Werrington Village Surgery

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Werrington Village Surgery on 20 July 2015. Overall the practice is rated as good.

Specifically, we found the practice to be good for providing safe, effective, caring, responsive and well-led services. It was also good for providing services for 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 and people experiencing poor mental health (including those with dementia).

Our key findings were as follows:

- 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.
- The practice had changed the way it handled telephone calls to improve the experience of patients.
- 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.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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 (PPG).

We saw two features of outstanding practice including:

- The practice had an open and transparent culture were staff were encouraged to raise and discuss concerns that may affect patient safety. The practice had recorded 25 significant events for discussion. Significant events were reviewed with the whole practice team to maximise the learning from them. Often the person who reported the significant event had presented it to the group. When individual error was identified, staff openly reflected on how they had changed the way they worked to minimise the risk of the incident reoccurring.

Summary of findings

- The patient participation group (PPG) had changed their constitution to allow all patients to attend meetings and encouraged them to share their thoughts and experiences of the practice. As a result the PPG meetings regularly attracted over 34 attendees. The PPG championed health promotion and improvement and helped patients to understand wider health services and how to access them.

However, there were also areas of practice where the provider should make improvements.

In addition the provider should:

- Review the need for GP held emergency medicines when visiting patients away from the practice building.
- Record clinical patient safety incidents on the National Reporting and Learning System to allow learning that is gained from incidents to be used by others.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for safe. The practice had an open and transparent culture were staff were encouraged to raise and discuss concerns that may affect patient safety. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Significant events were reviewed with the whole practice team to maximise learning from them. We saw that risks to patients, staff and visitors from the premises or environmental events were clearly recorded. Practice staff had been trained to deal with emergency events and equipment to help in an emergency was regularly checked and suitable for use.

Are services effective?

Good

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 National Institute for Health and Care Excellence (NICE) 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. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed that patients rated the practice in line with 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 to help patients understand the services available was easy to follow. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

The evidence from the practice's own patient survey and the GP national patient survey published in July 2015 showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect.

Are services responsive to people's needs?

Good

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.

Summary of findings

The practice worked with their patient participation group (PPG) including conducting regular in-house patient satisfaction surveys to make improvements to services. 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.

Are services well-led?

Good

The practice is rated as good for being well-led. The practice had a mission statement to 'To promote, encourage and support excellence in our practice'.

There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity. There were systems in place to monitor and improve quality and identify most risks. The practice proactively sought feedback from staff and patients.

The patient participation group (PPG) had changed their constitution to allow all patients to attend meetings and encouraged them to share their thoughts and experiences of the practice. As a result the PPG meetings regularly attracted over 34 attendees. The PPG championed health promotion and improvement and helped patients to understand wider health services and how to access them.

Summary of findings

The six population groups and what we found

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

Older people

Good

The practice is rated as good for the care of older people. 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 avoiding unplanned hospital admissions. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. All patients over the age of 75 had a named GP.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions. The nursing team had a lead role 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 that their health and medication 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.

Nationally reported data from 2013/14 showed that outcomes for patients with long-term conditions were in line with others. For example, 82.5% of patients with diabetes had received a recent blood test that indicated their longer term blood glucose control was below the highest accepted level compared to the clinical commissioning group (CCG) average of 82.3% and national average of 87.1%.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people. There was a formal system in place to identify and follow up children living in disadvantaged circumstances and who were at risk. Immunisation rates were in line with the local average 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

Summary of findings

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs of this age group.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients. 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.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). Ninety per cent of patients on the practice register for dementia had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people who experienced poor mental health, including those with dementia. It carried out advance care planning for patients with dementia.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.

Summary of findings

What people who use the service say

We reviewed the most recent data available for the practice on patient satisfaction. This included comments from patients, an internal practice survey and information from the national GP patient survey published in July 2015. The practice also provided the results of their most recent patient survey conducted with the patient participation group (PPG) between February and March 2015. The survey encompassed the opinions of 118 patients who completed and returned a questionnaire.

