

# Dr Ajay Ramchandran

## Quality Report

The Spires Health Centre  
Victoria Street  
Wednesbury  
WS10 7EH  
Tel: 01215314665  
Website: [www.mysurgerywebsite.co.uk](http://www.mysurgerywebsite.co.uk)

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

### Ratings

#### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	9
Areas for improvement	9

### Detailed findings from this inspection

Our inspection team	10
Background to Dr Ajay Ramchandran	10
Why we carried out this inspection	10
How we carried out this inspection	10
Detailed findings	12

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Spires Healthcare on 10 February 2016. Overall the practice is rated as good

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

- We noticed a strong theme of positive feedback from staff and patients. Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Risks to patients were assessed and well managed. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- The practice was proactive in identifying and managing significant events. All opportunities for learning were maximised.
- 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
- The practice had a clear vision which had quality and safety as its top priority. The strategy was regularly reviewed and discussed with staff.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- All patients who were registered with the practice had a named GP and patients could access appointments and services in a way and at a time that suited them.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

# Summary of findings

- There was a clear leadership structure and staff felt supported by management. There were high levels of staff engagement and the management team motivated and encouraged staff to succeed.
- Staff recognised and respected people's needs, and were highly motivated to provide care that is kind and supportive.

There were areas of practice where the provider should make improvements:

- Ensure staff receive regular appraisals of their performance to enable development needs to be identified and supported.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- The practice was proactive in identifying and managing significant events. There were robust systems in place to monitor safety. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- The practice used every opportunity to learn from internal and external incidents, to support improvement. Significant events were regularly discussed with staff during practice meetings and the practice used these as opportunities to drive improvements.
- The practice took a proactive approach to infection control, with a programme of audits and staff training.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice took action to improve services and undertook clinical audits to support quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- We observed a strong patient-centred culture and we saw that staff treated patients with kindness and respect. There was a strong theme of positive feedback from patients we spoke with on the day of our inspection; this was also evident in completed comment cards, positive survey results and positive feedback on the practice's NHS Choices web page.
- Results from the national GP patient survey published in January 2016 showed patients were happy with how they were treated and that this was with compassion, dignity and respect.

Good



# Summary of findings

- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this.
- We found many positive examples to demonstrate how patients' choices and preferences were valued and acted on.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Clinical staff carried out home visits for older patients and patients who would benefit from these. Immunisations such as flu vaccines were also offered to vulnerable patients at home, who could not attend the surgery.
- All patients who were registered with the practice had a named GP and patients could access appointments and services in a way and at a time that suited them. There were longer appointments available for vulnerable patients, for patients with a learning disability, for carers and for patients experiencing poor mental health. Urgent access appointments were available for children and those with serious medical conditions.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Good



## Are services well-led?

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

- The practice had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- There was a strong theme of positive feedback from staff and patients. Staff spoken with demonstrated a commitment to providing a high quality service to patients. They spoke highly of the culture at the practice and were proud to be a part of the practice team.
- The management team worked closely together to motivate and encourage staff to succeed. They also encouraged a culture of openness and honesty. The practice proactively sought feedback from staff and patients, which it acted on. The practice had very active patient participation group.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population. All these patients had a named GP.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. Immunisations such as flu and shingles vaccines were also offered to patients at home, who could not attend the surgery.
- The premises were accessible to patients with mobility difficulties.
- Patients at high risk of hospital admission were identified and reviewed regularly.

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 these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice arranged a diabetic education programme, led by a diabetic nurse specialist that spoke Punjabi and Bengali to provide advice and guidance for patients from ethnic minorities.
- Clinical staff carried out home visits for older patients and patients who would benefit from these. Immunisations such as flu vaccines were also offered to vulnerable patients at home, who could not attend the surgery.

Good



### Families, children and young people

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

Good



# Summary of findings

- Baby and mothers first post-natal reviews for first set of immunisations were co-ordinated together to avoid duplicate visits to the surgery.
- 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
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering a full range of health promotion and screening that reflects the needs for this age group, including health trainers' clinics weekly.
- The practice offered text messaging reminders for appointments.

Good



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

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

- The practice regularly worked with other health and social care organisations in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations.
- The practice held a register of patients living in vulnerable circumstances including homeless people, and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Good



# Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Clinical staff carried out home for patients who would benefit from these. Immunisations such as flu vaccines were also offered at home, to patients who could not attend the surgery.

