Otford Medical Practice

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 Otford Medical Practice on 6 August 2015. The provider operated another branch practice within the same area that was not part of this inspection. Overall the practice is rated as good.

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

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

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

Importantly the provider should:

Summary of findings

- Review the arrangements for having risk assessments readily available for staff guidance in relation to the control of substances hazardous to health (COSHH).

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services. Data showed that the majority of patient outcomes were at or above average for the locality. Staff referred to guidance from the 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 multi-disciplinary teams.

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

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 clinical commissioning group (CCG) to secure improvements to services where these were identified. Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Summary of findings

Are services well-led?

Good

The practice is rated as good for being well-led. It had clearly set out the aims and objectives of the practice and staff were clear about 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 management meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff had received regular performance reviews and attended staff meetings.

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 patient population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older patients, and offered home visits and rapid access appointments for those with enhanced needs.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. 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 people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multi-disciplinary package of care.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children subject to child protection plans. Immunisation rates were relatively high for all standard childhood immunisations. Appointments were available for young children on the same day and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Good

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

Summary of findings

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, for example, those with a learning disability. It had carried out annual health checks for people with a learning disability and offered longer appointments for these patients.

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

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). The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia.

The practice provided information to patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Summary of findings

What people who use the service say

The national GP patient survey results published in January 2015 showed the practice was performing in line or above local and national averages. There were 127 responses which represented 1.2% of the practice population. The results showed;

- 78% of respondents with a preferred GP usually get to see or speak to that GP compared with the clinical commissioning group (CCG) average of 72% and national average of 60%
- 92% of respondents were able to get an appointment to see or speak to someone the last time they tried compared with the CCG average of 87% and national average of 85%.
- 87% of respondents find the receptionists at this practice helpful compared with a CCG average of 88% and national average of 86%
- 92% of respondents said the last appointment they received was convenient compared to the CCG average of 93% and national average of 91%
- 82% of respondents said they would recommend the practice to someone new to the area compared to the CCG average of 80% and national average of 78%
- 90% of respondents described their overall experience of the practice as good compared to the CCG average of 86% and national average of 85%.

As part of our inspection process, we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 59 in total, the majority of which were positive about the standard of care received. They expressed satisfaction about the staff and being treated with care and consideration.

Patients spoken with during the inspection informed us that they were treated with dignity, respect and felt involved in decisions about their care and treatment. We also spoke with a member of the patient participation group (PPG) who told us the practice supported patients to express their views and encouraged regular feedback and comments to help improve the services provided.

Areas for improvement

Action the service SHOULD take to improve

- Review the arrangements for having risk assessments readily available for staff guidance in relation to the control of substances hazardous to health (COSHH).

Otford Medical 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, and a practice manager specialist advisor.

Background to Otford Medical Practice

Otford Medical Practice provides medical care from 8.30am to 6.00pm each week day, although patients are able to contact the practice from 8.00am and throughout the day by telephone. The practice is situated in the town of Otford, near Sevenoaks in Kent and provides a service to approximately 10,500 patients in the locality.

Routine health care and clinical services are offered at the practice, led and provided by the GPs and nursing team. The practice has more patients registered over the age of 65 than the local and national averages. There are fewer patients registered between the ages of 15 and 35 when compared to the local and national averages. The number of patients recognised as suffering deprivation for this practice, including income deprivation, is significantly lower than the national average and also lower than the local average for the clinical commissioning group (CCG) area.

The practice has three male GP partners and three female GP partners and five part-time female practice nurses. There are a number of reception, secretarial and administration staff, as well as a practice manager.

The practice does not provide out of hours services to its patients and there are arrangements with another provider (111/IC24) to deliver services to patients when the practice is closed. The practice has a general medical services (GMS) contract with NHS England for delivering primary care services to local communities.

Services are delivered from:

Otford Medical Practice

Leonard Avenue

Otford

Sevenoaks

Kent. TN14 5RB.

