

Dr Khalid Patel

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?	Requires improvement	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Khalid Patel (also known as Goodmayes Medical Practice) on 9 September 2015. Overall the practice is rated as good.

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.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.

- Staff had received training appropriate to their roles and any further training needs had been identified and planned. However, some staff training on adult and child safeguarding had expired.
- Staff were acting as chaperones but had not received formal training.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. However, there was no information about the translation services available to patients.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. The practice also had a telephone triage system in place to assist patients requiring urgent advice.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- 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.

However there were areas of practice where the provider needs to make improvements.

The areas where the provider must make improvements are:

- Ensure that staff have received the appropriate training, including on chaperoning, and adult and child safeguarding.

Importantly they should:

- Arrange for electrical equipment to be tested for safety at appropriate intervals.
- Put a system in place to monitor the movement and use of prescription pads in the practice.
- Raise awareness of the translation services available for patients.
- Review the appointment system and consider changes to improve patient access.

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 requires improvement for providing safe services as there are areas where it should make improvements. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. However, some staff training on safeguarding was out of date, and the practice had not provided training to staff providing chaperoning services. In addition, the practice had not carried out portable appliance testing on electrical equipment, although they were aware of this risk and planned to arrange for testing to be carried out. Prescription pads were kept securely, however, there was no system in place to monitor their use.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs, although for some staff, safeguarding training had expired. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Good



Are services caring?

The practice is rated as good for providing caring services. Data showed that 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 that staff treated patients with kindness and respect, and maintained confidentiality. The practice offered translation services, however did not provide any information about these services to patients.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It 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. Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. The practice used a telephone triage system to assess patients requiring urgent care, providing appointments or home visits if required. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings and events.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits (including home visits for annual health checks), longer appointments, and rapid access appointments for those with enhanced 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. Longer appointments and home visits were available when needed. All of these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were good for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies. The practice also provided a walk-in baby clinic once a week. We saw good examples of joint working with midwives, health visitors and school nurses.

Good



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

Good



Summary of findings

care. The practice was offering appointments from 8:00am on two days per week, enhancing access. The practice was proactive in offering online services including to book appointments and request repeat prescriptions, as well as a full range of health promotion and screening that reflects the needs for this age group.

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. It had carried out annual health checks for people with a learning disability. It offered longer appointments for people with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



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). For example, 97.7% of people experiencing poor mental health had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia.

The practice had referred patients experiencing poor mental health to various support groups and voluntary organisations.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on 4 July 2015 showed the practice was similar to local and national averages. There were 105 responses and a response rate of 24%.

- 63% find it easy to get through to this surgery by phone compared with a CCG average of 53% and a national average of 73%.
- 87% find the receptionists at this surgery helpful compared with a CCG average of 77% and a national average of 87%.
- 62% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 51% and a national average of 60%.
- 72% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 77% and a national average of 85%.
- 76% say the last appointment they got was convenient compared with a CCG average of 85% and a national average of 92%.

- 65% describe their experience of making an appointment as good compared with a CCG average of 58% and a national average of 73%.
- 49% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 50% and a national average of 65%.
- 39% feel they don't normally have to wait too long to be seen compared with a CCG average of 42% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 25 comment cards, the majority of which were positive about the standard of care received. Patients were particularly positive about the caring attitude of the clinical team. Four comments cards were less positive, and reported a lack of available appointments.

Areas for improvement

Action the service **MUST** take to improve

- Ensure that staff have received the appropriate training, including on chaperoning, and adult and child safeguarding.

Action the service **SHOULD** take to improve

- Arrange for electrical equipment to be tested for safety at appropriate intervals.

- Put a system in place to monitor the movement and use of prescription pads in the practice.
- Raise awareness of the translation services available for patients.
- Review the appointment system and consider changes to improve patient access.

Dr Khalid Patel

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a practice manager specialist adviser. The specialist advisors are granted the same authority to inspect.

Background to Dr Khalid Patel

Dr Khalid Patel (also known as Goodmayes Medical Practice) provides care to approximately 5,500 patients.

The practice serves a mixed population, with 22.9% of people in the local area identifying as white, 60.3% as Asian/Asian British, 9.6% as Black/African/Caribbean/Black British, 3.9% as mixed ethnic and 3.4% as other ethnic groups.

There is one GP lead and two salaried GPs (two male and one female) at the practice as well as one part-time practice nurse.

The contact held by the practice is a GMS (General Medical Services) contract. The practice also provides local enhanced services, including, for example, enhanced childhood vaccination and immunisation services.

The practice is registered to provide diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and for the treatment of disease, disorder or injury.

The opening hours are between 8:00am and 1:00pm every weekday morning, and from 1:45pm to 6:30pm every weekday afternoon, except on Thursdays when the practice

is closed from 1:00pm. Appointments are available between 9:30am and 6:00pm on Mondays and Tuesdays, 8:00am to 6:00pm on Wednesdays, 9:30am to 12:30 on Thursdays and 8:00am to 5:30pm on Fridays.

When the practice is closed, patients are redirected to a contracted out-of-hours service.

We had not inspected this practice before.

Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008, to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 as well as to provide a rating for the services under the Care Act 2014.

How we carried out this inspection

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

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

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

- Older people
- People with long-term conditions

Detailed findings

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

Before visiting, we reviewed a range of information that we hold about the practice, including information provided to us by the practice. We carried out an announced visit on 9 September 2015.

During our visit we spoke with a range of staff (including GPs, the practice manager and administrative and reception staff) and spoke with patients who used the service. We also looked at patient records, spoke to patients, and reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and there were recording forms available and accessible to all staff. The practice carried out an analysis of significant events.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, there was an incident in the practice involving a child patient due to receive a vaccination. The patient's parent objected to the use of gelatine (which is derived from animal sources) and requested further information about the composition of the vaccination. The practice nurse due to administer the vaccination had not been aware of the full ingredients of the medication, and the impact on patient decision making. The issue was reported and discussed in the practice, and as well as disseminating information about the composition of the vaccination to staff, the practice also made this information available to patients.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

Overview of safety systems and processes

The practice had processes and practices in place to keep people safe, however there were areas which the practice needs to address:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The practice policies provided clear guidance to staff, and clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a system in place to record any safeguarding concerns on patient notes. There was a lead member of staff for safeguarding, and we saw evidence that safeguarding was discussed regularly at practice meetings. The GPs attended safeguarding meetings

when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. However, for some staff, including clinical staff, this training had expired. For example, the health care assistant's training on adult and child safeguarding was a year out of date, and training for two administrative staff on child safeguarding was a year out of date.

- A notice was displayed in the waiting room, advising patients that staff would act as chaperones, if required. All staff who acted as chaperones had received a disclosure and barring service check (DBS). (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). However, the practice had not arranged training for staff acting as chaperones. The practice had advised that they were in the process of organising training. There was however information available to chaperones, including a practice policy and guidance on the duties required, and staff acting as chaperones were able to describe their responsibilities.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and regular fire drills were carried out. All clinical equipment was checked to ensure it was working properly, however electrical equipment had not been checked in the past two years to ensure that it was safe to use. The practice were aware of this risk and had planned to arrange for testing once minor building work was completed. 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.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice manager and one of the GPs were joint leads on infection control. 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 identified as a result. Staff had received training on infection control.

Are services safe?

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored, however there were no systems in place to monitor their movement or use within the practice.
- Recruitment checks were carried out and the five files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and, for staff who required this, checks through the Disclosure and Barring Service.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in

place for all the different staffing groups to ensure that enough staff were on duty. To ensure sufficient staff were in place, the practice offered additional working hours to staff during busy periods.

Arrangements to deal with 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. There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment 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 ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. The practice monitored that these guidelines were followed through regular audits.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 99.9% of the total number of points available, with 5.1% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from the year 2013-2014 showed;

- Performance for diabetes related indicators was better than the national averages. For example, 97.86% of patients with diabetes, on the register, had received an influenza immunisation in the preceding 12 months, compared to the national average of 93.46%, and 99.38% of patients on the diabetes register had received a foot examination in the preceding 12 months, compared to a national average of 88.35%.
- The percentage of patients with hypertension having regular blood pressure tests was 88.69%, which was better than the national average of 83.11%.
- Performance for mental health problems was better than the national averages, with 97.73% of patients with schizophrenia, bipolar affective disorder and other psychoses having an agreed care plan documented from the preceding 12 months, compared to the national average of 86.04%. The practice had seen 87.5% of patients with dementia for a face-to-face review in the preceding 12 months, compared to a national average of 83.82%.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. There had been four clinical audits carried out in the last two years, two of these were completed audits where the improvements made were implemented and monitored. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, the practice audited follow-up care for patients who had received an intrauterine device (IUD). The practice reviewed national guidelines, which indicated that patients should attend for a check-up following fitting of an IUD. The practice initially identified that 63% of patients who were fitted with an IUD were seen for a follow-up appointment. The practice reviewed their procedures for ensuring follow-ups were attended (for example, by providing information to patients about the importance of the follow-up appointment) and re-audited the attendance levels, finding an increase in numbers attending follow-up appointments to 90%.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- 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 these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. However, some staff training on safeguarding had expired, and staff had not received training on chaperoning.

Coordinating patient care and information sharing

Are services effective?

(for example, treatment is effective)

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 test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis with district nurses and social services, and care plans were regularly reviewed and updated.

Consent to care and treatment

Patients' consent to care and treatment was always sought 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, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those with learning disabilities. Patients were then signposted to the relevant service.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 90.53% which was higher than the national average of 81.88%. 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.

Childhood immunisation rates for the vaccinations given were higher than CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under 12 month olds ranged from 87.1% to 92.1%, higher than the CCG average of 84/1% to 86/7%. Flu vaccination rates for the over 65s were 78.34% (higher than the national average of 73.24%) and at risk groups were 65.29% (higher than the national average of 52.29%).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74, as well as annual checks for those with learning disabilities and long term conditions. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Patients speaking to staff at the reception desk could be overheard in the waiting area, however, reception staff were aware of this and knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

The majority of the patient CQC comment cards we received were positive about the service experienced (21 cards out of 25 in total). Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Patients were particularly positive about the flexibility of the practice in accommodating urgent appointments, and also complimented the telephone triage system. The four comments cards which were less positive reported difficulties in booking appointments at convenient times.