Patients completed Care Quality Commission (CQC) comment cards to tell us what they thought about the practice. We received nine completed cards. All of the comments were positive about the caring nature of staff, respect and the compassion provided at the practice. We received three individual comments that were less positive. They all related to appointment availability. We also spoke with seven patients. All of the patients we spoke with told us they were treated with dignity, respect and understanding. The comments we received from patients about the appointments system were mixed, although there was evidence that access to the practice had recently improved;

The results from the GP national patient survey showed patients were satisfied with access to the practice and how they were treated with compassion, dignity and respect. For example;

- 89.6% described their overall experience of the GP practice as at least good. This was the similar to the clinical commissioning group (CCG) average of 87% and national average of 84.8%.
- 87.4% said the GP was good at treating them with care or concern. This was higher than the CCG average of 84.4% and national average of 85.1%.
- 95.2% said that the nurse was good at giving them enough time. This was higher than the CCG and national averages of 91.9%.
- 65.8% of patients found it easy to contact the practice by telephone. This was lower than the CCG average of 72.8% and national average of 73.3%. Although the result was a 10% improvement from the January 2015 survey.
- 99.4% of patients said the last appointment they made was convenient. This was higher than the CCG average of 94.4% and national average of 91.8%. This result was also a 5.5% improvement on the previous survey.

The results from the practice patient survey were positive;

- 95% of patients felt they had been listened to.
- 96% of patients were happy with their consultation.
- 60% of patients found it easy to make an appointment. This was a 20% improvement on the 2013/14 survey.

Werrington Village Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

a Care Quality Commission (CQC) lead inspector. The team also included a GP specialist advisor, a practice manager specialist advisor and an expert by experience. An expert by experience is a person who has personal experiences of using or caring for someone who uses this type of service.

Background to Werrington Village Surgery

Werrington Village Surgery is a General Practice providing services to approximately 7,800 patients from its premises in Werrington, Stoke on Trent.

Data published by Public Health England, shows that 25% of patients are aged 65 and over, this is higher than the clinical commissioning group (CCG) average of 21% and national average of 16%. The practice has over two times the national average number of patients that live in nursing homes. Both of these factors can increase the demands on a GP practice.

The Stoke on Trent area has a rich history of industry, including pottery, manufacturing and coal mining. There are less people living in deprivation in the Werrington area of Stoke on Trent than neighbouring settlements in the city.

The practice holds a General Medical Services contract with NHS England and has committed to providing a number of enhanced services for patients. Enhanced services provide additional services that are not seen as an essential part of a GP practice, for example additional access, care or treatment options on site. The practice also provides daily services to a local young offenders institution (YOI). This is done under a different arrangement and we did not look at the care provided in the YOI as part of this inspection.

Clinical and nursing staffing at the practice consists of five GPs (three female, two male), an advanced nurse practitioner, three practice nurses, a community practice nurse and two healthcare assistants (all female). The wider practice team is managed by a practice manager and assistant practice manager and consists of a further 11 administrative staff and two domestic cleaners.

The practice has opted out of providing out-of-hours cover to patients. These services are provided by Staffordshire Doctors Urgent Care and are accessed by dialling 111.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This 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.

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 Care Quality Commission (CQC) at that time.

Detailed findings

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
- 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 and asked other organisations including NHS England and NHS Stoke on Trent Commissioning Group to share what they knew. They both told us that the practice regularly engages with them.

We carried out an announced visit on 20 July 2015. During our visit we spoke with staff including GPs, nursing, practice management and administrative staff. Two members of the patient participation group (PPG) shared their experiences with us in person. We observed how people were being cared for and talked with carers and/or family members and reviewed the personal care or treatment records of patients. We spoke with seven patients and received nine Care Quality Commission (CQC) comment cards where patients and members of the public shared their views and experiences of the service.

Good

Are services safe?

