

Dr Gangadhar Duddukuri

Quality Report

(Also known as Burscough Family Practice)
Burscough Health Centre
Burscough
Ormskirk
L40 4LA
Tel: 01704 396020
Website: www.burscoughfamilypractice.co.uk

Date of inspection visit: 30 November 2016
Date of publication: This is auto-populated when the report is published

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

Ratings

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

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10

Detailed findings from this inspection

Our inspection team	11
Background to Dr Gangadhar Duddukuri	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Gangadhar Duddukuri (Burscough Family practice) on 30 November 2016. Overall the practice is rated as good.

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

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- There was an open and transparent approach to safety and there was a system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed although the practice did not always have sight of risk assessments or checks done on their behalf by the building management company.
- The infection prevention and control lead carried out weekly audit inspections of the practice facilities, and we saw evidence that action was taken as a result to resolve any issues identified.
- Patients were highly positive about the care they received. They 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 found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

Summary of findings

The areas where the provider should make improvement are:

- Improve documentation around significant events and complaints to ensure any trends are monitored and learning is maximised as a result.
- A comprehensive oversight of staff training should be maintained to ensure evidence of training completed is available and gaps are addressed.
- Maintain an oversight of premises and equipment maintenance checks carried out by the building management company.
- The practice's recruitment protocols should be consistently followed, particularly with regards to proof of identification being recorded.
- Continue to identify and support patients who are also carers.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was a system in place for reporting and recording significant events, although thorough documentation around these was not consistently maintained.
- We did see that action was taken to improve safety in the practice.
- When things went wrong patients received support, truthful information, and an appropriate apology.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- The infection prevention and control lead carried out weekly audit inspections of the practice facilities, and we saw evidence that action was taken as a result to resolve any issues identified.
- Risks to patients were assessed and managed although the practice did not always have oversight of checks done on their behalf by the building management company.

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 mostly comparable to local and national averages. The practice had initiated monthly reviews of QOF performance in order to identify and address areas where performance could be improved.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement, although audit selection was driven by the CCG. The practice did not have its own audit plan in place.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for most staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

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.

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.
- 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.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice also offered weekly anticoagulant clinics where patients' bloods were tested and their anti-coagulant medicine reviewed and dose changed as required. This meant they did not need to attend a separate specialist anticoagulant clinic.
- Telephone appointments were available, and patients were able to book appointments and request repeat prescriptions online. The practice told us there was an 88% uptake of the electronic prescription service amongst its patients.
- Information about how to complain was available and easy to understand, although we did note inconsistencies between documentation available in the practice and information displayed on the website. No formal complaints had been received in the previous 12 months. Two verbal complaints had been dealt with informally, but not documented.

Good



Are services well-led?

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

- The practice had a clear vision to deliver high quality care and promote a professional and caring environment. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management.

Good



Summary of findings

- The practice had a number of policies and procedures to govern activity, although it was not always clear from the documents when they had last been reviewed.
- There was an overarching governance framework which supported the delivery of the vision and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The GP encouraged a culture of openness and honesty.
- The practice proactively sought feedback from patients, which it acted on. The patient participation group was 'virtual' in nature and liaised with the practice via email.
- There was a strong 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 offered a dedicated flu clinic for patients over the age of 75 years.
- Patients over the age of 75 were also offered a health check to review their health needs.

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.
- Performance for diabetic related indicators were either in line with or below local and national averages.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice also offered weekly anticoagulant clinics where patients' bloods were tested and their anti-coagulant medicine reviewed and dose changed as required. This meant they did not need to attend a separate specialist anticoagulant clinic.

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.

Good



Summary of findings

- Immunisation rates were consistently 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.
- The practice's uptake for the cervical screening programme was 76%, which was lower than the CCG and national averages of 82%. The practice's exception reporting rate for cervical screening was lower than the local and national averages (at 3.5% compared to 5.9% and 6.5% respectively).
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

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.
- Following feedback received from patients, the practice had altered the availability of Wednesday afternoon consultations in order to better fit with patient demand.
- 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. The practice reported an 88% uptake of the electronic prescription service amongst its patients.

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 other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Good



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).

