

Dr P Oza and Dr R Nam

Quality Report

52 Lowmoor Road
Kirkby-in-Ashfield
Nottinghamshire
NG17 7BG
Tel: 01623 752312
Website: www.healthcarecomplex.co.uk

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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

A comprehensive inspection of this service was carried out in July 2015. The provider was found to be in breach of Regulation 12, Regulation 17 and Regulation 19 of the Health and Social Care Act 2008. This was due to identified concerns in the following areas; a lack of systems and processes to identify, assess and mitigate risks to patient and staff safety; a lack of effective recruitment procedures; absence of equipment to deal with certain emergencies and no assessment of the risk this presented; no effective systems to ensure medical consumables were used within expiry dates and a lack of effective systems to assess and prevent the risk of infections. Following this inspection the provider was issued with requirement notices and a warning notice.

Further inspections were undertaken in October and December 2015 to confirm that the provider had complied with warning notices.

We carried out an announced comprehensive inspection at Dr P Oza and Dr R Nam on 24 March 2016. Overall the practice is rated as good.

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

- There were effective systems in place to report and record significant events. The practice demonstrated an open and transparent approach to safety.
- Risks to patients were assessed and well managed throughout the practice.
- Staff assessed the needs of patients and delivered care in line with current evidence based guidelines. Staff had received training to provide them with the skills, knowledge and experience to deliver care and treatment effectively.
- The practice had an understanding of their performance and had undertaken clinical audits to identify areas for improvement.
- Feedback from comments cards and from patients we spoke with demonstrated that they felt 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. Improvements were made as a result of complaints and concerns.

Summary of findings

- Most 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.
- There was a clear leadership structure and staff felt supported by management. The practice sought feedback from staff and patients, which it acted on.

However, there were areas where the provider should make improvements. These are:

- The practice should continue to review, assess and monitor their management of patients experiencing poor mental health (including patients with dementia)
- The practice should consider formalising arrangements for nursing cover in the event of unexpected absence to ensure patients needing regular treatment are able to access care.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There were effective systems in place to report and record significant events. Lessons were shared with all groups of staff to make sure action was taken to improve safety in the practice.
- In addition to regular discussions, annual reviews of significant events were undertaken with all staff to ensure any themes or trends were identified and to ensure learning was embedded.
- If patients were affected by things which went wrong staff told us they would receive support, information and apologies. They would also be 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. There was a lead GP for safeguarding and they liaised regularly with other professionals.
- Risks to patients were assessed and well managed across the practice.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were generally in line with local and national averages. The practice has achieved 94.9% of the total number of points available. This was 2.9% above the clinical commissioning group (CCG) and 0.2% above the national average
- Staff used NICE guidance and referred to local guidelines to assess needs and deliver care.
- Clinical audit was used to review areas of poor performance and recommendations were made regarding areas for improvement. For example, the practice had identified their performance for mental health reviews was below the local and national averages and had undertaken an audit to identify the reasons for this and made suggestions for improvement.
- The practice demonstrated performance improvement in other areas including prescribing and referral rates.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

Good



Summary of findings

- There was evidence of appraisals and personal development plans for all staff. Training was provided internally and externally and was also accessible online. There was a robust induction policy in place which supported new employees
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. The practice hosted monthly multidisciplinary meetings which were attended by a range of health and social care professionals.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice in line with local and national averages for aspects of care related to nursing staff. Ratings for reception staff were higher than local and national averages. However, some aspects of care related to GPs were rated lower than local and national averages. The practice was aware of areas for improvement and was working with their PPG to review these and plan improvements.
- Patients told us 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.
- The practice had identified 91 patients as carers which was equivalent to 2% of their practice list. Information was provided to support carers in their role.

Good



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 worked with others in the locality area to provide extended hours services which were accessible to patients from a number of practices in the area.
- Patients said they generally found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.

Good



Summary of findings

- The practice had adequate facilities and was equipped to treat patients and meet their needs. Some areas for improvement had been identified and the practice was seeking funding to undertake improvement work.
- 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 where appropriate.