Our findings

Safe track record

The practice had a comprehensive and open system for recording, investigating and discussing safety incidents, concerns and near misses. Occurrences were classified as significant events and recorded on incident forms and submitted to the practice manager. Complaints were not automatically recorded as significant events, although we saw in other records they had been subject to the same robust analysis and discussion.

We reviewed significant event records and minutes of practice and significant event meetings where these were discussed. Lessons learned were shared to ensure action was taken to improve safety. We saw significant event reporting always resulted in a robust and practice wide response to safety concerns. For example, a GP routinely reviewed the medicines a patient took and noted that two medicines had been taken together that could increase the risk of side effects. An immediate audit was undertaken to determine if this was an isolated occurrence or involved other patients. Learning was shared between the clinicians and it was established this was an isolated incident that had resulted in no harm.

The significant event process had been in place for over three years and demonstrated the practice was safe over time.

Learning and improvement from safety incidents

Staff knew the process for reporting significant events and could recall recent incidents. The practice manager oversaw the process of analysis including investigation, with clinical input from a GP when required. Following investigation, all events were discussed at clinical practice meetings.

When things went wrong, the practice team worked together to learn from the incident and would issue an apology to those affected and inform them of any action taken as a result. As a result of their open and transparent approach to dealing with risk, the practice had recorded 25 significant events over a twelve month period. When significant events of a clinical nature were discussed at review meetings, the person who raised the event presented it to other members of the practice team. This resulted in shared reflection on the incident and how reoccurrence of the event in the future could be avoided.

Events such as unusual presentation of symptoms in diseases and illness such as cancer had been recorded and discussed. A GP told us this was to share individual learning to minimise the risks of missed diagnosis.

The practice did not routinely share near misses or incidents of a clinical nature via the National Reporting and Learning System (NRLS) to allow learning that is gained from such incidents to be used by others. The aim of NRLS is to share learning to help avoid reoccurrence of similar incidents in other parts of the country.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- The practice had policies in place for safeguarding children and vulnerable adults for staff to refer to. Contact details for local safeguarding referral teams were displayed within the practice and staff knew their location. All staff had received appropriate safeguarding training. For example, the GPs had received training to level three as suggested in guidance by the Royal College of Paediatrics and Child Health on safeguarding children and young people (March 2014). Staff understood their responsibility to protect patients from avoidable harm.
- Chaperones were available when needed. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. The nursing team had all received training, been vetted and knew their responsibilities when performing chaperone duties. Administrative staff had also been trained and background vetted to perform duties if required. Posters within the practice advertised the availability of chaperones for patients.
- Medicines kept on site were stored safely and in line with manufacturers and nationally recognised guidance. For example, vaccines were stored safely and securely, at the correct temperature and were in date. A system of daily checks took place to ensure that vaccines were fit for use. Practice nurses and healthcare assistants administered vaccines using patient group, or specific, directions that had been produced in line with legal requirements and national guidance.
- The practice was visibly clean and tidy. Comments from patients we received expressed they found the practice

to be clean. A practice nurse and the practice manager held overall responsibility as leads for infection prevention and control (IPC). They had undertaken IPC training and had performed regular audits of IPC to ensure the practice was minimising the risk to patients from healthcare associated infections. Adequate equipment and facilities were provided to support good infection control practice.

- The practice management team were responsible for managing risks associated with providing services. There was a health and safety policy, risk assessments had been carried out and training had been provided to prepare staff to deal with emergencies such as fire, sudden illness and accidents.
- Recruitment of staff had been performed in accordance with required legislation including identity, character reference, employment history, occupation health screening, professional qualifications and checks through the Disclosure and Barring Service (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. The practice manager had a system to ensure clinically registered staff held professional entitlement to practice.

Arrangements to deal with emergencies and major incidents

All staff had received recent annual update training in annual basic life support and the practice had equipment and emergency medicines available for staff to use if required. Emergency equipment included an automated external automated defibrillator (which provides an electric shock to stabilise a life threatening heart rhythm), oxygen and pulse oximeters (to measure the level of oxygen in a patient's bloodstream).

