

Dr NHR Simpson's 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

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Overall summary

Letter from the Chief Inspector of General Practice

We had carried out an announced comprehensive inspection at Dr NHR Simpson's Practice on 2 March 2016. The overall rating for the practice was 'requires improvement'. This was because the practice was rated as 'requires improvement' in the key questions of caring and responsive. The full comprehensive report on that inspection can be found by selecting the 'all reports' link for Dr NHR Simpson's Practice on our website at www.cqc.org.uk.

This inspection was an announced comprehensive inspection on 8 March 2017 to check if improvements had been made. Overall the practice is now rated as 'Good'.

Our key findings were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- The practice was responsive to the needs of patients and tailored its services to meet those needs.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. However information about complaints was not on display in the patient waiting area.
- Patients said they found it easy to make an appointment with a GP and 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.

Summary of findings

- There was an emphasis on learning and improvement.
- The provider was aware of and complied with the requirements of the duty of candour.

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

The provider should:

- Make information on the complaints system available in the patient waiting area.
- Continue to monitor patient satisfaction with the service provided, particularly with respect to the helpfulness of reception staff.

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.

Good



- 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 things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- There were effective systems in place to ensure the practice could continue to function should foreseeable events such as fire, flood or loss of utilities affect the surgery.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Partners and staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- 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.
- Staff received annual appraisals.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

- 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.
- Information for patients about the services available was easy to understand and accessible.

Are services responsive to people's needs?

Good



The practice is rated as good for providing responsive services.

- Practice staff 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. For example the practice participated in the scheme to avoid unplanned admission to secondary care by its most vulnerable patients.
- Patients said they found it easy to make an appointment with a GP and 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 on the practice website and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders. However information on how to complain was not displayed in patient waiting areas.

Are services well-led?

Good



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

- The practice 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 it.
- 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 meetings for all staff groups.
- 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.

Summary of findings

- 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 notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was very active.
- In response to poor feedback about reception staff the practice had provided all reception staff with customer care training.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice participated in the unplanned admissions avoidance scheme.
- The practice had made plans to switch to a scheme to identify and meet the needs of frail patients when the admission avoidance scheme ended. Patients had already been coded for severe, moderate and mild frailty and a new template developed.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

- GPs and nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- A nurse was employed whose primary role was to meet the needs of those patients living with diabetes.
- Diabetes related clinical indicators showed the practice to be performing in line with CCG and national percentages.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.

Good



Summary of findings

- 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.
- Rates for cervical screening were comparable to both CCG and national averages.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice provided a full range of immunisations for babies, children and young people which were clearly explained on the practice website.
- We saw positive examples of joint working with midwives, health visitors and district nurses. The joint working was promoted and enhanced by virtue of these other healthcare professionals holding their clinics at the surgery.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- Extended opening hours were available on both Tuesday and Wednesday mornings.
- A full range of on-line services were available to meet the needs of this group of patients.

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 held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice responded to the needs of the travelling and boating community.

Good



Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had identified patients experiencing poor mental health and could provide them with information on how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2016 showed that in people's opinions, the practice was generally performing below local and national averages. However the responses demonstrated an improvement from the previous survey result. There were 123 responses from 218 surveys that were sent out. This represented a response rate of 56 % compared to the national response rate of 38%. These figures represented aggregated data collected from July to September 2015 and January to March 2016 and did not capture any patient experience since the last inspection in March 2016.

- 49% described their experience of making an appointment as good compared with the previous figure of 43% and a national average of 73%.
- 65% of respondents described their overall experience of the surgery as fairly or very good compared to the previous figure of 61% and the national average of 85%.
- 51% said they would recommend this surgery to someone new to the area, compared with the previous figure of 42% and the national average of 79%.

This was the most up to date data available to us but its findings were not reflected in the comments cards we reviewed, comments received and recorded by the practice, the patients we spoke with or the practice's own recent survey.

As part of this inspection we asked for CQC comment cards to be completed by patients prior to the inspection. Of the 33 comment cards that had been completed, all were positive about the standard of care received and one commented upon the difficulty in getting an

appointment. Several people had commented upon how the service had improved in recent months and especially since the new telephone system became operative. Comments included safe care, kind and considerate, great doctors and nurses, helpful and friendly receptionists, appointments available without too much fuss.

We spoke with four patients on the day of our inspection. People were positive about their experiences and the standard of care and treatment. All said that it was now easy to get through on the telephone and that appointments were available easily and usually on the same day. They were always seen on the day if there was clinical need. All said they would recommend the practice to friends and family.

