetes, on the register had a recorded cholesterol reading which was within normal limits, compared to the CCG average of 80% and national average of 81%.
- The percentage of patients with hypertension having regular blood pressure tests was 84% which was higher than the CCG and national averages of 82% and 80% respectively.
- Performance for mental health related indicators was higher than the CCG and national averages. For example 100% of patients with schizophrenia or other psychoses had their alcohol consumption recorded in the preceding 12 months compared to the CCG average of 81% and national average of 90%.

The practice had recognised that their prescribing rates for some medicines were not in line with CCG and national averages, and were working with the pharmacist attached to the practice to address prescribing issues.

Clinical audits demonstrated quality improvement.

- There had been several clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included treating patients who had osteoporosis with medicines designed to counteract the loss of bone mass. This group of patients were being contacted by the practice to assess the need for this treatment.

#### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions., Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- 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 and support for revalidation in the case of the GP. All staff apart from one had had an appraisal within the last 12 months.

# Are services effective?

## (for example, treatment is effective)

- Staff 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.

### 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 such as Gillick competency. This is used in medical law to decide whether a child is able to consent to his or her own treatment without the need for parental permission or knowledge.
- 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.

- Written consent was obtained for invasive procedures, such as minor surgery.
- When a child was brought to surgery for immunisation without the parents being present, verbal consent was obtained from the parent by telephone, and recorded on the patient record before an immunisation was given.

### 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 weight management. The practice had identified 2% of their practice population as carers. A member of staff had recently been trained as a carer's champion, and was looking at ways in which carers could be identified in order to allow the practice to offer them additional support and/or advice on services available to them in the local community.

The practice's uptake for the cervical screening programme was 79%, which was lower than the CCG average of 86% and the national average of 82%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice recognised that there were some cultural barriers to women accessing the service, and made use of practice staff who spoke languages compatible with the patient population to encourage patients to attend for the test. 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 67% to 100% and five year olds were 100%.

The practice had recently had an influx of 500 new patient registrations due to the closure of some neighbouring practices which was felt to have impacted on uptake of some childhood and other vaccinations.



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

Flu vaccination rates for the over 65s were 63%, and at risk groups 53%. Figures for uptake of flu vaccinations for the over 65s were lower than CCG and national averages. The practice had acknowledged this and had a policy of sending text reminders as well as reminders on repeat prescriptions. This was partly accounted for by the recent large number of newly registered patients. Uptake for at risk groups was comparable 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.

- We noted that curtains were not provided in one of the consulting rooms. Staff told us they would leave the room whilst the patient was preparing for examination and would return after the patient was appropriately covered for the examination. Patients' privacy and dignity would be enhanced if curtains were provided for this purpose.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff told us when patients wanted to discuss sensitive issues or appeared distressed they called them to an area away from the main waiting room to provide for greater privacy and confidentiality.

All of the 22 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with four members of the patient participation group. They also told us they were satisfied with the care provided by the practice told us they felt respected by all practice staff, that they were listened to and that they received a high standard of care. Comment cards highlighted that staff responded compassionately when they needed help 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:

- 95% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 98% said the GP gave them enough time (CCG average 89%, national average 87%).

- 100% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%)
- 93% said the last GP they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).
- 90% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 91%).
- 91% said they found the receptionists at the practice helpful (CCG average 88%, national average 87%)

### 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:

- 97% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 99% said the last GP they saw was good at involving them in decisions about their care (CCG average 85% , national average 81%)
- 92% said the last nurse they saw was good at involving them in decisions about their care (CCG average 86% , national average 85%)

Staff told us that telephone interpreting services were available for patients who did not have English as a first language. In addition staff told us that a number of staff members were able to speak languages compatible with their patient population. We saw notices in the reception areas informing patients interpreting services available.

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

## Are services caring?

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 2% of the practice list as carers. One of the practice staff was trained as a carer's champion. Carers were offered an annual flu

vaccination. In addition they were given priority access to appointments. Written information was also available to direct carers to the various avenues of support available to them in the local area.

Staff told us that if families had experienced bereavement, the GP or a member of the administrative team made telephone contact with the family and directed to additional support services if required.

# 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. For example the practice was actively seeking to locate new premises, and was in talks with the local authority, the CCG and three other local providers in bidding for grants to enable them to develop a 'health hub' from which a range of GP and community health services would be provided.

- The practice offered late night appointments on Monday until 7.30pm for pre-booked appointments
- Longer appointments, up to 20 minutes were available for patients with a learning disability.
- Home visits were available for housebound and very sick patients. In addition, due to the difficulties in accommodating patients who used wheelchairs in the practice building the GP told us he was able to provide home visits for these patients when needed.
- Same day appointments were available for children and those with serious medical conditions.
- Due to the limitations presented by the building the practice ensured that any patient with mobility difficulties would be seen in the ground floor consulting room.

### Access to the service

The practice was open between 8.30am and 6pm Monday Tuesday Thursday and Friday, with a late night opening on Monday until 7.30pm. The practice On Wednesday the practice closed at 1pm with emergency telephone cover being available between 1pm and 6pm. Appointments could be booked on the day or up to six weeks in advance. Urgent appointments were available on the day for very sick patients or young children. In addition telephone consultations were available after morning and evening surgery for patients requiring medical advice at other times. Longer, flexible appointments were offered for those patients with more complex needs.

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.

- 80% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 74%.
- 66% patients said they could get through easily to the surgery by phone (CCG average 74%, national average 74%).
- 77% patients said they always or almost always see or speak to the GP they prefer (CCG average 65%, national average 60%).

People told us on the day of the inspection that they were able to get appointments when they needed them, and they were happy with access to services.

### 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 there was a poster in the waiting area explaining how to make a complaint, and details were also listed in the patient information leaflet.

The practice had not received any complaints in the last 12 months. At the time of our visit we were made aware of a complaint which had been received within the last few days. We discussed this complaint and found that the practice was dealing with it in an appropriate, open and transparent way. We noted the practice did not keep records of verbal complaints. The staff were able to give examples of how lessons had been learned from complaints in previous years and how information had been disseminated to staff to prevent recurrence of similar issues.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. All staff we spoke with told us they understand the practice values to be able to provide a personalised, family centred service to their patients. Staff spoke enthusiastically about working at the practice and told us it felt like a 'work family'. Many had been employed with the practice for several years.

### Governance arrangements

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

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

### Leadership and culture

The GP in the practice had the experience, capacity and capability to run the practice and ensure high quality care. Safe, high quality and compassionate care was prioritised. The GP was visible in the practice and staff told us they would feel comfortable raising any issues, and that they would feel listened to if they did.

The provider was aware of and complied with the requirements of the Duty of Candour. Duty of Candour is a requirement that providers of health care are open and transparent with their patients when things go wrong. The GP 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 written correspondence. Improvement could be made by keeping a record of verbal complaints in addition to written complaints.

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

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

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The practice had recently established a PPG which met regularly and was keen to recruit additional members from the patient population. The PPG had submitted proposals for improvement to the practice management team. For example they had suggested that two text reminders be sent for appointments to reduce the number of missed appointments each month, and the practice was looking at ways to develop this practice.
- The practice had gathered feedback from staff through informal discussion as well as annual appraisal. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us that because the practice was small and friendly they felt involved and engaged to improve how the practice was run.

### Continuous improvement

## Are services well-led?

Good 

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

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice

team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example they had signed up to the 'Antibiotic Guardian' scheme and had appointed a Carers' Champion in the practice.