- The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months was 97% compared to the CCG average of 85% and national average of 84%.
- Performance for other mental health related indicators was below local and national averages.
- 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 accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. A total of 254 survey forms were distributed and 112 were returned. This represented a response rate of 44% and 4% of the practice's patient list.

- 81% of patients found it easy to get through to this practice by phone compared to the local average of 72% and national average of 73%.
- 77% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local average of 74% national average of 76%.
- 90% of patients described the overall experience of this GP practice as good compared to the local and national averages of 85%.
- 91% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local average of 79% and national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received a total of 91 comment cards (44 of these had been completed in May 2016) and all but one made positive comments about the standard of care received. Many patients mentioned staff by name to praise the care and treatment offered, which they felt was of a very high standard. As well as making positive comments, seven also highlighted some areas of concerns, mainly around the time waited for access to an appointment or appointments not running to time. The single negative card expressed dissatisfaction, but did not give a reason for this.

We spoke with two patients during the inspection, and a further two over the telephone shortly after the site visit. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. We were told of a number of examples where the practice offered personalised care for its patients, for example we were told of occasions when the GP had personally contacted a patient by telephone to check progress upon learning they had attended the local out of hours service over the weekend.

Areas for improvement

Action the service SHOULD take to improve

The areas where the provider should make improvement are:

- Improve documentation around significant events and complaints to ensure any trends are monitored and learning is maximised as a result.
- A comprehensive oversight of staff training should be maintained to ensure evidence of training completed is available and gaps are addressed.
- Maintain an oversight of premises and equipment maintenance checks carried out by the building management company.
- The practice's recruitment protocols should be consistently followed, particularly with regards to proof of identification being recorded.
- Continue to identify and support patients who are also carers.

Dr Gangadhar Duddukuri

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team also included a GP specialist adviser.

Background to Dr Gangadhar Duddukuri

Dr Gangadhar Duddukuri (also known as Burscough Family Practice) is situated in a residential area of Burscough and occupies the purpose built Burscough Health Centre along with a neighbouring GP practice. There is car parking available outside the Health Centre and a ramp at the front entrance of the building to facilitate access for those experiencing difficulties with mobility.

The practice delivers services under a general medical services (GMC) contract with NHS England to 2769 patients, and is part of the NHS West Lancashire Clinical Commissioning Group (CCG). The average life expectancy of the practice population is in line with both CCG and national averages for males (79 years) and slightly above the CCG average for females (83 years for the practice as opposed to 82 years for the CCG, 83 years nationally). The practice caters for a higher percentage of patients over the age of 65 years (26.1%) compared to the local (20.4%) and national (17.1%) averages. The percentage of patients under the age of 18 years is lower at 16.3% compared to the local average of 19.8% and national figure of 20.7%. The practice delivers care for a slightly higher proportion of patients with a long standing health condition (57.5%

compared to the CCG average of 55.5% and national average of 54%). Less of the practice's patients are in paid work or full time education (52.1%) when compared to the local average of 60.5% and national average of 61.5%.

Information published by Public Health England rates the level of deprivation within the practice population group as eight on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

The practice is staffed by one male GP (the provider) and one female long term locum GP. The GPs are assisted by a practice nurse and a healthcare assistant. Clinical staff are supported by a practice manager, medicines coordinator and four other administrative and reception staff.

The practice is open Monday to Friday between the hours of 8:00am and 6:30pm, apart from Thursdays when the practice closes at midday. Appointments are offered between 9.00am and 11:30am each morning, and from 3:30 until 5:00pm each afternoon, apart from Wednesdays when appointments are offered from 4.00pm until 5.30pm, and Thursdays when the surgery closes for the afternoon. On a Thursday afternoon when the practice is closed, cover is provided by the neighbouring practice that occupies the same health centre building.

Outside normal surgery hours, patients are advised to contact the Out of hour's service, offered locally by the provider OWLS CIC Ltd.