Why we carried out this inspection

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

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

This provider had not received a comprehensive inspection before and that was why we included them.

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

Detailed findings

share what they knew. We carried out an announced visit on 6 August 2015. During our visit we spoke with a range of staff including two GP partners, one practice nurse, and three members of the administration staff team. We spoke with patients who used the services at the practice and we reviewed comment cards where patients shared their views and experiences of the service.

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

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

We also looked at how well services 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)

Good

Are services safe?

Our findings

Safe track record and learning

The practice had a system for reporting and recording significant events. The practice had a policy that provided guidance in relation to incident reporting and staff told us they were aware of how to report incidents. Staff said they would inform the practice manager of any incidents in the first instance and there was also a recording form available on the practice's computer system. We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared with staff to make sure actions were taken to improve safety in the practice. For example, changes were made to the system for following up abnormal blood test results, when a delay had occurred in contacting a patient to attend for an urgent review of their treatment.

The practice offered an apology to patients when things went wrong and also carried out an analysis of significant events to identify any further actions that would help prevent similar incidents happening again.

National patient safety alerts were dealt with by the practice manager. They were forwarded to the GPs and nurses for clinical matters and other staff as necessary. Patients were contacted the same day by their GP if urgent action was required and less urgent issues were noted on patient records for routine follow-up at appointments.

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:

- There were arrangements 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. There was a lead member of staff for safeguarding and the practice also had a deputy lead that staff could go to in their absence. The GPs attended safeguarding meetings when possible and always provided reports and information to other agencies where necessary. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- Notices were displayed advising 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). (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).
- There were processes for monitoring and managing risks to patients and staff. The practice had a health and safety policy available for staff guidance and a poster was displayed in the reception office. A fire risk assessment had been completed, as well as fire drills and training carried out for staff. Other risk assessments had been undertaken in relation to the premises, for example, legionella. The practice had arrangements for the control of substances hazardous to health (COSHH), although risk assessments were not readily available and displayed to help ensure staff followed appropriate guidance when handling cleaning products that may present a risk. There was a system governing security of the premises and visitors were required to sign in and out using a dedicated book in reception. Secure areas of the building were only accessible to staff and entry to these areas was supervised by staff during working hours. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy and the practice had a lead for infection control who had undertaken further training to keep up to date with best practice. The practice had an infection control policy, which included protocols and procedures to guide staff. Cleaning schedules and records were kept of all cleaning activity and an infection control audit had been undertaken to address any improvements identified as a result. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe. Medicines were stored securely and were only accessible to authorised staff. Regular medication and prescribing reviews were carried out with the clinical commissioning group (CCG) medicines

management team, to optimise the medicines used within the practice. Prescription pads were securely stored and there were systems in place to monitor their use.

- The practice had a policy that set out the arrangements for recruiting staff. Records showed that appropriate recruitment checks had been undertaken prior to employment. We looked at staff files and saw that there was proof of identification, qualifications, registration with the appropriate professional body and criminal records checks via the Disclosure and Barring Service (DBS).
- The practice had arrangements 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. This included the cover arrangements for staff taking annual leave.

Arrangements to deal with emergencies and major incidents

Staff received up-to-date basic life support training and there were emergency medicines available in the treatment rooms. Emergency medicines we looked at were in date, checked regularly and fit for use. The practice had a defibrillator and medical oxygen with adult and children's masks, which had also been regularly checked. The practice had arrangements for alerting staff to emergency situations, including a messaging system on the computers, as well as manual alarm buttons in the consulting / treatment rooms.

