

Astley General Practice

Quality Report

391a Manchester Road

Astley

Wigan

Tel: 01942 876339

Website: www.ssphealth.com/our-practices/astley-general-practice


Date of inspection visit: 8 December 2015

Date of publication: 14/01/2016

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Contents

Summary of this inspection

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

Detailed findings from this inspection

Our inspection team	11
Background to Astley General Practice	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Astley General Practice on 8 December 2015. Overall the practice is rated as good.

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

- Patients said they found it easy to make an appointment with urgent appointments available the same day.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice had clean and good facilities, which were well equipped to treat patients.
- 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.

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- 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 provider was aware of and complied with the requirements of the Duty of Candour.
- Information about services and how to complain was available and easy to understand.

We saw a areas of outstanding practice:

The practice works as part of the integrated neighborhood team (INT), the aim is to ensure patients are cared for in the community to help reduce loneliness and ensure the wellbeing of the patients. The practice works closely with other teams in the community for

Summary of findings

example, district nurses and complex care nurses along with an INT coordinator. Where there are regular updates and events planned for example, Christmas tea parties and Easter bonnet parade have been held in the practice and at the local community hall with support of PPG.

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 had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed with clinical and non-clinical staff supporting different aspects of the patient's journey.
- There was a well maintained infection control process and we found the premise to be extremely clean.
- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.

When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Good



Are services caring?

The practice is rated as outstanding for providing caring services

- Data showed that patients rated the practice higher than others for aspects of care.
- The practice worked with the local Integrated Neighbourhood Team (INT) to ensure their patients are cared for in the community, offering extra support where needed and reducing isolation.

Outstanding



Summary of findings

- The practice had an active patient participation group (PPG) who support the community and patients.
- Feedback from patients about their care and treatment was consistently and strongly positive.
- The practice had a patient-centred culture. We saw that staff were motivated and inspired to offer kind and compassionate care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We saw that staff treated patients with kindness and respect, and maintained confidentiality.

Information to help patients understand the services available was easy to understand

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Patients said they found it easy to make an appointment with the GP and that there was continuity of care, with urgent appointments available the same day. This was seen on the day and with the patients we spoke too.
- We saw a strong Patient Participation Group (PPG) in place, which had been established for many years.
- It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.

Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

Good



Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

There was a strong focus on continuous learning and improvement at all levels. We saw staff being developed into roles to enhance patient services and the practices.

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.

- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice offers an in house audiology clinic, offering patients hearing test and hearing aids fitted at the practice.
- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- Nursing staff had lead roles in chronic disease management. The practice had registers in place for several long term conditions including diabetes and asthma.

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.
- The practice offered appointments up to 60 minutes to patients with multiple conditions.
- Longer appointments and home visits were available when needed.
- Patients had a six monthly or annual review with either the GP and/or the nurse to check that their health and medication. The organisation SSP also has an in house pharmaceutical advisor available to support all practice staff.
- The practice had registers in place for several long term conditions including diabetes and asthma.
- Patients were allocated a specific practice nurse for the management of their condition

All these patients had a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

Good



Summary of findings

- The practice has an early year fact sheet for all new parents in the practice, this offers advice and support to all new parents. This is also sent with a congratulations letter to all new parents.
- Immunisation rates were high for all standard childhood immunisations.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk.
- The practice regularly liaised with health visitors. Appointments were available outside of school hours and the premises were suitable for children and babies.

We saw good examples of joint working with midwives, health visitors and school nurses to support families.

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 practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. The CQC comment cards said that the practices online facilities worked well for them.
- The practice held a carers coffee morning to offer support to patients supporting someone they care for.
- The practice offered extended access to appointment for example on Monday evenings till 7.30pm.
- The practice offers a text to cancel service, to cancel your appointment.

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.

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 offered an in house counselling service available to all patients.
- Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and had a safeguarding lead and deputy.
- The practice held a register of patients living in vulnerable circumstances including housebound patients and also the carers of these patients.

Good



Summary of findings

- The practice worked with multi-disciplinary teams in the case management of vulnerable people.
- Staff knew how to recognise signs of abuse in vulnerable adults and children.
- Practice patients had disabled access to the building and car parking.