Are services well-led?

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

- The practice had a clear aim to deliver high quality care for patients. Staff were clear about the aims and values of the practice but had limited awareness of future plans for the practice.
- Staff had regular appraisals and there was a comprehensive induction policy in place for new staff joining the practice.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity.
- Regular practice meetings were held and comprehensively documented. However, meetings to discuss the management and governance of the practice were not routinely recorded.
- 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 practice sought feedback from staff and patients, which it acted on. The patient participation group was active and met regularly with the practice manager and a GP partner.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

- 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.
- 70% of patients over 65 had received a flu vaccination compared which was marginally above the CCG average of 69%.
- The practice maintained a falls risk register.

Good



People with long term conditions

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

- Clinical staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was 87.3% which was 5.7% above the CCG average and 1.9% below the national average. The exception reporting rate for diabetes indicators was marginally below local and national averages.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and were offered a structured annual review to check their health and medicines needs were being met.
- For patients with the most complex needs, their named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. Monthly multidisciplinary meetings were hosted by the practice.

Good



Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. The GP lead for safeguarding liaised with other health and care professionals to discuss children at risk.

Good



Summary of findings

- Immunisation rates were relatively high for all standard childhood immunisations.
- 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 and the premises were suitable for children and babies.
- The community midwife attended the practice on a weekly basis to offer antenatal care for pregnant women.

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.
- Extended hours services were offered in conjunction with other practices in the area to facilitate access for these patients.
- 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.
- NHS health checks were offered by the practice and data showed that the practice had exceeded their targets set by the CCG in respect of the number of offers made and checks completed.

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 and those at risk of a fall.
- The practice offered longer appointments for patients with a learning disability and for those who required it.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. Monthly multidisciplinary meetings were hosted by the practice.
- 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 their care reviewed in a face to face meeting in the last 12 months, which was above the national and local averages. However, this was achieved with a higher than average exception reporting rate.
- 73.9% of patients with a mental health condition had a comprehensive care plan in place in the last 12 months which was 11.1% below the CCG average and 14.4% below the national average.
- Areas for improvement had been identified in respect of mental health and the practice had undertaken a clinical audit. As a result of the audit recommendations had been made and the practice planned to repeat the audit in the near future.
- The practice regularly worked with multi-disciplinary teams in the case management of patients 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 A&E they may have been experiencing poor mental health.
- 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

We reviewed the results of the national GP patient survey results published in January 2016. The results showed the practice was performing in line with local and national averages for most indicators. A total 347 survey forms were distributed and 119 were returned. This represented a completion rate of 34%.

- 78% of patients found it easy to get through to this practice by phone compared to the CCG average of 68% and the national average of 73%.
- 87% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 83% and the national average of 85%.
- 82% of patients described the overall experience of this GP practice as good compared to the CCG average of 84% and the national average of 85%.

- 70% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the CCG average of 75% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 15 completed comment cards, 13 of which were entirely positive about the standard of care received. Patients highlighted the good services they received from all groups of staff and said they felt listened to.

We spoke with seven patients during the inspection. Patients told us they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service SHOULD take to improve

- The practice should continue to review, assess and monitor their management of patients experiencing poor mental health (including patients with dementia) to improve performance.
- The practice should consider formalising arrangements for nursing cover in the event of unexpected absence to ensure patients needing regular treatment are able to access care.

Dr P Oza and Dr R Nam

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 manager specialist adviser and an Expert by Experience.

Background to Dr P Oza and Dr R Nam

Dr P Oza and Dr R Nam provide primary medical services to approximately 4100 patients through a personal medical services (PMS) contract.

The practice is situated in a former mining community. The practice population live in one of the more deprived areas of the country and the number of children affected by income deprivation is higher than the national average.

The practice team comprises of two GP partners providing 20 clinical sessions per week. They are supported by a full time practice nurse and a part time healthcare assistant. The practice employs a part time practice manager and five reception staff.