We saw looked at the 21 compliments that had been received by the practice between September 2016 and the date of the inspection. The feedback was positive and reflected kind, caring and considerate staff, good care and treatment and much improved telephone access and appointment availability.

There were 17 comments posted on the NHS Choices website since the date of the previous inspection. Of those 14 were positive. Of the three that were less so, access to a GP rather than a nurse was a theme, although one of the comments also acknowledged that the attitude of receptionists had improved.

Results from the Friends and Family test for the period April 2016 to September 2016 showed that of 281 respondents, 228 (81%) were extremely likely or likely to recommend the practice. 16 (6%) were neither likely or unlikely and 21(7%) were either unlikely or extremely unlikely.

Areas for improvement

Action the service **SHOULD** take to improve

- Make information on the complaints system available in the patient waiting area.
- Continue to monitor patient satisfaction with the service provided, particularly with respect to the helpfulness of reception staff.

Dr NHR Simpson's Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC inspector and included a GP specialist advisor and a practice manager specialist advisor.

Background to Dr NHR Simpson's Practice

Dr NHR Simpson's Practice provides primary medical care for approximately 8,500 patients living in Barrow on Soar and the neighbouring villages. It is not a dispensing practice.

The number of patients with a long-standing health condition is higher than both the CCG and national average.

The practice only has one location, that being The Health Centre, 27 High Street, Barrow-upon-Soar, Leicestershire LE12 8PY

The service is provided under a General Medical Services contract with West Leicestershire Clinical Commissioning Group.

The area is one of low deprivation. The practice demographics reflect those nationally.

The healthcare is provided by two GP partners, two salaried GPs (whole time equivalent WTE 2.3) Locum GPs provide another 0.5 WTE weekly. There are seven nurses (WTE 4.44), five of whom are prescribers, and two health care assistants. They are supported by receptionists and administration staff.

The surgery is open between 8am to 6.30 pm Monday to Friday and offers extended hours from 7am to 8am on Tuesdays and Wednesdays. The surgery is open throughout lunchtimes, with the exception of Thursday. During that period the surgery still receives and accepts telephone calls.

When the surgery is closed GP out-of-hour's services are provided by Derbyshire Health United which is accessed via NHS111.

Why we carried out this inspection

We undertook a comprehensive inspection of Dr NHR Simpson's Practice on 2 March 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as 'requires improvement' for providing caring and responsive services.

We undertook a further announced comprehensive inspection of the practice on 8 March 2017. This inspection was carried out to ensure improvements had been made.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations such as the clinical commissioning group to share what they knew. We carried out an announced visit on 8 March 2017. During our visit we:

- Spoke with the GP partners.
- Spoke with a range of staff including nurses, receptionists and administration staff and spoke with patients who used the service.

Detailed findings

- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.
- Reviewed comments left on the NHS Choices website and reviewed a survey carried out by the patient participation group.
- Viewed the results of the 'Family and Friends Test'.

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

- Is it safe?
- Is it effective?
- Is it caring?

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

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

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people with dementia).

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

Are services safe?

Our findings

Safe track record and learning

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 and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice.

Overview of safety systems and process

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. 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. A GP partner was the lead for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to children's safeguarding level three. Nurses were trained to level two or three.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who had agreed to act as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be very clean and tidy. A practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Five of the nurses were prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants did not undertake tasks such as administering vaccines.
- We reviewed personnel files and found appropriate recruitment checks had been 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.

Are services safe?

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.

Arrangements to deal with emergencies and major incidents

The practice had effective 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.
- The practice had oxygen and a defibrillator was available.
- Emergency medicines were easily accessible to staff and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure, flood or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems 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 patients' 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 and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. For example data from 2015/16 showed:

- The percentage of patients with diabetes, on the register, in whom the last IFCCbA1c
- is 64 mmol/mol or less in the preceding 12 months was 79% compared to the CCG average of 83% and national average of 78%.
- Performance for mental health related indicators was comparable to the CCG average and national average. For example the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 89% compared to the CCG average of 94%

There was evidence of quality improvement including clinical audit.

- We were shown two clinical audits completed in the last two years. Findings were used by the practice to improve services. For example one was an audit concerning the time in therapeutic range in atrial fibrillation patients taking warfarin. The re-audit had highlighted that those patients requiring extra monitoring had received it.
- The practice participated in local audits, for example those associated with prescribing.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, those staff who took part in cervical screening.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to annual immunisation updates and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

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.

Are services effective?

(for example, treatment is effective)

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.