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

Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 30 November 2016. During our visit we:

- Spoke with a range of staff including the GP, practice manager, health care assistant, reception and administration staff and spoke with patients who used the service. We also spoke with the practice nurse on the telephone during the visit as she was not on site on the day of inspection.
- Observed how staff interacted with patients.
- 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 was a system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager or GP of any incidents and there was a recording form available on the practice's computer system.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received support, truthful information, an appropriate apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out an analysis of the significant events, and we saw evidence that actions were put in place as a result to reduce the risk of the event being repeated. For example, following an occasion where incomplete information had been added to a smear sample form, in addition to the practice swiftly rectifying the situation to ensure the sample was analysed, it put measures in place to ensure sample takers had sufficient time to ensure information was thoroughly checked.

We did find that there were gaps in the record keeping around significant events. Staff told us of examples of recent significant event analyses (SEAs) the records of which were not available. This resulted in inconsistent oversight of the SEAs that had occurred in the practice and meant that thorough trend analysis was not possible. While we saw examples of staff meeting minutes that documented discussion around SEAs had taken place, the minutes lacked sufficient detail to demonstrate the learning or changes to practice that had been shared as a result.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had

concerns about a patient's welfare. The GP was the safeguarding lead. The GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and most had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. We noted that evidence of appropriate safeguarding training was not available for three of the non-clinical staff, however, the practice provided evidence that this training was completed shortly following the inspection visit. The health care assistant had completed safeguarding children level one training, rather than the level two training specified in the practice's safeguarding policies, although the practice manager informed us this training would be updated to the appropriate level shortly.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and the infection control lead had received up to date training. Other staff had been trained internally and demonstrated to us that they understood their responsibilities around infection prevention and control. Weekly infection control audits were undertaken by the practice nurse and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines

Are services safe?

audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGD) had been adopted by the practice to allow the nurse to administer medicines in line with legislation. The Health Care Assistant was trained to administer vaccines and medicines against a patient specific prescription (PSD) or direction from a prescriber. We noted that while the nurse administered B12 vaccines, the practice did not have a PGD in place for this medicine. During discussion on the day of inspection it was not clear what the practice's protocol was around the administration of this medicine, as the GP informed us he believed he had signed a PGD for this vaccine. Following the inspection the practice manager informed us that the nurse instead worked to PSDs for this medicine.

- We reviewed four personnel files and found appropriate recruitment checks had mostly been undertaken prior to employment. For example, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service were all recorded on file. However, the practice had not consistently followed its own recruitment procedures with respect of documenting proof of identification as part of the pre-employment checks. Three of the files we viewed were for staff who had commenced employment with the practice since 2013 and none of these had evidence that proof of identification had been sought. Immediately following the visit the practice provided evidence demonstrating that this information had been sought and documented in the staff personnel files.

Monitoring risks to patients

Risks to patients were assessed and well managed, although the practice did not always maintain an oversight of premises risk assessments and checks carried out by the building management company.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice manager maintained a document of health and safety related risk assessments and we saw evidence that appropriate action was taken as a result of its completion. The practice had up to date fire risk

assessments and carried out regular fire drills.

Documentation relating to electrical equipment being checked to ensure that it was safe to use was not available, but we saw that such checks were booked to be completed in December 2016. We saw that clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. However, we noted that the plan did not appropriately document the procedure for dealing with the incapacity of the GP. It referred to the other partners providing cover, despite the fact the practice was a single handed provider. The practice manager informed the inspection team that there were agreements with the neighbouring practice to provide cover as necessary, but this was not documented in the plan.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

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 92.8% of the total number of points available, with an overall exception reporting rate of 3.9% for the clinical domains (compared to the local average of 6.6% and national average of 9.8%) (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 2015/16 showed:

- Performance for diabetes related indicators was either in line with or below the local and national averages. For example:
 - The percentage of patients with diabetes on the register in whom the last IFCC-HbA1c was 64mmol/mol or less in the preceding 12 months was 74% compared to the clinical commissioning group (CCG) average of 77% and national average of 78%.
 - The percentage of patients with diabetes on the register in whom the last blood pressure reading (measured in the last year) was 140/80 mmHg or less was 79%, compared to the CCG average of 80% and national average of 78%.