The practice opens from 8.30am to 6pm Monday to Friday with telephone lines open from 8am. From 6pm to 6.30pm telephone lines are covered by NHS 111. Appointments with a doctor are available from 8.30am to 11.30am every morning and from 3.40pm to 5.40pm every afternoon. Extended hours surgeries were offered one evening per month and one Saturday per month in conjunction with other local practices.

The practice has opted out of providing out-of-hours services to its own patients. This service is provided by Central Nottinghamshire Clinical Services (CNCS) when the practice is closed.

A comprehensive inspection of this service was carried out in July 2015. The provider was found to be in breach of Regulation 12, Regulation 17 and Regulation 19 of the Health and Social Care Act 2008. This was due to identified concerns in the following areas; a lack of systems and processes to identify, assess and mitigate risks to patient and staff safety; a lack of effective recruitment procedures; absence of equipment to deal with certain emergencies and no assessment of the risk this presented; no effective systems to ensure medical consumables were used within expiry dates and a lack of effective systems to assess and prevent the risk of infections. Following this inspection the provider was issued with requirement notices and a warning notice.

Further inspections were undertaken in October and December 2015 to confirm that the provider had complied with warning notices.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The practice had previously been inspected in July 2015 and found to be inadequate for providing safe services,

Detailed findings

requires improvement for providing effective caring and well-led services and good for providing responsive services. We undertook a further comprehensive inspection in March 2016 to ensure the provider had made improvements.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 24 March 2016. During our visit we:

- Spoke with a range of staff (including a GP partner, the nurse manager, the healthcare assistant, the practice manager and reception staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There were robust systems in place to report and record significant events:

Staff told us they would inform the practice manager or one of the GP partners in the event of an incident. In addition a recording form would be completed.

- The practice told us that when things went wrong with care and treatment, patients would be informed of the incident and provided with support and information. Patients would also be offered apologies and told about actions taken to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events. In addition to discussing events at the time and in practice meetings, the practice held an annual review of all significant events. All staff were involved in the review of significant events which provided an opportunity for the practice to review any changes and ensure learning had been embedded.

We reviewed safety records, incident reports, safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a patient suffering with chest pain had been provided with an emergency appointment outside of the practice protocol, rather than being directed to emergency care. As a result staff were reminded to follow the practice's protocol in these circumstances and the protocol was displayed in the reception area for receptionists to go through with patients.

Overview of safety systems and processes

The practice had systems, processes and practices in place to ensure patients were kept safe and safeguarded from abuse. These included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse which reflected local requirements and relevant legislation. Policies were accessible to all staff and identified who they should contact if they had concerns about a patient's welfare. There was information displayed in consulting rooms and in reception to support staff in dealing with safeguarding issues. There was a lead GP safeguarding

and staff were aware of whom this was. GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and the nurse manager were trained to child safeguarding to the appropriate level.

- A notice was displayed in the waiting area to advise patients that they could request a chaperone if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- We observed the practice to be clean and tidy and saw that they had systems in place to maintain appropriate standards of hygiene. The practice had cleaning schedules in place and notices were displayed in each room detailing cleaning instructions. The nurse manager was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. The practice had been externally audited for infection control by the clinical commissioning group (CCG) infection control lead in November 2015. A number of actions had been identified as a result of this audit; the practice had produced an action plan and we saw evidence that the action was taken to address the identified areas of improvement. For example, the practice had implemented mechanisms to monitoring cleaning standards which included a weekly audit of cleaning.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place to handle repeat prescriptions which included the review of high risk medicines. 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. Blank prescription forms and pads

Are services safe?

were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow the nurse manager to administer medicines in line with legislation.

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

Monitoring risks to patients

Most risks to patients and staff were assessed and managed.

- The practice had implemented procedures to monitor and manage risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. Staff had received fire training. All electrical equipment was checked to ensure it 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, infection control and general premises risk assessments.
- The practice manager had conducted a risk assessment in respect of legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Additionally the practice had arranged for a professional external company to undertake water sample testing and provided a certificate which confirmed that there was no legionella in their water system.