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 had told patients experiencing poor mental health about how to access various support groups and voluntary organisations, one example the in house counselling available at the practice.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It 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 people with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

We spoke with 10 patients on the day of the inspection and reviewed 31 completed Care Quality Commission comments cards. Feedback from patients was positive about the staff and the service.

Patients told us that staff were approachable, very caring, and friendly and treated them with dignity and respect. Patients also told us that they could have a same day appointment.

The national GP patient survey results published showed the practice was performing in line with local and national averages. 364 surveys were sent out and 117 were completed. This was a 32% completion rate and represented approximately 4 % of the practice population :

Performances for clinically related indicators were mostly better than the national average. For example

- 98% of patients found it easy to get through to this surgery by phone compared to a CCG average of 77% and a national average of 73%.
- 92% of patients found the receptionists at this surgery helpful compared to a CCG average of 89% and a national average of 87%.

- 67% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 85% and a national average of 85%.
- 97% said the last appointment they got was convenient compared to a CCG average of 95% and a national average of 92%.
- 90% described their experience of making an appointment as good compared to a CCG average of 77% and a national average of 73%.
- 80% usually waited 15 minutes or less after their appointment time to be seen compared to a CCG average of 66% and a national average of 65%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 31 comment cards which were positive about the standard of care received.

We spoke with 10 patients during the inspection. All 10 patients said that they were happy with the care they received and thought that staff were approachable, committed and caring. One comment card did state the practices sees a lot of different GPs and the same one would be nice, however the practice responds to patients' needs and are helpful.

Outstanding practice

We saw a areas of outstanding practice:

The practice works as part of the integrated neighbourhood team (INT), the aim is to ensure patients are cared for in the community to help reduce loneliness and ensure the wellbeing of the patients. The practice works closely with other teams in the community for

example, district nurses and complex care nurses along with an INT coordinator. Where there are regular updates and events planned for example, Christmas tea parties and Easter bonnet parade have been held in the practice and at the local community hall with support of PPG.

Astley General Practice

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, a practice manager specialist advisor and an Expert by Experience.

Background to Astley General Practice

Astley General Practice has about 2817 patients registered. It is part of and managed by the SSP Health group of practices and is overseen Wigan Borough Clinical Commissioning Group (CCG). At the time of our inspection and the majority of patients were of white British background.

The practice is small building with all clinical treatment taking place on the ground level which is fully accessible to those with mobility difficulties. There was a community feel within the practice from both patients, PPG and staff.

There are three GPs (one female and two male), supported by one nurse who provide clinical care to the patient population. There is also a practice manager and reception team. There is regular support for the practice from senior leadership team, including clinicians and managers, at SSP Health.

The practice is open 8am to 6.30 pm Tuesday, Thursday and Friday; with extended opening on Mondays till 7.30pm. The practice closes on Wednesdays at 1pm. Patients requiring a GP outside of normal working hours are advised to call NHS 111 to access out-of-hours service.

The practice has a General Medical Services (GMS) contract and also offers enhanced services for example: anticoagulation monitoring and minor surgery injections.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We reviewed :

- Reviewed information available to us from other organisations e.g. NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 8 December 2015.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.

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?

Detailed findings

- 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)

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents by email and there was also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events, the practice takes part in an annual review where trends categorise and identify changes to reduce further events.
- People affected by significant events received a timely and sincere apology and were told about actions taken to improve care.
- All complaints received by the practice were entered onto the system and automatically treated as a significant event.
- The practice carried out an analysis of the significant events, we saw evidence of both negative and positive information recorded.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice, we saw evidence of these being discussed at team meetings, if a member of staff was unable to attend they could review the minutes on the staff notice board or minutes cascaded to the team via email.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. The practice used the National Reporting and Learning System (NRLS) eForm to report patient safety incidents.

Overview of safety systems and processes

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

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and regular fire

drills were carried out. 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 also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.