There was a business continuity plan to deal with a range of emergencies such as power failure, adverse weather and access to the building. The plan contained the contact numbers for the various agencies who may need to be contacted in the event of an emergency.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with the National Institute of Health and Care Excellence (NICE) best practice guidelines and had systems in place to ensure all clinical staff were kept up to date. The practice used this information to develop how care and treatment was delivered to meet needs. For example, NICE guidance was followed for patients undergoing treatment for cancer.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). The system is intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF to monitor outcomes for patients. The results for the year ending March 2014 showed that the practice had achieved a total QOF score of 99% compared to the national average of 94%. The practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013-2014 showed:

- Performance for diabetes related indicators was higher than the national average in all indicators. For example, 92% of patients had received a foot examination in the last year, compared to the national average of 88%.
- The percentage of patients with hypertension having regular blood pressure tests was better than the national average of 83%, as the data showed 88%.
- Performance for mental health related indicators was better than the national average, for example, 90% of patients experiencing mental health issues had a care plan recorded in their records, compared to the national average of 86%.
- The percentage of patients with dementia who had received a face to face review in the past year was 86%, which was higher than the national average of 83%.

The practice had undertaken a number of clinical audits. These had included participation in medicine audits with the local CCG medicines management team, for example, anti-coagulation prescribing for older patients with atrial fibrillation. The results had been analysed and re-audited over a period of three years and improvements in treatment outcomes had been demonstrated. We looked at other audits that had been undertaken, which were well planned, the results reviewed and improvements implemented. Further audits were then planned to check whether the improvements had been maintained.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. Records showed there was an overall training plan and mandatory training such as information governance, safeguarding, basic life support and infection prevention and control had been completed by staff. The majority of staff had completed Mental Capacity Act training and where any training needs had been identified, the practice was aware and was addressing them, to help ensure training was kept up-to-date.

All GPs were up-to-date with their yearly continuing professional development requirements and had undergone annual appraisals. There was a system of annual appraisal for other members of staff. All the staff we spoke with about their appraisal said that they had found the process useful and it had helped to identify training needs and provided an opportunity for them to discuss problems with their manager.

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 the practice intranet system. This included care and risk assessments, care plans, medical records and test results. All relevant information was shared with other services in a timely way, for example when people were referred to other services. Information such as NHS patient information leaflets were also available.

Staff worked together and with other health and social care services to meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. There were regular multi-disciplinary meetings with other providers that took place at least every three months. The meetings were attended by specialist community nurses, social workers, and the hospice nurses who supported patients with palliative care needs. Health visitors and school nurses also

Good

Are services effective?

(for example, treatment is effective)

attended to review any child protection concerns or risks. Patient care plans were routinely reviewed and updated to identify decisions taken about care and treatment pathways.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. The practice had a consent policy that governed the process of consent and provided guidance for staff. The policy described the various ways patients were able to give their consent to examination, care and treatment, as well as how consent should be recorded. For example, consent forms for surgical procedures were used and scanned into the computerised patient records.

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.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients who were at risk of unplanned hospital admissions, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. The practice provided information to signpost patients to local support groups and advice services, including sexual health support and advice. Chlamydia testing was also offered to patients aged 16-24 years.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 82%, which was comparable to the local clinical commissioning group (CCG) average of 81% and there was a system to follow-up non-attendance for cervical screening. The practice also encouraged its patients to attend national screening programmes, for example, bowel cancer screening.

Childhood immunisation rates for the vaccinations given were either comparable or higher than the local CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 100% to 93% and five year olds from 96% to 89%. Flu vaccination rates for the over 65s were 75%, and at risk groups 53%. These were also comparable to CCG 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.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We spoke with six patients on the day of our inspection, who told us they were satisfied with the care provided and that the practice was caring and understanding of their needs. They also told us the staff were helpful, and treated them with dignity and respect. We observed throughout the inspection that reception staff were welcoming to patients, were respectful in their manner and showed a willingness to help and support them with their requests. Patients were offered a separate room to discuss sensitive issues or if they appeared distressed and wished to speak to staff privately.

Patients had completed comment cards prior to our inspection, to tell us what they thought about the practice. We received 59 completed cards, the majority of which contained positive comments and indicated that patients felt the practice offered an excellent service, that they were treated with dignity and respect and that the staff were efficient, helpful and caring.