- The percentage of patients with diabetes on the register whose last measured total cholesterol (measured in the preceding 12 months) was five mmol/l or less was 69% compared to the CCG average of 81% and national average of 80%.
- The percentage of patients with diabetes on the register who had had influenza immunisation in the preceding 1 August to 31 March was 85% compared to the CCG average of 94% and national average of 95%.
- The percentage of patients on the diabetes register with a record of a foot examination and risk classification within the last 12 months was 84% compared to the CCG average of 85% and national average of 89%.
- Performance for mental health related indicators was variable when compared with the local and national averages. For example:
 - The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record in the preceding 12 months was 75% compared to the CCG average of 91% and national average of 89%.
 - The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 83% compared to the CCG average of 92% and national average of 89%.
 - The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months was 97% compared to the CCG average of 85% and national average of 84%.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less was 87% compared to the CCG average of 84% and national average of 83%.
- The percentage of patients with asthma on the register who had an asthma review in the preceding 12 months that included an appropriate assessment of asthma control was 73%, compared to the CCG and national averages of 76%.

Are services effective?

(for example, treatment is effective)

The GP demonstrated to us in discussion that they were aware of the practice's performance on QOF indicators and described how measures had been put in place to take action to improve performance in areas where there was deviation from local and national achievement levels. The GP had instigated monthly QOF performance analysis to ensure activities were being completed appropriately.

There was some evidence of quality improvement including clinical audit, although the practice lacked a clear plan to ensure clinical audits were targeted specifically around the practice's patient group. The practice told us audit topic selection was driven by the CCG and there was a focus on medicines optimisation audit work.

- We were shown four clinical audits completed in the last two years, all of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, and peer review.
- Findings were used by the practice to improve services. For example, recent action taken as a result of a medication optimisation audit for patients resident in care homes resulted in the practice adopting a multidisciplinary approach to the completion of care home medication reviews. Interventions implemented as a result of the audit resulted in a significant cost saving relating to medication expenditure.

Information about patients' outcomes was used to make improvements. For example, following a medicines and healthcare products regulatory agency safety alert being received highlighting an increased risk for certain patients around the use of domperidone (a medicine to relieve feelings of nausea), the practice improved its prescribing trends in line with the information contained in the alert.

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. This facilitated new staff having the opportunity to shadow more experienced colleagues.
- 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; we saw evidence that both the practice nurse and HCA had attended a range of appropriate recent training in these areas.

- 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 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, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months other than the HCA.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

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

Are services effective?

(for example, treatment is effective)

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The practice obtained written consent when minor surgical procedures were undertaken.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol. Patients were signposted to the relevant service.
- A dietician was available on the premises, including monthly clinics being run on site by a dietician specialising in diabetic care. The practice also offered smoking cessation advice via the practice nurse.

The practice's uptake for the cervical screening programme was 76%, which was lower than the CCG and national

averages of 82%. The practice's exception reporting rate for cervical screening was lower than the local and national averages (at 3.5% compared to 5.9% and 6.5% respectively). There was a policy to offer telephone 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. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. 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 higher than CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97% to 100% (compared to 95% to 98% locally and 73% to 95% nationally) and the practice achieved a consistent 100% uptake for those given to five year olds (compared to a range from 87% to 98% locally and 81% to 95% nationally).

Patients had access to appropriate health assessments and checks. These included health checks for new patients, NHS health checks for patients aged 40–74 as well as health checks for those patients over the age of 75 years. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All but one of the 91 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 patients either during or shortly following our visit. They also told us they were extremely satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey 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:

- 92% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 94% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.

- 95% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 85%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national averages of 91%.
- 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 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 from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 90% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 82%.
- 97% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG and national averages 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.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

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 21 patients as carers (0.8% of the practice list). Written information was available to direct carers to the various avenues of support

available to them. The practice website had a dedicated section for carers and provided facility for patients with caring responsibility to share their details with the practice in order to ensure they received the appropriate support.