Emergency medicines were available within the practice to treat emergencies that may be faced in general practice. For example, allergic reactions, worsening asthma and septicaemia (blood poisoning). GPs did not carry emergency medicines individually, although they had an emergency medicine kit available to treat allergic reactions if vaccinations were being provided in a patient's home.

A business continuity plan detailed the practice response to emergencies such as loss of power, computers or premises. The document contained information such as contact numbers for contractors and alternative premises arrangements for staff to refer to in the event of an unplanned occurrence that affected services.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice used current evidenced based guidance and standards to inform their assessments, and the delivery of care and treatment. We saw examples of care and treatment provided in line with National Institute for Health and Care Excellence (NICE) guidance. For example, in the conditions of atrial fibrillation (irregular heart rhythm). GPs also used a national recognised screening tool in the assessment of depression. Staff were aware of NICE guidelines and used them routinely.

We looked at the latest available data from NHS Business Authority (NHSBA) published in December 2014 on the practice levels for prescribing anti-inflammatory, antibiotic and hypnotic medicines. We saw that the practice levels of prescribing of these medicines were in the similar to expected range when compared to the national average.

The practice offered a number of directed and local enhanced services. Enhanced services are the provision of services beyond the contractual requirement of the practice. Examples of enhanced services included minor surgery, avoiding unplanned admissions and learning disability health checks.

A community practice nurse had recently been employed to enhance the care patients received by coordinating their care. The community practice nurse was planned to perform reviews of patients with long-term conditions, dementia and those at high risk of unplanned admission to hospital. The position had been secured with partial funding from the clinical commissioning group (CCG).

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). QOF is a system intended to improve the quality of general practice and reward good practice. The practice monitored outcomes for patients using QOF. In 2013/14 the practice achieved 88.1% of the total number of QOF points available; this was lower than the national average of 94.2%, although 2014/15 performance was planned to be higher. Clinical outcome data from QOF showed;

- Performance outcomes in the indicators related to patients diagnosed with diabetes were similar to the local, and below national, averages. For example, 82.5% of patients with diabetes had received a recent blood test that indicated their longer term blood glucose control was below the highest accepted level. This was similar to the clinical commissioning group (CCG) average of 82.3% and national average of 87.1%.
- Performance outcomes in the indicators related to patients diagnosed with dementia were higher than local and national averages. For example, 90.1% patients diagnosed with dementia had been reviewed in the last year compared with the CCG average of 83% and national average 83.8%.
- Clinical prevalence rates were higher than expected. This related to rates of patients identified and recorded with an illness, for example diabetes or asthma. The practice had identified 2.65% of patients with atrial fibrillation (irregular heart rhythm) compared with the CCG average of 2.03% and 1.56% national average. Identifying and monitoring conditions and long-term illness in patients can improve symptoms and prevent worsening.

There was one clinical area in QOF where the practice performance was not as strong;

- The number of patients who experienced poor mental health and had a care plan was lower than local and national averages. The data showed that 52.1% of patients had a care plan compared with the CCG average of 68.3% and national average of 74.5%.

The practice was aware of this performance outcome and had developed a plan of recalling patients in a more robust way. The practice manager was aware of the number of reviews that required following up and was monitoring the progress.

We reviewed two clinical audits that had been carried out within the last 12 months. One audit examined that patients with a diagnosed illness that affects blood vessels were taking the most effective medicine. The audit revealed a number of patients may benefit from taking a more effective medicine in line with evidenced based guidelines. The audit had been repeated at three month intervals and had demonstrated positive results on ensuring patients were receiving the best medicine for their condition.

Good

Are services effective?

(for example, treatment is effective)

Effective staffing

The staff at the practice were experienced and showed they had the skills and knowledge to deliver effective care and treatment.