## People experiencing poor mental health (including people with dementia)

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

- The practice regularly worked with other health and social care organisations in the case management of people experiencing poor mental health, including those with dementia. The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Performance for mental health related indicators was 92.3% similar to the CCG and national average 92.8%
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- Clinical staff carried out home visits for patients who would benefit from these. Immunisations such as flu vaccines were also offered.

Good





# Summary of findings

## What people who use the service say

The national GP patient survey results published on January 2016. The results showed the practice was performing in line with local and national averages. The practice distributed 404 survey forms and 95 were returned. This represented a 24% return rate.

- 74% found it easy to get through to this surgery by phone compared to a CCG average of 62% and a national average of 73%.
- 78% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 76% and a national average of 85%.
- 84% described the overall experience of their GP surgery as fairly good or very good compared to a CCG average of 76% and a national average of 85%.
- 75% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to a CCG average 65% and a national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 37 comment cards which were all positive about the standard of care received. Patients said they felt the practice offered an excellent service and staff were always helpful, caring, treated them with dignity and respect. Two comments, although positive about the care raise concerns regarding waiting for appointments.

We spoke with six patients during the inspection. All six patients said they were exceedingly happy with the care they received and thought staff were approachable, committed and caring and always went the extra mile, to accommodate them.

## Areas for improvement

### Action the service SHOULD take to improve

- Ensure staff receive regular appraisals of their performance to enable development needs to be identified and supported.

# Dr Ajay Ramchandran

## 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 advisor and a practice manager specialist advisor.

## Background to Dr Ajay Ramchandran

The Spires Health Centre was established in 2006. Dr Ajay Ramchandran took over the practice in 2012 and Dr Divya Chikkaveeraiah joined as a partner in 2013. In 2014 a local practice closed and the Spires Health Centre patient list size grew from 3,600 patients to 4,800 patients. Forty four per cent of the patient population is aged between 15 and 44. Services to patients are provided under a General Medical Services (GMS) contract with NHS England. The practice has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients.

The clinical team includes two GP partners and a practice nurse. The GP partners and the practice manager form the practice management team and they are supported by administration staff who all cover reception and administration duties.

The practice is open between 8am and 8pm Monday, 7am to 6.30pm Tuesday and Wednesday, 8am to 6.30pm Thursday and Friday. Appointments are available from 8.30am to 11.30am, 3pm to 5pm and 6pm to 8pm Monday, 7.15am to 11.30am and 3pm to 5pm Tuesday, 7.15am to 11.30am and 3.30pm to 5.30pm Wednesday, 8.30am to

11.30am and 3pm to 5pm Thursday and Friday. When the practice is closed during the out of hours period, patients receive primary medical services through an out of hours provider. The GPs also work an extra half day to manage demand for appointments.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the 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

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 10 February 2016. During our visit we:

- Spoke with a range of staff GPs, practice manager, practice nurse, administration staff and spoke with patients who used the service.
- We observed how patients were being cared for and talked with carers and/or family members
- We reviewed an anonymised sample of the personal care or treatment records of patients.

# Detailed findings

- We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

The practice had systems in place for reporting and recording significant events. The practice used an electronic system that was linked directly to the CCG. These included incidents, near misses, national patient safety alerts, also comments and complaints received from patients.

- Clinical and non-clinical staff were aware of their responsibilities for reporting incidents and near misses and they were encouraged to do so.
- The practice had recorded five significant events that had occurred during the last 12 months. Significant events, safety alerts, complaints and comments were routinely discussed at the practice meetings. We saw minutes of meetings which demonstrated the practice analysed themes from incidents and implemented new processes to avoid reoccurrence

All the clinical team received national patient safety alerts directly and discussed any action that was required. For example, when medicines alerts were received, a routine check was carried out to identify patients prescribed the medicine and appropriate action was taken.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities. All staff had received training relevant to their role. For example, GPs were trained to level 3 in safeguarding children.
- A notice in the waiting room advised patients that chaperones were available if required. Staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS

check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The practice nurse and practice manager held joint responsibility for infection control. 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 identified as a result. Staff had received infection control training.
- The practice maintained good standards of cleanliness and hygiene. We observed the premises to be clean and tidy. We saw weekly cleaning records and completed cleaning specifications within the practice.
- Staff had access to personal protective equipment including disposable gloves, aprons and coverings. There was a policy for needle stick injuries and staff knew the procedure to follow in the event of an injury.
- There were systems in place for repeat prescribing so that patients were reviewed appropriately to ensure their medications remained relevant to their health needs. There was a system in place for the prescribing of high risk medicines. For example, there was evidence that blood tests were reviewed and patients contacted if they did not attend. All prescriptions were reviewed and signed by a GP before they were given to the patient. Prescriptions were securely stored and there were systems in place to monitor their use.
- 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.
- The arrangements for managing medicines, including emergency drugs and vaccinations in the practice ensured that patients were kept safe. Vaccinations were stored within the recommended temperatures and temperatures were logged in line with national guidance.
- The practice nurse administered vaccines using patient group directions (PGDs) that had been produced in line with legal requirements and national guidance. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be

## Are services safe?

individually identified before presentation for treatment. We saw up-to-date copies of PGDs and evidence that the practice nurses had received appropriate training to administer vaccines.

- The turnover of staff at the practice was very low, the newest member of staff was recruited in 2007. Three members of staff had been transferred from the previous employer via the Transfer of Undertakings (Protection of Employment) Regulations 1981 (TUPE) therefore some of the recruitment information was not available. They all had appropriate checks through the Disclosure and Barring Service. The GP and nurse records reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identity, references, qualifications and registration with the appropriate professional body.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme. The practice nurse maintained records of all cervical screening tests sent so she had assurance that all results had been received back at the practice. The practice followed up women who were referred as a result of abnormal results.

### 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 with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was

checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health (COSHH), infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. For example, staff requested job rotation as they all wanted to learn different roles to ensure enough staff were available to cover absences and provide flexible multi-tasking teams.

### Arrangements to deal with emergencies and major incidents

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

- All staff received annual basic life support training and there were emergency medicines available, which were securely stored and all staff were aware of their location.
- The practice had recently purchased a defibrillator and training had been arranged for 8 March 2016. Oxygen was available on the premises with adult and children's masks.
- 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 securely stored
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### 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. Guidelines from NICE were discussed at staff meetings to support the delivery of care and treatment to meet people's needs.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 95.2% of the total number of points available, with 8.5% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Data from 2014/2015 showed:

- Performance for diabetes related indicators was 77.9%, which was lower than the CCG and national average of 89.2%.
- The percentage of patients with hypertension having regular blood pressure tests was 83.3%, similar to the CCG and national average 83.6%.
- Performance for mental health related indicators was 92.3% which was similar to the CCG and national average 92.8%

During our inspection we discussed the practice's performance for overall diabetes related indicators. The practice arranged a diabetic presentation in different languages to support patients with the management of their condition particularly around Ramadan, this was well attended. The GP and nurse have attended the PITSTOP insulin initiation course to improve the management of diabetes. Extra appointments have been added to the nurses' clinic, a note is added to repeat prescriptions to remind patients to attend for blood tests and the GPs and nurse remind patients at every opportunity. The practice do not add these patients to the exception reporting until the

end of the year as they prefer to try and engage with the patient's to encourage them to attend. The practice run joint diabetic clinics with the consultant and nurse specialist eight weekly.

Clinical audits demonstrated quality improvement. The practice had undertaken a number of full cycle audits, for example, a palliative care audit and medication optimisation, both had shown improvements in the management of patient care. The findings from audits were shared with staff during the practice meetings.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. The clinical team had a number of enhanced skills including, pain management, respiratory disease, gynaecology, diabetes and ophthalmology.

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources, discussion at practice meetings and local clinical networking groups.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. The practice nurse stated that the GPs were very supportive to all their training needs and funded all of their course. This included on-going support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All administration staff had opted to forgo an appraisal for 2015 in favour of the opportunity to undertake a National Vocational Qualification (NVQ) pertinent to their role. Appraisals have been arranged for June 2016.

# Are services effective?

## (for example, treatment is effective)

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

All registered patients have a named GP. 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 utilised NHS patient information leaflets.
- The practice shared relevant information with other services in a timely way, for example the out of hours service provider had access to summary care records.
- The practice shared information relating to, 'do not resuscitate' orders (DNR), this is a medical order written by a doctor that instructs health care providers not to undertake cardiopulmonary resuscitation (CPR) if a patient stops breathing, or heart stops beating. This information was shared with, out of hours, district nurses, and the palliative care team. A copy was available in the patient's home and documented in the patient's records.
- Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. The practice monitored patients that did not attend hospital appointments. All patients are contacted and visited at home if they are unable to attend the surgery. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.

### Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives; end of life patients were visited by the GP a minimum of every two weeks. Carers were invited for flu vaccinations and health checks. Patients requiring advice on their diet, smoking and alcohol cessation were then signposted to the relevant service.
- The practice's uptake for the cervical screening programme was 95%, which was comparable to the CCG average of 96% and the national average of 97.6%. The practice nurse contacted all patients that did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages. The female practice nurse was responsible for all the cervical screens. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.
- Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 98% and five year olds from 85% to 96%.
- Flu vaccination rates for the over 65s were 73.4%, and at risk groups 45.7%. These were also comparable to CCG and national averages.
- Health trainers clinics were held weekly
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.
- Baby and mothers first post-natal reviews for first set of immunisations were co-ordinated together to avoid duplicate visits to the surgery.



# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

There was a strong visible compassionate culture at the practice. All staff were highly motivated and instinctively offered care that was kind, compassionate and promoted people's dignity. We saw that relationships between staff and people who use the service were caring and supportive.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they offered them a private room to discuss their needs.
- We noted numerous 'thank you' cards received from patients.
- We were given a number of instances that demonstrated staff went the extra mile. For example, on Christmas eve, a patient with dementia was concerned that they did not have enough medication; a member of staff took them to the chemist and then took them home

We received 37 comment cards which were all positive about the standard of care received. Patients said they felt the practice offered an excellent service and staff were always helpful, caring, treated them with dignity and respect. Two, comments, although positive about the care, raised concerns regarding waiting for appointments.

We spoke with six patients during the inspection. All six patients said they were exceedingly happy with the care they received and thought staff were approachable, committed and caring and always went the extra mile to accommodate them. For example, we were informed that the GP would often visit patients that were very ill, at home on a Saturday, also that a bereaved patient who was alone at Christmas was invited by a staff member to her home for Christmas.

The practice regularly held coffee mornings, for example, for Macmillan support, children in need and breast awareness. These were well supported by patients.

The practice had an active patient participation group (PPG) with eight members of various ages. We spoke with four members of the PPG, they spoke very highly of the practice. They told us the GPs actively engaged and supported the group and the staff were aware of the different needs of the population. The GP partners attended the PPG meetings and they were always receptive and interested in improving patient experience and proactive in implementing new ideas for service delivery. The PPG told us the quality of care was outstanding and patients were happy with the services provided.

Results from the national GP patient survey January 2016, showed patients felt they were treated with compassion, dignity and respect. The practice was comparable with CCG and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 87% said the GP was good at listening to them compared to the CCG average of 83% and national average of 89%.
- 83% said the GP gave them enough time compared to the CCG average of 81%, and a national average of 87%.
- 93% said they had confidence and trust in the last GP they saw compared to the CCG average of 93%, and a national average of 95%.
- 80% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and a national average of 85%.
- 86% said they found the receptionists at the practice helpful compared to the CCG average of 81%, and a national average of 87%.

### Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views. All of the cards indicated that because the doctors gave sufficient time during consultations they did not mind waiting for their appointment.



## Are services caring?

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

- 80% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and national average of 86%.
- 78% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average 76%, and national average of 82%.
- 89% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 82%, and national average of 85%.

Staff told us that translation 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.

The practice had developed an admission avoidance care plan pack. This provided the patient on the admission avoidance register with a separate telephone number for their use to access the practice.

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them. The practice also had a 'young carers' information pack, this contained information about, short breaks, study programme, family events and support packages available to them. Staff told us that young carers were invited into the practice to talk about their concerns and were not just provided with the information pack.

Staff told us that if families had suffered bereavement, their usual GP contacted them, sent them a sympathy card and visited them at home. They were also offered a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice were part of the Primary Care Commissioning Framework with a view to improve access, improve health outcomes and reduce health inequalities.