- The Practice Nurse was the infection control clinical lead, who was highly skilled and this reflected in the procedures with regards to infection control. There was an infection control protocol in place and staff had received up to date training, also we saw evidence of monthly hand audits carried out.
- The practice showed the annual infection control audits taking place in April 2015. We also saw evidence of check lists for treatment curtains, sharps bins, full clinical equipment clean, deep cleaning schedule and hand wash audits.
- The practice maintained high standards of cleanliness and hygiene.
- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The practice had appointed a dedicated GP as the lead in safeguarding, with the practice nurse as deputy lead for all vulnerable adults and children. This GP had been trained to level 3 safeguarding vulnerable adults and children. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A notice in the waiting room advised patients that staff would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring 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 arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of

Are services safe?

the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. The organisation also had a pharmaceutical advisor available to support staff if needed.

- SSP head office was responsible for appropriate recruitment checks undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office.
- The practice runs a call and recall system for all patients on a chronic diseases register, to help target the harder to reach patients.
- The practice had up to date fire risk assessments and carried out regular fire drills, we saw evidence of a recent fire evacuation.
- 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 also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and spillage kit available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan (BCP) in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff, all staff we spoke with knew where and how to access the plan. We were given an example of the BCP being used when all of the local area had a power cut, the practice had to use the plan to ensure the cold chain (cold chain ensures the maintenance of refrigerated temperatures for vaccines from the time they are manufactured through their shipment and delivery to health care facilities until their administration to patients) on the vaccines in the fridge were maintained.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems and alerts in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 2014-15 where the practice achieved 95.5% of the total number of points available, with 7 % exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed;

- Performance for diabetes related indicators was 100% above the CCG average of 92% and national average of 89%.
- The percentage of patients with hypertension having regular blood pressure tests was 92 % which compared as above with the local CCG of 86% and below national average of 84%.
- The dementia diagnosis rate indicator was 100% which compared as above the CCG of 97% and national average of 95%.
- Performance for mental health related indicators was 100% above the CCG average of 94% to the CCG and below national average 93%

Clinical audits demonstrated quality improvement.

- There had been multiple clinical audits, we reviewed two clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in multiple audits from local audits, national benchmarking, accreditation and peer review .
- Findings were used by the practice to improve services. For example, recent action taken as a result included an audit from a drug alert received, broad spectrum antibiotic prescriptions issued.

Information about patients' outcomes was used to make improvements such as the clinical IT system having an alert set up for all GP to ensure safe prescribing of high risk medicines following from advice given from an alert.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- We saw evidence that Locum GPs used by the practice had received a thorough induction into the practice clinical and non-clinical routine ways of working. We spoke with a locum who confirmed they had received a comprehensive induction pack and policy which included contact numbers and consultation audits to ensure that locums work safely.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.

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. We also saw evidence of further enhanced training for all staff due to take place in the area of female genital mutilation (FGM).

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. 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, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

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

- The practice supports new parents with an early year's fact sheet, useful information such as importance of childhood immunisation, cytology screening and breast feeding.
- The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 92%, which was better than the national average of 97%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.
- Childhood immunisation rates for the vaccinations given in 2013/14 were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 81.3% to 100% and five year olds from 96.7% . Flu vaccination rates for the over 65s in 2013/14 were 81.14%, and at risk groups 61.9%. These were also above to CCG and national averages.
- 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 on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.



Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people dignity and respect. The staff greeted patients on a first name basis and could explain various patients' needs and preferences on discussion, there was a community feel to the practice and the staff.

- 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 and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 31 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We also spoke with the chair of the patient participation group (PPG) which has been active since April 2012. The PPG are actively involved in the community and changing local services for the good of the patients for example a carers coffee morning has been organised.

Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. The staff knew most patients on a first name basis

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 91% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%.

- 98% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 94% and national average of 90%.
- 89% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 86% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 85%.
- 92% said they found the receptionists at the practice helpful compared to the CCG average of 89% and national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey 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:

- 67 % of patients usually get to see or speak to their preferred GP compared to the CCG average of 65% and national average of 60%
- 86% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 86%.
- 82% of patients said the last GP they saw was good at involving them in decisions about their care CCG average of 83% and national average of 81%

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 and in the consultant rooms informing patients this service was available.