- Arrangements were in place to plan and monitor the number and mix of staff needed to meet patients' needs. There was a rota system in place for all the reception staff to ensure enough staff were on duty. When a GP was on leave the other GP provided cover. Leave for the practice nurse was planned in advance to ensure that patients who needed to be seen could be seen before any leave. In the event of unplanned absence, the practice told us they had contact details for locum nursing cover and that arrangements were in place with a neighbouring practice to provide cover for their patients.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan had been updated in March 2016 and included emergency contact numbers for practice staff, local community health care staff and suppliers.

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.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from National Institute for Health and Care Excellence (NICE) and local guidelines and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and checks of patient records. We saw evidence that guidelines were considered when clinical audits were being undertaken.

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 showed the practice had achieved 94.9% of the total number of points available. This was 2.9% above the clinical commissioning group (CCG) and 0.2% above the national average.

The practice had an exception reporting rate within QOF of 8.5% which was 1% below the CCG average and 2.9% below the national average. (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).

The practice was performing well in a number of areas. For example:

- Performance for diabetes related indicators was 87.3% which was 5.7% above the CCG average and 1.9% below the national average. The exception reporting rate for diabetes indicators was marginally below local and national averages.

- Performance for indicators related to hypertension was 100% which was 1.4% above the CCG average and 2.2% above the national average. The exception reporting rate for hypertension related indicators was marginally below the local and national averages.

However, there were areas where the practice was performing below the CCG and national averages. For example:

- Performance for mental health related indicators was 75.8% which was 15.3% below the CCG average and 17% below the national average. The exception reporting rate for mental health related indicators was 20.4% which was above the CCG average of 14.9% and the national average of 11.1%.

We saw evidence that the practice was seeking to improve their performance in respect of mental health related indicators. For example, the practice had undertaken an audit of patients seen annually for a mental health review following the publication of the 2014/15 QOF results. The practice had identified that their performance was below the CCG and national averages. In addition the practice had identified that their exception reporting rate was higher than local and national averages. The audit explored the reasons for their performance and made a number of recommendations including reviewing their mental health register to ensure patients were appropriately coded as having a mental health condition and ensuring services such as text message reminders were used wherever possible to encourage patient attendance. The practice planned to re-audit their performance.

There was evidence of quality improvement including clinical audit.

- There had been three clinical audits undertaken in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- We saw that audits were undertaken to drive improvement in performance; for example in relation to mental health performance.
- The practice had carried out an audit to identify the factors which contributed to their higher than average rate of prescribing of medicines to aid sleep. These included the practice's higher than average clinical prevalence of mental health conditions and broader socioeconomic factors including the level of deprivation

Are services effective?

(for example, treatment is effective)

of the area. Following the initial audit, areas for improvement were identified. A re-audit was undertaken in January 2016 which identified a 15% decrease in the prescribing of one type of medicine and a 35% decrease in the prescribing of another.

- Feedback from the CCG prescribing advisor indicated that there had been a slight decrease in hypnotic prescribing when quarter 3 2014/15 was compared against quarter 3 2015/16 although the practice was still one of the higher prescribers of hypnotics in the area.
- The practice participated in local audits and benchmarking. The CCG told us that the practice had engaged with them to reduce their referral rates to secondary care. Feedback was that the practice had gone from being the highest referrer of patients to secondary care in their locality group to the lowest.
- Attendance rates at A&E and emergency admissions were in line with local averages for the practice. For example, between February 2015 and January 2016, the practice's rate for emergency admissions was 104.5 per 1000 patients compared to the CCG average of 103.3 per 1000 patients.

Effective staffing

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

- The practice had a detailed induction policy which outlined its induction programme for all newly appointed staff. This 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 vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through appraisals, meetings and wider 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, one-to-one meetings, mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. The practice had recently introduced e-learning for staff and we saw that that made use of e-learning training modules and in-house training. Staff also accessed training externally with other practices in the locality through protected learning time one afternoon per month.