We spoke with four members of the patient participation group (PPG) on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Patient feedback also highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed that most patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was however slightly below average for its satisfaction scores on consultations with doctors and nurses. For example:

- 78.4% said the GP was good at listening to them compared to the CCG average of 84.6% and national average of 88.6%.

- 75.5% said the GP gave them enough time compared to the CCG average of 81.5% and national average of 86.8%.
- 86.7% said they had confidence and trust in the last GP they saw compared to the CCG average of 92.8% and national average of 95.3%
- 76.7% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 79.2% and national average of 85.1%.
- 76.6% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 81.7% and national average of 90.4%.
- 87.1% patients said they found the receptionists at the practice helpful compared to the CCG average of 77.5% and national average of 86.9%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

- 79.4% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 79.8% and national average of 86.3%.
- 69.6% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 75% and national average of 81.5%

Staff told us that translation services were available for patients who did not have English as a first language. However, there were no notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who

Are services caring?

were carers, and they were being supported, for example, by offering annual health checks and referrals to local support groups. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

The practice had also provided additional training to one of the reception staff on emotional care, in order to better support patients.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, the practice was working with the CCG to plan and monitor referrals, to improve the process for patients.

Services were planned and delivered to take into account the needs of different patient groups and to help provide and ensure flexibility, choice and continuity of care. For example;

- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- The practice held a walk-in baby clinic on Wednesday afternoons with the practice nurse.
- There were disabled facilities and translation services available.
- In response to patient feedback requesting earlier appointments, the practice introduced appointments from 8:00am on Wednesdays and Fridays.
- The practice offered an online system for patients to book appointments and request repeat prescriptions.
- The practice offered a telephone triage system for patients who required urgent advice, with GPs either dealing with any concerns via telephone or arranging for patients to attend the practice or receive home visits.

Access to the service

The opening hours are between 8:00am and 1:00pm every weekday morning, and from 1:45pm to 6:30pm every weekday afternoon, except on Thursdays when the practice is closed from 1:00pm. Appointments are available between 9:30am and 6:00pm on Mondays and Tuesdays, 8:00am to 6:00pm on Wednesdays, 9:30am to 12:30 on Thursdays and 8:00am to 5:30pm on Fridays. When the practice was closed, patients were directed to a contracted out-of-hours service.

In addition to pre-bookable appointments that could be booked up to three months in advance, urgent appointments were also available for people that needed

them. The practice was operating a telephone triage system for patients who required urgent appointments, either dealing with the patient concerns on the telephone, or booking in an urgent appointment for them if required.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was lower than local and national averages. For example:

- 60.8% of patients were satisfied with the practice's opening hours compared to the CCG average of 69.4% and national average of 75.7%.
- 63.1% of patients said they could get through easily to the surgery by phone compared to the CCG average of 52.5% and national average of 74.4%.
- 65.1% patients described their experience of making an appointment as good compared to the CCG average of 57.5% and national average of 73.8%.
- 49.3% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 50.3% and national average of 65.2%.

Some of the comment cards received reported a difficulty in booking routine appointments, and the practice did not have a clear plan in place to investigate or address these issues.

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. There was a designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system, including a poster in the waiting area detailing the complaints process, as well as patient leaflets with further guidance. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at five complaints received in the last 12 months and found that these were dealt with in an open and transparent way, and patients had received detailed responses in a timely manner.

We saw evidence that the practice learnt from concerns and complaints, and action was taken to improve quality of

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

care. For example, one complaint related to a delay in the patient being referred to hospital for treatment. The practice reviewed their procedures, and carried out additional training on referral guidelines.

The practice also had a suggestion box in the reception area, inviting patients to submit concerns or comments.

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, and staff knew and understood the practice values. The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

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

Leadership, openness and transparency

The principal GP in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The principal was visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff. They encouraged a culture of openness and honesty.

Staff told us that regular team meetings were held, including weekly team meetings (for reception and clinical staff groups) as well as monthly practice meetings with all staff. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. Staff said they felt respected, valued and supported, particularly by the principal GP in the practice. All staff were involved in discussions about how to run and develop the practice, and the principal 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, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) as well as through comments and complaints received. There was an active PPG which met on a regular basis and submitted proposals for improvements to the practice management team. For example, the PPG had suggested providing a notice board in reception, to keep patients updated on current waiting times. This system had been put into place by the practice, and meant that if a surgery was running behind schedule, patients were advised of this and were aware of the expected waiting times.

The practice had also 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.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>Regulation 18.</p> <ol style="list-style-type: none">1. Persons employed by the service provider in the provision of a regulated activity must—<ol style="list-style-type: none">A. receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. <p>How this was not being met:</p> <p>The provider had not ensured that all staff (including clinical staff) had received current training in relation to both adult and child safeguarding, as training for some staff had expired.</p> <p>The provider had not ensured that all staff providing chaperoning services had received training for this role.</p> <p>This was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>