- There were longer appointments available at flexible times for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these. The GP and practice nurse made home visits to administer flu vaccinations to vulnerable patients that were unable to attend the surgery
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities and translation services available. The practice had a number of facilities to support patients with disabilities. For example, automated entrance doors and wider entrance doors to rooms, electric height adjustable couches and lower reception counter. Letters sent to patients with vision problems were in large print.
- The practice were able to demonstrate that homeless patient were registered with the practice. The practice encouraged them to attend for regular checks and they undertook opportunistic health reviews when they attended.
- The practice arranged a diabetic presentation in different languages to support the management of their condition, particularly around Ramadan.
- We saw examples where the GP extended their clinics to improve access, seeing patients before and after the end of clinics.
- We saw examples where the GP would see patients immediately. For example, a patient telephoned the practice for an appointment, the staff noted the patient was agitated, the patient was seen immediately by the GP and referred to the appropriate services.

- It was evident that staff knew all their patients, and provided additional support to meet their needs. For example, if patients could not get to the surgery to pick up prescribed medicines staff would deliver this to the patient's home.
- The practice offered a range of clinical services which included in-house phlebotomy (taking of blood), and ultrasound clinics.
- The GP was trained in coil insertion and implants, contraception was discussed at post-natal appointments. This service was offered at the surgery, led by the practice nurse and GP.

### Access to the service

The practice is open between 8am and 8pm Monday, 7am to 6.30pm Tuesday and Wednesday, 8am to 6.30pm Thursday and Friday. Appointments are available from 8.30am to 11.30am, 3pm to 5pm and 6pm to 8pm Monday, 7.15am to 11.30am and 3pm to 5pm Tuesday, 7.15am to 11.30am and 3.30pm to 5.30pm Wednesday, 8.30am to 11.30am and 3pm to 5pm Thursday and Friday. When the practice is closed during the out of hours period, patients receive primary medical services through an out of hours provider. The GPs also work an extra half day to manage demand for appointments.

Results from the national GP patient survey January 2016, showed that patient's' satisfaction with how they could access care and treatment was higher than the CCG and national averages.

- 77% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and national average of 75%.
- 74% of patients said they could get through easily to the surgery by phone compared to the CCG average of 62%, and national average of 73%.
- 70% of patients said they always or almost always see or speak to the GP they prefer compared to the CCG average of 47%, and national average of 59%.

People told us on the day of the inspection that they were able to get appointments when they needed them. Patients commented that if appointment times were occasionally long, this was often because the clinical staff took the time to listen to patients and ensure that thorough discussions

# Are services responsive to people's needs?

(for example, to feedback?)

took place during consultations. There was a strong theme of positive feedback from comment cards patients complimented the practice on their good continuity of care.

## 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.
- The practice manager was the designated responsible person who handled all complaints in the practice. When patients raised concerns to the reception staff, these were immediately brought to the attention of the

practice manager. They were resolved immediately when possible or the patient directed to the complaints process. There were written records of verbal interactions.

- The practice manager had responded to all negative and positive comments on NHS choices.
- We saw that information was available in reception to help patients understand the complaints system.

We looked at two complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. The practice demonstrated openness and transparency with dealing with complaints. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

# 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 mission statement which was displayed in the waiting areas and staff knew and understood the values and what their responsibilities were and had been involved in developing them.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The vision was to provide a comprehensive, caring and patient centred service for all the key population groups identifying improvements to meet their needs.

### 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. Administration staff had recently indicated to the practice manager that they wanted to rotate roles and this had been facilitated.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. All staff were very knowledgeable about the patients enabling them to identify concerns and alert the clinical team.

- 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 knowing about notifiable safety incidents.
- There was a clear leadership structure in place and staff felt supported by management.
- Staff told us the practice held regular team meetings. However the staff also told us that they discussed issues on a regular basis outside the team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues immediately or at team meetings, and felt confident in doing so and felt supported if they did.
- Staff told us that the practice regularly held social events for the staff.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- The practice discusses the quality outcomes framework (QOF) scores to plan changes for improvement. All staff were involved in the meetings.

The practice had a scheme for six formers from the local school to shadow receptionists. Risk assessments for young people in employment are completed, confidentiality agreements signed and the practice staff were aware of the need to keep patient identifiable information secure.

### 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. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, improvement in the availability and display of patient information in the waiting area.

# Are services well-led?

Good 

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

- The practice proactively undertook patient surveys prior to the friends and family test being introduced.
- Staff told us they discuss things at the point of them happening to resolve them immediately.

## Continuous improvement

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

Administration staff were given the opportunity to complete National Vocational Qualification (NVQ) in subjects relevant to their role. The practice nurse explained that she was encouraged and supported to attend training. The GP and nurse have attended the PITSTOP insulin initiation course to improve the management of diabetes.