Dr Mayur Lakhani

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Mayur Lakhani on 7 September 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- 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.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice consistently received very good patient feedback about the quality of care given to patients, for example in the national GP survey.
- We saw examples where the practice had considered the communication needs of vulnerable patients ie a system was in place to provide sign language CBT to patients where needed.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Urgent appointments were made available for vulnerable patients and unwell children even where the sessions were fully booked.
- The practice had adequate facilities and equipment.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

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?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to local and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals with personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Outstanding

The practice is rated as outstanding for providing caring services.

- Data from the national GP patient survey showed patients views were comparable to or higher than local and national figures.
- 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.

Summary of findings

- We saw staff treated patients with kindness and respect, and that they maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

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, the Clinical Commissioning Group and the local Federation to secure improvements to services where these were identified.
- Patients said they found it relatively easy to make an appointment with a named GP and there was continuity of care. They also appreciated being able to talk with a GP or nurse practitioner and if needed being offered an appointment on the same day. The practice was also trialling an online consultation service.
- The practice had adequate facilities and was equipped to treat patients and meet their needs. It was planning a refurbishment in the near future.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders

Are services well-led?

Good

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was a 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 provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety alerts and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on.

Summary of findings

- There was a focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Good

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's approach was to undertake frailty assessments, dementia screening and an integrated approach to include where needed end of life planning and a multi-agency approach.
- The practice had identified those older patients at risk of hospital admission and had developed care planning which identified key health problems and their on-going management. Special notes were included on records for out of hour's services to avoid unnecessary or inappropriate hospital admissions.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. The practice had identified 3% of its patients in this category
- The practice's performance for diabetes management was similar to or higher than national averages, for example, the practice scored 86% for the QOF indicator relating to blood sugar control management for diabetic patients compared to the local average of 83% and national average of 78%.
- Longer appointments and home visits were available when needed. The practice kept a register of patients who were housebound.
- All 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.

Summary of findings

- The practice also encouraged supported self-management for many conditions with factsheets, information on the web-site and community events for example, one for patients with arthritis which was supported by a local community group for people with joint problems.

Families, children and young people

Good

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 practice referred some vulnerable families to the Leicestershire Supporting Families Service to help them access appropriate support.
- Immunisation rates were above the national standard for childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice's web-site had a link to a site supporting teenage health.
- Data showed 93% of eligible women had received a cervical screening test compared with the local average of 83% and national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Young children who were ill were always seen and the practice used a sepsis screening tool to help identify this condition.
- The lead GP had a Diploma in Child Health and had recently done a presentation to local GPs about allergies in children related to cow's milk.
- The practice offered 24 hour and 6 week baby checks with 20 minute appointments.
- We saw examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Good

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

Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- Early morning appointments could be pre-booked 3 days a week and bookable telephone consultations were available.
- The practice was doing a trial of an online consultation service called AskmyGP for non-emergency advice and problems. Patients completed a questionnaire and received advice by email or telephone, for example, to pick up a prescription or book an appointment.
- The practice offered a travel vaccination service. Patients could fill in an on-line questionnaire to help identify what vaccinations they needed and when.

People whose circumstances may make them vulnerable

Outstanding

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

- The practice held a register of patients living in vulnerable circumstances including carers, people with a learning disability, people who were housebound and those with alcohol or substance misuse problems.
- The practice offered longer appointments for patients including those with serious mental health issues and those with a learning disability.
- Administrative staff had put alerts on to patient records to ensure that patients received assistance, for example, if they could not see the screen in reception asking them to go in to their appointment.
- 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.
- The Citizens Advice Bureau provided a weekly session at the practice for patients to get advice and assistance with a wide range of problems.
- The practice had identified 98 (2.7%) of its patients who had caring responsibilities. They were offered a referral to a local support service for a carer assessment, and given information

about local authority services such as First Contact, which could offer practical assistance with a variety of housing and other matters There was also information available in the waiting area and on the website.