All consultations and treatments were carried out in the privacy of a consulting room. Curtains were provided in consultation and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation / treatment room doors were closed during consultations and conversations could not be overheard.

Data from the 2015 national GP patient survey showed from 127 responses, that performance in all areas was comparable or higher than both the local and national averages. For example:

- 94% said the GP was good at listening to them, compared to the local clinical commissioning group (CCG) average of 90% and national average of 89%
- 94% said the GP gave them enough time, compared to the CCG average of 88% and national average of 87%
- 97% said they had confidence and trust in the last GP they saw, compared to the CCG average of 95% and national average of 95%
- 99% said they had trust and confidence in the last nurse they saw or spoke to, compared to the CCG average of 98% and national average of 97%
- 87% of respondents said they found the receptionists helpful, compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Data from the 2015 national GP patient survey showed that patients rated the practice well when responding to questions about their involvement in planning and making decisions about their care and treatment. The results were in line or just below the local and national averages, for example:

- 88% said the last GP they saw was good at involving them in decisions about their care, compared to the CCG average of 84% and national average of 81%
- 89% said the last nurse they saw or spoke to was good at involving them in decisions about their care, compared to the CCG average of 87% and national average of 84%
- 90% said the last GP they saw or spoke to was good at explaining tests and treatments, compared to the CCG average of 88% and national average of 86%
- 95% said the last nurse they saw or spoke to was good at explaining tests and treatments, compared to the CCG average of 92% and national average of 89%.

Patient/carer support to cope emotionally with care and treatment

Information leaflets, posters and notices were displayed in the patient waiting areas that provided contact details for specialist groups offering emotional and confidential support to patients and carers. For example, counselling services and bereavement support groups. The comment cards completed by patients prior to the inspection also highlighted that staff responded compassionately when they needed help and provided support when required.

Good

Are services caring?

The practice's electronic patient records system alerted GPs if a patient was also a carer. There was a range of information available for carers to help ensure they understood the various avenues of support available to them.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local clinical commissioning group (CCG) to improve outcomes for patients in the area and was responsive to patient's needs. For example, the practice had signed-up to offer an enhanced service for people who worked locally, but lived outside the practice boundary, who were able to register as patients with the practice. Similarly, the practice offered emergency appointments to local people, who had chosen to register with a GP out of the area, nearer to their place of work.

Services were planned and delivered to take into account the needs of different patient population groups. This included;

- Longer appointments were available for patients who needed them, for example, patients with complex needs.
- Home visits were available for older patients and those who were housebound.
- Urgent access appointments were available for children and those with serious medical conditions.
- Patients with mobility issues were accommodated at the practice, including wheelchair and step-free access to the building, accessible WC facilities and disabled parking.
- A hearing loop was available for patients with hearing problems and translation services were available on request for patients who did not speak English.

The practice had implemented suggestions for improvements and made changes to the way it delivered services in response to feedback from patients. The practice had an active patient participation group (PPG), which met on a regular basis, and carried out patient surveys and collated feedback for submission to the practice management team. Changes had been made as a result, for example, new chairs of variable height had been provided in the waiting area and consultation rooms to accommodate a range of patients' needs.

Access to the service

The practice offered appointments from 8.30am to 6.00pm each week day, although patients were able to contact the practice from 8.00am throughout the day by telephone. The practice no longer offered later / evening appointments, as demand for this service had diminished. However, the practice offered flexible arrangements for patients who worked out of the area and had registered with a GP practice nearer to their place of work. There were also arrangements to register patients who worked locally, but lived out of the area. Pre-bookable appointments were offered and urgent or emergency appointments were available each day. Telephone consultations were also offered on a daily basis.