- GPs had additional training including female health, contraceptive implants and minor surgery.
- Staff had been supported to develop in line with their personal development plans to enhance their skills. For example, the practice healthcare assistants had been trained to administer some vaccinations under a patient specific directive by a GP.
- Staff were responsible for specific clinical areas.
- The team worked with peers outside the practice. One of the GPs was a non-executive director of the CCG, the practice manager and practice nurses met with colleagues from other practices to share ideas.

Staff received regular appraisals and told us they felt supported to undertake additional training if appropriate for their development or job role.

Coordinating patient care and information sharing

The practice had an established system for recording and sharing the information needed to deliver care and treatment. Staff were aware of their responsibilities for ensuring that information was shared promptly and appropriately and they followed up any information when required.

Communication letters and test results from hospitals, out-of-hours and other services were followed up on the day they were received. We saw the practice was up to date on the management of communications and test results.

The practice interacted on a regular basis with other professionals to help coordinate patients care and treatment.

- Staff attended monthly multi-disciplinary team meetings to discuss patients approaching the end of their life with other professionals that provided their care. This included palliative care nurses and community nurses.
- A CCG pharmacist attended the practice on a regular basis to provide advice on safe and effective prescribing.
- Professionals including midwifes, psychological therapists and district nurses held regular clinics at the practice.

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.

We saw that patients' consent had been recorded clearly using nationally recognised standards. For example, in minor surgery templates and do not attempt cardio-pulmonary resuscitation (DNACPR) records.

Health promotion and prevention

Patients were encouraged to access the help available for them to lead healthier lifestyles. Those with conditions that may progress and worsen received additional support to keep them healthier for longer. Seventy-four per cent of patients aged over 65 had received the seasonal influenza immunisation. This was similar to the national average of 73%.

The practice offered NHS Health checks to patients aged between 40 and 74 to screen them for conditions that become more common with age, for example high blood pressure and heart disease. A total of 554 NHS health checks had been completed in the previous year. Since April 2013 the checks had resulted in;

- Seven patients being diagnosed with diabetes.
- Three patients being diagnosed with chronic kidney disease
- Eighteen patients being prescribed medicine to lower their blood cholesterol.
- Six patients being diagnosed with high blood pressure.

The rate of eligible female patients attending the practice for cervical cytology screening was 79.7%; this was similar to the CCG and national averages.

Childhood immunisations were mostly in line with the local average. For example, 100% of children aged two had received the measles, mumps and rubella (MMR) vaccine. This was similar to the CCG average of 99.2%.

Good

Are services effective?

(for example, treatment is effective)

It was policy to offer all new patients a health check with the practice healthcare assistant when joining the practice.

The practice waiting room contained posters and leaflets on health promotion subjects and provided patients with contacts for other organisations that may have been able to support with living a healthier lifestyle.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included comments from patients, an internal practice survey undertaken and information from the national GP patient survey published in July 2015. The practice provided the results of their most recent patient survey conducted with the patient participation group (PPG) between February and March 2015. The survey encompassed the opinions of 118 patients who completed and returned a questionnaire.

The results from the GP national patient survey showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. For example;

- 89.6% described their overall experience of the GP practice as at least good. This was similar to the clinical commissioning group (CCG) average of 87% and national average of 84.8%.
- 87.4% said the GP was good at treating them with care or concern compared to the CCG average of 84.4% and national average of 85.1%.
- 95.2% said that the nurse was good at giving them enough time compared to the CCG and national averages of 91.9%.

The results from the practice patient survey were highly positive in relation to feeling cared for;

- 95% of patients felt they had been listened to.
- 96% of patients were happy with their consultation.

Patients completed Care Quality Commission (CQC) comment cards to tell us what they thought about the practice. We received nine completed cards. All of the comments were positive about the caring nature of staff, respect and the compassion provided at the practice. We received three individual comments that were less positive. They all related to appointment availability. We also spoke with seven patients. All of the patients we spoke with told us they were treated with dignity, respect and understanding.