- A member of the administrative team was the practice co-ordinator for end of life care. They were the first contact for patients and their families and liaised with community based services and offered support to families after bereavement. They also maintained the practice's register of patients identified as having caring responsibilities.
- The practice carried out regular audits into its provision of end of life care. The most recent audit had identified that 78% of patients who had died had been on the end of life care register for at least two weeks and that 73% of them had died in their preferred place of care.
- The practice kept a register of patients on the autistic spectrum and followed guidelines on being an autism friendly practice.
- 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)

Good

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

- 92% of patients living with dementia had a face-to-face care review in the previous 12 months, compared with the local average of 87% and national average of 84%.
- 94% of patients with severe mental health problems had a comprehensive agreed care plan documented in their records compared with the local average of 94% and national average of 89%. Alerts on their records meant that they were routinely offered longer appointments.
- 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 which included appropriate end of life care plans.
- The practice had told patients experiencing poor mental health and where appropriate their carers about how to access various support groups and voluntary organisations.

Summary of findings

- 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. For example, they were routinely offered longer appointments.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2 016 showed the practice was performing above local and national averages in a number of areas. 257 survey forms were distributed and 115 were returned, representing a response rate of 45% compared with a response rate in England of 38%

- 96% of patients found it easy to get through to this practice by phone compared to the local average of 71% and national average of 73%.
- 85% 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 77% and national average of 76%.
- 97% of patients described the overall experience of this GP practice as good compared to the local and national averages of 85%.
- 94% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the local average of 78% 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 13 comment cards the majority of which were very positive about the standard of care received. Patients described the practice is a good family doctor with a good team and staff were described as very professional and caring. Patients said the premises were clean and tidy and that the GPs answered questions and explained treatment options.

Patients we spoke with were satisfied with the care they received.

Dr Mayur Lakhani

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspector and included a GP specialist adviser.

Background to Dr Mayur Lakhani

Dr Mayur Lakhani is a sole clinical partner working with sessional GPs who is based in Highgate Medical Centre in Sileby, a village north west of Leicester. There is a local population of about 8,500 which will increase as up to 1000 new homes are built over the next five years. Sileby is an area with private housing alongside some pockets of social deprivation. The practice has 3585 patients. Almost 10% of its patients are aged 75 and over, and approximately 22% are aged under 18.

The practice occupies single-storey purpose-built accommodation which it hopes to refurbish in the near future to improve disability access with automatic doors and generally update the premises.

Dr Lakhani is the senior GP and works six sessions and the extended access hours each week. There are two long term sessional GPs, one male and one female who between them work five sessions a week. A female GP provides additional sessions as required. Another male GP works in the practice for approximately one session each month providing a minor surgery service. There are two female nurse practitioners who are also prescribers who provide minor illness and urgent care, as well as managing long-term conditions which includes care planning. There is also a female phlebotomist. The clinical team is supported by a practice manager, and other support staff, whose roles include a patient coordinator and an end of life care coordinator. The practice is a teaching practice which has medical students on placement.

The practice is open between 8am and 6pm Monday to Friday with the exception of Thursday when it closes at 1pm. On this afternoon and between 6 and 6.30pm the practice had a contract with Primecare whose telephone number is provided by the answerphone message and on the practice's website. Extended hours appointments are available on Monday from 7.15am and on Wednesday and Friday from 7.30am.

Out of hours services are provided by DHU (Derbyshire Health United).

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.

How we carried out this inspection

For example:

Detailed findings

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 7 September 2016. During our visit we:

- Spoke with a range of staff including clinical and support staff and spoke with patients who used the service.
- Observed how patients were being cared for.
- 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 the time.

Good

Are services safe?

Our findings

Safe track record and learning

- There was an effective system in place for reporting and recording significant events.
- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under 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).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received support, information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of significant events including any learning which was shared with all staff.
- All the staff we spoke with said they felt comfortable about identifying any mistakes they had made and discussing them within the staff team to ensure future learning.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed and actions decided on, for example, to search for patients whose medication needed to be reviewed following a safety alert. We saw evidence that lessons were shared and action was taken to improve safety in the practice.
- We found the overall management of significant event and incident reporting to be thorough, for example we saw systems in place to ensure peer review of records using a checklist as part of clinical governance arrangements. The practice also reported incidents to the National Reporting and Learning system (NRLS) and had a systematic process in place to ensure annual review of incidents and complaints to ensure thorough analysis and shared learning.