The practice did not have formalised procedures around managing bereavement. The GP explained how he knew the patient list very well and offered personalised care to families who suffered bereavement tailored to their particular needs at the time. This would include offering 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.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- Treatment and consultation rooms were all situated on the ground floor of the premises.
- The practice also offered weekly anticoagulant clinics where patients' bloods were tested and their anti-coagulant medicine reviewed and dose changed as required. This meant they did not need to attend a separate specialist anticoagulant clinic.
- Telephone appointments were available, and patients were able to book appointments and request repeat prescriptions online. The practice told us there was an 88% uptake of the electronic prescription service amongst its patients.
- Any failed attendance at appointments was followed up by the receptionists by telephone and then by letter. The practice staff were able to describe anecdotally how this had resulted in a significant reduction in missed appointments over the last few years.

Access to the service

The practice was open Monday to Friday between the hours of 8:00am and 6:30pm, apart from Thursdays when the practice closed at midday. Appointments were offered between 9:00am and 11:30am each morning, and from 3:30 until 5:00pm each afternoon, apart from Wednesdays when appointments were offered from 4:00pm until 5:30pm, and Thursdays when the surgery closed for the afternoon. On a

Thursday afternoon when the practice was closed, cover was provided by the neighbouring practice that occupied the same health centre building. In addition to pre-bookable appointments that could be booked three months in advance, urgent appointments were also available for people that needed them. On the day of inspection, the next available pre-bookable appointment was in two days' time.

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

- 78% of patients were satisfied with the practice's opening hours compared to the CCG and national averages of 79%.
- 81% of patients said they could get through easily to the practice by phone compared to the CCG average of 72% and national average of 73%.

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

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits. Receptionists had access to a protocol document detailing their responsibilities in relation to this.

Listening and learning from concerns and complaints

The practice had a 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.
- The practice manager was the 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 on the reception desk and information on the practice website. While the literature available to patients on site

Are services responsive to people's needs? (for example, to feedback?)

at the practice contained appropriate information, we noted that the practice website incorrectly signposted complainants to the Care Quality Commission for an independent review of their complaint should they be unhappy with how it was handled by the practice, rather than the Parliamentary Health Service Ombudsman.

We were told by the practice that no written complaints had been received in the previous 12 months. The practice manager confirmed that two verbal complaints had been managed informally, but these had not been documented.

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 a professional and caring environment. The practice outlined this aim on its website and staff demonstrated awareness of it and how their work contributed to its delivery. The GP explained to us how he prioritised high patient satisfaction, a value which was also reiterated by the other practice staff we spoke to during the visit.

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 available to all staff. We did note that some policies were dated when the next review was required, but not for creation / last review date (for example the infection control and summarising notes protocols), so it was not always clear when they had last been reviewed. We noted that the practice's recruitment protocols had not been fully followed when staff had recently been employed by the practice; evidence of proof of identity had not consistently been recorded on file. The recruitment qualification checking policy was undated and contained out of date terms of reference; it referred to the HPC (Health Professions Council), rather than the HCPC (Health and Care Professions Council).
- A comprehensive understanding of the performance of the practice was maintained. Monthly analysis of QOF performance had been put in place to improve outcomes.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. Audits we were shown were completed two-cycle audits, but topics tended to be selected by the CCG.

- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, although the practice did not always have oversight of maintenance activity and certification when the building's management took responsibility for this.

Leadership and culture

On the day of inspection the GP in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the GP and management were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The GP and practice manager encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people appropriate support, truthful information and a suitable apology.
- However, the practice did not always keep written records of verbal interactions as well as written correspondence. We saw that the practice did have a 'grumbles' book, where verbal complaints had been noted in the past, but the last entry recorded in this was August 2011.

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

- Staff told us the practice held regular team meetings and we saw minutes of these meetings 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 confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the GP and practice manager in the practice. All staff felt able to be involved in discussions

Are services well-led?

Good 

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

about how to run and develop the practice, and the GP encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG was a virtual group consisting of approximately 116 patients who liaised with the practice via email. As a result of previous patient feedback gathered through surveys, the practice shifted its appointment slots offered on a Wednesday afternoon so that they were half an hour later to facilitate easier access to appointments for patients who work.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. For example, as a result of staff feedback the practice had arranged for additional training for reception staff on the electronic patient record system.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The GP told us he placed high value on the continuous learning and development of the practice staff and we saw this evidenced in the role specific training completed and arranged for the near future.