Are services caring?

Patient and carer support to cope emotionally with care and treatment

The practice has a very active patient participation group (PPG), which showed a person centred culture for the patients and care they received. There was evidence of a strong engagement within the local community to help local patients and the local community, the group:

- Has a very strong and proactive chair
- Works collaborative with community to help support local events
- Offer dementia sessions to families to help care for loved ones
- Carers support team offer support and help
- Hosted local charity events for community and patients
- Held practice patients and community tea parties
- Invites all housebound patients to participate in PPG meetings
- Offers support for young carers in the community
- Has over 70 virtual PPG members
- Minutes are sent to all members, there were also replies of actions from the emails send out
- Quarterly newsletter send to all patients

The practice works as part of the integrated neighbourhood team (INT), the aim is to ensure patients are cared for in the community to help reduce loneliness and ensure the wellbeing of the patients. The practice works closely with other teams in the community for example, district nurses and complex care nurses along with an INT coordinator.

The practice's computer system alerted GPs if a patient was also a carer. The practice has a register for carers. Each carer had a direct name contact in the practice who was the carers' champion. The role was to support carers, provide written information available direct to carers, and signpost to the various support available in the local community. The practice also hosts a carers coffee morning to offer network of support to carers.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card.

The practice works closely with local pharmacy to offer educational talks, to help the elderly reduce medication stock piling.

Notices in the patient waiting room told patients how to access a number of support groups and organisations, for example there is a dedicated carers board that has a number of signposting information available.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice had been using a text to cancel system since 2013, providing patients with an option to text the practice to cancel appointments.
- The practice offered annual review appointment for patients with multiple conditions of 45- 60 minutes per patient.
- The practice had a policy in place for same day appointments availability for children and those with serious medical conditions.
- There were longer appointments available for people with a learning disability and long term conditions.
- Home visits were available for older patients / patients who would benefit from these.
- There were disabled facilities and translation services available.
- There was parking for patients and disabled parking spaces also available.

Access to the service

The practice is open 8am to 6.30 pm Tuesday, Thursday and Friday; with extended opening on Mondays till 7.30pm. The practice closes on Wednesdays at 1pm. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages. People told us on the day that they were able to get appointments when they needed them.

- 87% of patients were satisfied with the practice's opening hours compared to the CCG average of 80% and national average of 75%.
- 98% patients said they could get through easily to the surgery by phone compared to the CCG average of 77% and national average of 73%.
- 90% patients described their experience of making an appointment as good compared to the CCG average of 77% and national average of 73%.
- 80% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 66% and national average of 65%.

Listening and learning from concerns and complaints

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

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

We looked at complaints received in the last 12 months and found there also were compliments recorded in the process. The complaints where a response was required these were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint etc. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, we reviewed the annual compliments and complaint log where there is a clear action log documented.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear statement of purpose which was to provide people registered with the practice. The practice had a strategy and supporting business plans which reflected the vision and values and these were regularly monitored.

The practice was engaged with the local Clinical Commissioning Group (CCG) to ensure services met the local population 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
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership, openness and transparency

The leadership from SSP Health and the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe and compassionate care. The GPs and practice manager were visible in the practice and staff told us that they were approachable and always takes the time to listen to all members of staff. The leadership team encouraged a culture of openness and honesty. Senior management from SSP Health were also regularly at the practice to offer their clinical and managerial support.

Staff told us that regular team meetings were held. We reviewed minutes of these meetings. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. Staff said they felt respected, valued and supported, particularly by the GPs and practice manager in the practice. The leadership team encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service
- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis and discussed proposals for improvements with the practice management team.
- These included discussions on the appointment system, charitable events and the practice building.
- The PPG also had the opportunity to attend the larger CCG event, which they found very useful
- The practice had a whistleblowing policy which was available to all staff electronically on any computer within the practice and paper version was available in reception.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and looking for ways to improve outcomes for their patients in the area for example:

- The practice has booked enhanced training for all to educate on female genital mutilation (FGM).