Coordinating patient care and information sharing

Information needed to plan and deliver care and treatment was available to staff in a timely and accessible way through the practice's patient record system and their internal computer system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together with other health and social care professionals to understand and meet the range of patients' needs. This facilitated an integrated approach to planning ongoing care and treatment. This included when patients moved between services, when they were referred to other services, or after they were discharged from hospital. Meetings took place with other professionals on a monthly basis and minutes demonstrated that care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

- 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 clinicians assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

Are services effective?

(for example, treatment is effective)

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

- Patients receiving end of life care, carers, those at risk of a fall and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted or referred to the relevant service.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the national average of 81.8%. There was a dedicated administrative lead who worked with the nurse manager to contact patients who did not attend for their cervical screening test. The practice ensured a female sample taker was available. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Attendance rates were below the CCG average but in line with national averages. For example, at 70%, the uptake rate for breast screening was below the CCG average of 78% but in line with the national average of 72%.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood

immunisation rates for the vaccinations given to under two year olds ranged from 95% to 100% which was above local averages of 93.4% to 97.4%. For five year olds the immunisation rates ranged from 81.5% to 96.3% compared to averages of 90% to 98%.

Flu vaccination rates for the practice were in line with local averages. For example, 70% over patients over 65 had received a flu vaccination compared with the CCG average of 69%. For patients at risk, 38% had received a flu vaccination compared with the CCG average of 37%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. Data showed that the practice was currently exceeding the targets set by the CCG in respect of the numbers of offers made for health checks and the number of health checks completed. For example, the practice had a target to complete 101 health checks and data showed they had exceeded this by completing 132 health checks. This represented an achievement rate of 102% which was significantly above the CCG average of 62%.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and helpful to patients and treated them with dignity and respect. For example we observed a member of staff escorting a frail patient back to the waiting area following their consultation.

The practice had measures in place to maintain the privacy and dignity of patients and to ensure they felt at ease including

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer to speak with them in a more private area of the practice.

Thirteen of the 15 completed CQC 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. In addition patients highlighted the support and compassionate care they had received in challenging circumstances.

We spoke with seven patients during the inspection. Most patients we spoke with told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey showed the majority of patients felt they were treated with compassion, dignity and respect. The practice in line with the national average for its satisfaction scores on consultations with GPs and nurses for some indicators but was rated below the average for others. For example:

- 77% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 77% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.

- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 75% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.
- 87% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% national average of 91%.
- 98% of patients said they had confidence and trust in the last nurse they saw or spoke to compared with the CCG average of 98% and the national average of 97%.

The results of the national GP patient survey showed satisfaction with reception staff was above local and national averages:

- 93% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

The practice showed awareness of their national GP patient survey results and had discussed these internally and with their patient participation group (PPG). The practice was working with the PPG to consider improvements and to plan a practice based survey to explore issues in more detail.

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 informed decisions about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We saw that care plans were personalised for individual patients.

Results from the national GP patient survey showed that the majority of patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. However, results were below local and national averages for consultations with GPs. For example:

- 75% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.

Are services caring?

- 72% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 82%.

However, results for consultations with nursing staff were in line with local and national averages. For example:

- 91% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and the national average of 90%.
- 86% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language if these were needed.
- Information leaflets were provided in easy-read formats for people who required them.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 91 patients as carers which was equivalent to 2.2% of the practice list. Written information packs were provided to carers which directed them to avenues of support available to them.

Staff told us that if families had experienced bereavement, their usual GP contacted them where appropriate. This contact 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 extended hours clinics with doctors and nurses one evening and one Saturday morning each month to facilitate access for working patients. In addition the practice supported the collaborative extended hours scheme within their locality which enabled patients to access services outside normal hours at a neighbouring practice.
- There were longer appointments available for patients with a learning disability and for those who needed them.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and for those patients with medical problems that required same day consultation.
- The practice had some disabled facilities including disabled access toilets. The practice was applying for funding to improve their entrance doors to ensure these were more accessible.
- The practice offered minor surgery to enable patients to access certain procedures closer to home.
- A midwife attended the practice one weekly basis to provide antenatal clinics for patients.