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 keeping registers of vulnerable adults and children.
- 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. There was a lead member of staff for safeguarding who was in contact with local health visitors to share and discuss any concerns. The GP 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 nurse practitioners were trained to child protection or child safeguarding level 3.
- Notices in the waiting area and in treatment rooms advised patients that chaperones were available if required. All staff undertaking this role had been trained 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. A nurse practitioner was the infection control clinical lead and they 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. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements needed as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines kept patients safe (this included obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of all high risk medicines and ensured a robust and safe approach. 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 were

securely stored and there were systems in place to monitor their use. Uncollected prescriptions were regularly reviewed and the local pharmacy contacted to see if any medicines had not been collected. Advice was sought from a GP and where appropriate the patient contacted to ensure they were well especially where they had a long term condition.

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

Monitoring risks to patients

- Risks to patients were assessed and well managed.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and a poster was displayed in the staff area which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. 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 (COSHH) and infection control, and a legionella risk assessment. (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. For example, as the practice was closed on a Thursday afternoon there were extra appointments during Thursday morning. There was a rota system in place to ensure enough staff were on duty and staff worked flexibly to cover absences.

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 which they responded to.
- 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 comprehensive business continuity plan in place for major incidents such as power failure or building damage. Copies were kept outside of the surgery and the plan included contact numbers for staff and other services and suppliers.

Good

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 which were incorporated into the records system and the practice had devised some of its own templates to ensure best practice. This helped ensure that care and treatment that met patients' needs.
- Safety alerts were received by the senior GP and practice manager and were circulated to all clinical staff and discussed at regular clinical meetings. Patients' records were searched to ensure appropriate reviews and safe care.
- The practice monitored that these guidelines were followed through audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97% of the total number of points available. The practice had low levels of exception reporting. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets.

For example, data from 2015-2016 showed performance for diabetes related indicators was comparable or better than the national average.

- The practice scored 86% for the QOF indicator relating to blood sugar control management for diabetic patients compared with the local average of 83% and national average of 78%.
- The practice scored 81% for the QOF indicator relating to blood pressure management in diabetic patients (local average 77%, national average 78%)
- The practice scored 87% for the QOF indicator relating to cholesterol management in diabetic patients (local average 83%, national average 80%)

Performance for mental health related indicators, for example, related to an agreed care plan documented in the patient record was 94% (local average 94%, national average 89%)

There was evidence of quality improvement including clinical audit.

- The practice regularly carried out audits of the care provided which included end of life care and death audits. There were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, the practice had audited patients receiving a medicine which required regular blood tests and monitoring to ensure there was an alert on their record to ensure future safe prescribing.

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 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.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence and an annual audit. 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

Good

Are services effective?

(for example, treatment is effective)

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.

- Staff received training that included safeguarding, fire safety awareness, and 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. Monthly multi-disciplinary meetings took place with other health care professionals including the diabetic specialist nurse, district nurses, MacMillan and clinical care co-ordinator when care plans were routinely reviewed and updated for patients with complex needs including palliative and end of life care.

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 nurse practitioner assessed the patient's capacity and recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records checks.

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 cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 93% compared with the CCG average of 83% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 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.

Childhood immunisation rates for the vaccinations given were between 94.2% and 100% which was above the national 90% standard.

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 risk factors or abnormalities were identified.

The Patient Participation group were organising 'walks for health' for patients.

Outstanding ☆

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were kind, polite 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.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Out of the 13 patient Care Quality Commission comment cards we received, the majority of these were very positive about the service experienced. Patients said they felt the staff were very professional, friendly and caring, that their questions were answered and explained and that it was a good family doctor with a good team. Comment cards

We spoke with 2 members of the patient participation group (PPG). They also told us they were 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 published in July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was above local and national averages for satisfaction scores across a number of areas. For example:

- 93% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average and national average of 87%.
- 90% of patients said the GP was good at giving them enough time compared to the CCG average of 86% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw (CCG and national average of 92%.
- 92% of patients said the last GP they spoke to was good at treating them with care and concern (CCG and national average of 85%).
- 99% of patients said the last nurse they spoke to was good at treating them with care and concern (local and national averages of 91%)
- 98% of patients said they found the receptionists at the practice helpful (CCG average 86%, national average, 87%)

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback 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 higher than 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 and national averages of 86%.
- 89% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 82%.
- 96% 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 national average of 85%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. We were told this was rarely requested.