Results from the 2015 national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages in most areas and patients we spoke with told us they were able to get appointments when they needed them. For example;

- 73% of patients were satisfied with the practice's opening hours compared to the local clinical commissioning group (CCG) average of 74% and the national average of 75%
- 92% of patients said they were able to get an appointment to see or speak to someone the last time they tried, compared to the local CCG average of 87% and national average of 85%
- 74% of patients described their experience of making an appointment as good, compared to the CCG average of 78% and national average of 73%.

The practice was rated less well in relation to patients getting through to the practice on the telephone, with 50% of patients who said that they found it easy to get through, compared to the CCG and national average of 74%. However, the practice was aware and recognised that this was a key issue for patients and had responded by investigating the availability of funds to install a new telephone system that would improve telephone access. A report had been produced by the patient participation group (PPG) and funding arrangements had been discussed with the partners.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns. There was a complaints policy and a procedure that was in line with NHS guidance for GPs and there was a designated responsible person who handled all complaints in the practice. Information about how to make a complaint was available in the waiting room and on the practice website.

Good

Are services responsive to people's needs?

(for example, to feedback?)

The practice kept a complaints log for written complaints and we looked at two complaints that had been received in the last year. We found that these had been satisfactorily investigated and dealt with in a timely way and in accordance with the practice policy. The outcomes had been clearly documented and follow-up response letters sent to the complainants, including details about who to contact if they were unhappy with the outcome of their complaint. The practice reviewed complaints and discussed them regularly with staff, to identify ways to help avoid similar incidents happening again.

Patients we spoke with told us that they had never had cause to complain but knew there was information available about how and who to complain to, should they wish to do so.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a mission statement and a patient charter that set out the practice aims and objectives. When speaking with staff, it was clear that they understood their roles and responsibilities in helping to ensure the practice achieved its aims and objectives and felt they contributed to the overall quality of care that patients received.

Governance arrangements

The practice had an overarching leadership structure that governed activity and supported the delivery of good quality care and treatment for patients. This included;

- A clear staffing structure and staff awareness of their own roles and responsibilities.
- Practice specific policies that had been implemented and were accessible to all staff.
- A system to demonstrate and provide assurance about the performance of the practice in relation to the on-going management of patient care and to provide comparisons to both local and national performance indicators.
- A system of reporting and analysing incidents and learning from these.
- GPs were up-to-date with their professional development needs for revalidation and all staff had received appraisals and continuing professional development.
- A system of continuous clinical and internal audit which was used to monitor quality and safety and to make improvements in relation to patient outcomes.
- Structured meetings to promote clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information.
- Robust arrangements for identifying, recording and managing risks and implementing mitigating actions.

Leadership, openness and transparency

The GP partners in the practice advocated and encouraged an open and transparent approach in managing the practice and leading the staff team. Staff we spoke with told us they felt there was an 'open door' culture, that management and the GP partners were approachable and that they felt supported and able to raise any concerns they had. They said there was a good sense of team work within the practice and communication worked well.

There were regular staff meetings and all staff were involved in discussions about how to run and develop the practice. The partners encouraged all members of staff to identify opportunities to improve the services offered to patients.

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

The practice encouraged and valued feedback from patients and was proactive in gaining 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, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, a report had been produced to identify the issues experienced by patients when telephoning the practice. The costs and benefits of installing a new telephone system had been explored and a decision was pending.

The practice had also gathered feedback from staff generally through meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management and said they felt involved and engaged to improve how the practice was run. For example, staff said they had been involved in discussions about the staffing arrangements when new members of staff had joined the practice.

Innovation

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and had a business development plan that clearly set out the future direction of the practice. This included a strong emphasis on training and development, especially in relation to becoming a training practice to support and develop trainee GPs. Two of the GP partners were undergoing specific training to become GP trainers. Other staff benefitted from the engagement of specialist speakers who attended staff

Are services well-led?

Good

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

development meetings. For example, consultants had attended evening practice events to deliver talks about specialist areas of medicine and treatments, including dermatology and diabetes.