Access to the service

The practice was open between 8.30am and 6pm Monday to Friday. GP appointments were from 8.30am to 11.30am every morning and 3.40pm to 5.40pm every afternoon. Nurse appointments were from 9am to 11.30am every morning and from 12.30 to 4pm every afternoon. Extended hours appointments were offered one evening and one Saturday morning each month. In addition the practice supported the collaborative extended hours working within the locality. 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 above or in line with local and national averages.

- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 78%.
- 78% of patients said they could get through easily to the practice by phone compared to the CCG average of 68% and the national average of 73%.
- 67% of patients usually got to see their preferred GP compared to the CCG average of 54% and the national average of 59%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

Listening and learning from concerns and complaints

The practice had effective systems in place to respond to 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 including leaflets and posters in the waiting area. There was also information about making a complaint on the practice's website.

We looked at three complaints received in 2015/16 and found that these were responded to in a timely way. People making complaints were provided with detailed explanations and apologies were offered where appropriate. Complaints were discussed with key staff on receipt and discussed with all staff following the response being issued. This ensured that learning was shared with all staff. Complaints were reviewed on an annual basis to ensure that any themes or trends were identified and learning had been embedded. Lessons were learnt from individual concerns and complaints and action was taken to as a result to improve the quality of care. For example, a complaint was received from a patient regarding a repeat prescription. The practice ensured that processes around repeat the issuing of repeat prescriptions were clarified with all staff.

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's aims and objectives were outlined in their statement of purpose which was available to patients on the practice's website. Staff were aware aims and values of the practice to deliver high quality patient centred care.

The practice did not have a documented business plan or strategy in place. The practice told us they were focussed on developing their collaborative working within the locality area and looking at ways in which practices could further increase efficiencies by working together. We were told that there had been some discussions amongst the partners regarding succession planning and planning for the future. However, there were no clear plans in place regarding the future development of the practice.

Governance arrangements

The practice had governance arrangements which supported the delivery of good quality care. Significant work had been undertaken, led by the practice manager, to strengthen governance systems. The partners had supported the practice manager to achieve these improvements and had invested in a practice management support package. Improvements included:

- Updated practice specific policies had been implemented and were available to all staff. The practice
- There were more robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- There was increased administrative support in place to support the governance and day to day running of the practice.

Additionally we saw that there was a clear staffing structure and that staff were aware of their own roles and responsibilities.

The practice had an understanding of their performance and used audit to identify areas for improvement. The practice worked with the clinical commissioning group (CCG) and other practices in the area to review their performance and improve quality.

Regular meetings were held between the practice manager, the partners and the nurse manager. These meetings were

informal and no written records were kept meaning we could not be assured that there were robust mechanisms in place to ensure that the registered manager had oversight of governance arrangements.

Leadership and culture

The partners and the practice manager told us they prioritised safe, high quality, compassionate care. Staff told us they found the manager and the partners approachable and said they felt listened to.

The practice encouraged a culture of openness and honesty. There were systems in place to ensure that when things went wrong affected people were provided with support, information and apologies where appropriate.

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

- Staff told us the practice held regular practice meetings and we saw minutes to confirm this.
- 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 supported in doing so.
- Staff said they felt valued and supported, particularly by the management and partners in the practice.
- Staff told us they were not routinely involved in discussions about future practice developments but had been involved in discussions about areas for improvements. For example, areas for improvement identified following a previous CQC inspection had been discussed with all staff.

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), through surveys, a suggestion box and complaints received. The PPG met regularly, carried out surveys and submitted proposals for improvements to the practice management team. For example, the PPG had identified concerns regarding access for disabled patients. The practice was seeking funding to make the necessary improvements.

Are services well-led?

Good 

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

The practice had gathered feedback from staff through appraisals, staff meetings and general discussions. Staff said they would not hesitate to discuss concerns and give feedback and felt the practice manager was very approachable.