Patient and carer support to cope emotionally with care and treatment

Outstanding ☆

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 98 patients as carers (2.7% of the total practice list but 3.6% of over 18yr olds). Once identified and placed on the register, carers were invited for a regular health check, offered flu vaccinations and given information about how to access support and advice. There was also information available in the waiting area and on the web-site about local support available.

A member of the administrative team was the coordinator for the carers register and for end of life care providing an initial point of contact and offering practical and emotional support to patients and their carers. She ensured that the families received a condolence card when the patient passed away and if appropriate offered advice about bereavement support services. Alerts where also put on patient records to note they had been bereaved to help ensure they were offered care and support.

The practice carried out regular audits into its provision for end of life care. The most recent audit had identified that 78% of patients who had died were on the end of life care register and that 73% had died in their preferred place of care.

Good

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. The lead GP was chair of the CCG and its End of Life care lead and was also involved in a weekend access scheme for patients identified as being at risk of unplanned hospital admission.

- The practice offered an early morning appointments (from 7.15.or 7.30) three mornings a week for working patients who could not attend during normal opening hours.
- Pre-bookable appointments lasted up to 10 minutes. Longer appointments were available on request.
- The practice had identified some of its patients whose condition meant they needed longer appointments and had put alerts on their records. This included, for example, patients with learning disabilities or with complex mental health conditions.
- Home visits were available for housebound or frail patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were made available for young children and those patients with medical problems that required same day consultation.
- Pre-bookable telephone consultations were available.
- The practice was doing a trial of an online consultation service called AskmyGP for non-emergency advice and problems. Patients completed a questionnaire and received advice by email or telephone, for example, to pick up a prescription or book an appointment.
- Patients were able to receive travel vaccinations available on the NHS. The practice had a number of downloadable forms, including one for travel vaccination needs which a patient could complete and submit electronically in advance of their appointment. Patients were referred to other services for those vaccines any available privately.
- We saw examples where the practice had considered the communication needs of vulnerable patients ie a system was in place to provide sign language CBT to patients where needed.

Access to the service

The practice was open between 8am and 6pm Monday to Friday with the exception of Thursday when it closed at 1pm. On this afternoon and between 6 and 6.30pm the practice had a contract with Primecare whose telephone number provided by the answerphone message and on the practice's website.

In addition to pre-bookable appointments that could be booked up to six 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 higher than local and national averages.

- 90% of patients were satisfied with the practice's opening hours compared to the local average of 74% and national average of 76%.
- 96% of patients said they could get through easily to the practice by phone compared to the local average of 70% and the 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.

A GP or nurse practitioner spoke with the patient or carer to assess whether a visit was appropriate or whether other services such as the paramedic led Acute Visiting Service (AVS) or an ambulance might be more suitable. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system in the practice e leaflet and on the web-site.

Good

Are services responsive to people's needs?

(for example, to feedback?)

We looked at 2 complaints received in the last 12 months and found that these were satisfactorily handled, dealt with in a timely way, and handled with openness and transparency. Explanations and apologies were offered and lessons were learnt from individual concerns and complaints. The practice also considered whether any trends could be identified.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a clear vision for the future based on the practice values of providing safe, effective and compassionate care which staff knew and understood.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had a 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. Staff were supported in their roles.
- Appropriate policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the lead GP, manager and staff 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 manager and Senior GP were approachable, supportive and interested in hearing staff views.

The practice had implemented a 'shared decision making' strategy to ensure patients were actively involved in their health care needs and treatment plans. These interactions were formerly recorded through coding of patient records to show patient interaction and involvement.

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). This included support and training for all staff on communicating with patients about any notifiable safety incidents. The practice encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment it gave patients information and an apology if appropriate.

- There was a clear leadership structure in place and staff felt supported by management.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open and patient centred culture and philosophy 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 manager and told us they 'led by example'. All staff were involved in discussions about how to run and develop the practice, and management encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The practice worked pro-actively with the PPG to bring about improvements to services for their patients. This included organising health walks for patients and improved services to patients nearing the end of their lives.

Are services well-led?

Good

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

- 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.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area, for example, being involved in a scheme to give identified vulnerable patients out of hours access to a GP from one of the participating practices (who was able to access the patient's records.