Care planning and involvement in decisions about care and treatment

The patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment with GPs. The GP patient survey published in July 2015 showed;

- 89.7% said the last GP they saw was good at involving them about decisions about their care compared to the CCG average of 80.9% and national average of 81.4%.
- 91.5% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86.4% and national averages of 86%.

The GP national patient survey results about patients involvement in planning and decisions about their care and treatment with the practice nurses were similar to local and national averages;

- 90.8% said the last nurse they saw was good at involving them about decisions about their care compared to the CCG average of 89.8% and national average of 90.4%.
- 88.4% said the last nurse they saw was good at explaining tests and treatments compared to the CCG and national averages of 89.6%.

The results from the recent PPG patient satisfaction survey were also highly positive;

- 96% of patients said they were happy with their consultation with a GP, nurse or healthcare assistant.

The comments we received from patients in person and via comment cards were all positive about their own involvement in their care and treatment.

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 patents this service was available.

Patient/carer support to cope emotionally with care and treatment

Patients and carers gave positive accounts of when they had received support to cope with care and treatment. A relative told us about the sensitive way their family member had been dealt with when they received news about their health that was uncomfortable to hear. Patients were positive about all of the GPs and particularly mentioned their affinity to one of the GP partners who was due to retire after 30 years' service at the practice.

Good

Are services caring?

Written information was provided to help carers and patients to access support services. This included organisations for poor mental health and advocacy services. Subject to a patient's agreement a carer could receive information and discuss issues with staff. The computer system alerted staff to patients who had appointed relatives or carers to act in this capacity.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked closely with both the local clinical commissioning group (CCG) and the patient participation group (PPG) to plan services and improve outcomes for patients. (PPGs are a way for patients to work in partnership with a GP practice to encourage the continuous improvement of services).

- The practice offered evening appointments which benefited those with work commitments or of school age.
- The PPG was welcoming, effective and open to all. The PPG and practice meetings were well advertised and had regularly received over 30 attendees.
- There were disabled facilities, hearing loop and translation services available.
- Patients who had a learning disability were supported by having longer appointments for annual health assessments and the letters to invite patients for appointments had been adapted or were sent to their carer as appropriate.
- The PPG held regular in house patient satisfaction surveys to ensure the views of a range of patients were sought. Action had been taken as a result of patient surveys including the introduction of a new telephone system and call taking performance management in an attempt to reduce the time it took patients to contact the practice by telephone.
- Patients who were at the highest risk of unplanned admission were supported by individual care plans. If they were admitted to hospital, a GP contacted them when they were discharged to reassess their care needs.

Access to the service

The practice was open from 8am to 6pm on Monday, Tuesday, Wednesday and Friday and from 8am to 1pm on a Thursday. During these times the reception desk and telephone lines were always staffed. Extended hours appointments were offered each Monday until 8pm. Patients could book appointments in person, by telephone and by using an online system for those had registered to access appointments in this way. We saw that there were urgent appointments available on the day of our inspection and also pre-bookable appointments the next working day.

The comments we received from patients about the appointments system were mixed, although there was evidence that access to the practice had recently improved;

- We received feedback from 16 patients. Seven patients said that it could be difficult to access the practice by telephone and that it was sometimes difficult to get an appointment within a few days. All patients said that they could get an urgent appointment when needed. Three patients told us that although it had been difficult to get an appointment on occasion, the situation had recently improved.
- The practice's own internal survey conducted with the PPG between February and March 2015 showed that 60% of patients found it easy to make an appointment. This was a 20% improvement on the 2013/14 survey.

Results from the GP patient survey published in July 2015 showed positive improvements from the previous survey;

- 65.8% of patients found it easy to contact the practice by telephone. This was lower than the CCG average of 72.8% and national average of 73.3%. Although the result was a 10% improvement from the January 2015 survey.
- 99.4% of patients said the last appointment they made was convenient. This was higher than the CCG average of 94.4% and national average of 91.8%. This result was also a 5.5% improvement on the previous survey.

The nine outcomes about patients' experience of making appointments in the GP national patient survey had all improved from similar or below local and national levels to higher than these levels in all areas. The PPG and practice had worked together to tackle historic issues with access to appointments and as a result patients experience' of contacting the practice had improved.

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.

Information was available to help patients understand the complaints system and the complaints process was displayed on the website, notice boards and in the practice booklet. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

Good

Are services responsive to people's needs?

(for example, to feedback?)

We looked at 12 complaints received in the last 12 months. We saw all complaints had been acknowledged, investigated and responded to in line with the practice complaints policy. There were no trends to the complaints received. Complaints were discussed at both partners meetings and annual significant event review meetings that involved all staff. Learning from complaints was evident and when appropriate the practice issued an apology and explained how systems had been changed to limit the risk of reoccurrence.

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 mission statement to 'To promote, encourage and support excellence in our practice'. This was highlighted to patients in practice literature and on the website. Staff were aware of the practice mission statement and we observed staff interacting with patients, health professionals and each other in a professional and caring way.

The practice team had designed seven pledges to patients on how they would fulfil their mission statement. A business and strategy plan that detailed future expansion and development was in place. Plans included becoming a GP training practice to train qualified doctors to become GPs.

Governance arrangements

Governance within the practice was well managed. Established systems were in place to ensure that risks were well known and mitigated. In particular;

- Performance of the practice was well known, benchmarked against others and showed year on year improvement.
- Practice specific policies were implemented and were available to all staff.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.

Leadership, openness and transparency

Leadership within the practice was evident and decisive. The clinical and administrative leadership team worked together to ensure the practice prioritised high quality patient care. A good example of this was the practice significant event and complaints meeting. The meeting involved all staff and all significant events and complaints were revisited, discussed and learning was shared. It was evident in the significant event report and meeting records that staff felt able to raise incidents, near misses and concerns in an open way. Staff had presented their involvement in significant events to the wider team and expressed how they learned from the occurrence with willingness and openness. The culture in place supported making changes in working practices when necessary to ensure services were safer and more effective for patients.

Meetings for staff to meet as a whole time were twice yearly. The practice manager told us they planned for whole staff meetings to take place on a monthly basis and this was due to be implemented. Staff told us they felt supported and valued.

Practice seeks and acts on feedback from its patients, the public and staff

The practice actively encouraged feedback and measured feedback from patients a number of ways;

- They were aware of their performance in the GP national patient survey and had improved it.
- Regular patient satisfaction surveys had been undertaken and compared with previous years and improvement suggestions discussed with the patient participation group (PPG).
- Patient feedback was invited on the practice website and was part of the practices part of the practice's pledge to patients.
- The practice asked patients to complete the NHS Friends and Family Test to gauge patient satisfaction.

The PPG was an integral part of the practice and had a strong track record in providing a guiding voice for patients. We spoke with two members of the PPG about the interaction between the PPG and the practice. The achievements of the PPG and practice working together to improve services were impressive and had directly improved services for patients. For example;

- Improving telephone access had been highlighted as a problem for patients. A number of changes had been made improving this area including increasing the number of staff available, changing the telephone system, introducing call waiting dashboards (to give call answering performance information to staff). The changes had resulted in the practice now being rated with higher satisfaction levels than the local and national averages in the GP national patient survey.
- Regular articles were featured in the local village newsletter to raise and inform patients of health promotion topics or practice changes. For example, a PPG member featured in an article on how to book appointments and order prescriptions on-line to assist in easing call volumes.
- Equipment had been purchased on the suggestion of the PPG, for example self-check blood pressure machines.

Are services well-led?

Good

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

Innovation

The PPG had changed its constitution to allow all residents in the area to attend open meetings and make suggestions. The PPG had 34 members who attended meetings on a three monthly basis and also covered issues within the wider local health economy. For example, guest speakers were invited to explain local health services and how to access them. Speakers had attended from NHS 111, podiatry and the community mental health team.