Meetings took place with other health care professionals when care plans were routinely reviewed and updated for patients with complex needs.

We saw that post discharge reviews took place and admission avoidance recording and care planning was undertaken where patient's views and preferences were clearly recorded.

Consent to care and treatment

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

- Staff we spoke with understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation .Patients were signposted to the relevant service where the service was not provided in-house.
- The practice offered a comprehensive range of contraceptive and sexual health services and advice.
- Good explanations of the various immunisation programs for babies, children and adults were clearly displayed on the website.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 78% and the national average of 73%. A female sample taker was available.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example;

- The percentage of patients aged 60-69, screened for bowel cancer in last 30 months was 66% compared to the CCG average of 63% and national average of 58%.
- For breast cancer screening the practice percentage was 80% which compares to the CCG average of 81% and national average of 73%.

There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

At our previous inspection on 2 March 2016, we rated the practice as requires improvement for providing caring services as the data from the GP National Patient Survey indicated that patients did not rate the practice highly in terms of their interaction with GPs, nurses and receptionists.

At the follow up inspection on 8 March 2017 we found that the latest results from the GP National Survey had improved and that other sources of patient feedback expressed increased satisfaction with patient interactions with GPs and staff. The practice is rated as good for providing caring services.

Kindness, dignity, respect and compassion

We observed members of staff were courteous and helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private space to discuss their needs.

32 of the 33 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

We spoke with members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when patients needed help and provided support when required.

Overall, results from the national GP patient survey indicated that patients rated the practice equally to other practices. The information in the survey represented data collected up to March 2016 so it is unlikely the responses related to their experiences since the last inspection of the practice on 2 March 2016.

- 89% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 83% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and national average of 92%.
- 83% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and national average of 85%.
- 87% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 91%.
- 57% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%. The practice had responded to this low indicator of patient satisfaction by providing customer care training for all reception staff.

More recent and relevant data, which post-dated the last inspection on 2 March 2016, and consisted of comments collected by the practice, the PPG survey, NHS Choices website, the Friends and Family test and CQC comments cards showed that patients' satisfaction with the practice had improved.

Care planning and involvement in decisions about care and treatment

Patients said they felt involved in decision making about the care and treatment they received. They also said 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 from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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:

Are services caring?

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 83% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 91% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

- Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.
- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 90 patients as carers (1.06% of the practice list).
- The practice provided the bereaved with a bereavement pack which contained useful information and contacts to assist those affected during this difficult period.
- Staff and GPs told us that if families had suffered bereavement, a telephone call was made to the next of kin. This was followed by a condolences card on behalf of all practice staff.
- Advice and signposting to support such as counselling and bereavement services was available.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 2 March 2016, we rated the practice as requires improvement for providing responsive services as the arrangements for accessing the service by telephone and the ease of access and availability of appointments was poor.

These arrangements had significantly improved when we undertook a follow up inspection on 8 March 2017. The practice is now rated as good for providing responsive services.

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 offered extended hours on a Tuesday and Wednesday morning from 7am to 8am with a GP, prescribing nurse or phlebotomist for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. They could be referred to other providers for vaccines such as Yellow Fever.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Additionally it opened from 7am to 8am on Tuesday and Wednesday. The practice was open throughout the lunch time period with the exception of Thursdays when it closed for an hour. During that period the surgery had in place arrangements to ensure that telephone calls were received and answered.

Appointments could be booked on-line as well as by telephone and in person.

Consultations with GPs and practitioners were a mixture of face-to-face and telephone, dependent upon clinical need. In addition pre-bookable appointments could be booked in advance for example for long term condition reviews and urgent appointments were also available for people that needed them.

The practice had responded to patient feedback for the need to offer more appointments by opening on Thursday afternoons, when previously they had closed at 12.30pm. This had resulted in making 54 additional nurse and GP appointments available. Reception staff told us this had been a very positive move and had resulted in less pressure on staff to find patient appointments.

On the day of our inspection there were GP and practice nurse consultations available. The reception manager told us that this was normal as there had been an increase in appointment availability.

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

- 52% of patients were satisfied with the practice's opening hours compared to the national average of 76%.
- 43% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

The responses leading to this data from the GP National Survey was collected in the period up to March 2016 and the patient experience expressed more recently through the practice's own surveys, the PPG survey, NHS Choices and CQC comments cards did not align with those results.

For example;

- A new telephone system became operable in November 2016. A subsequent survey of patients conducted by the practice showed that 76% of patients expressed the opinion that the telephone system was better or much better. Staff told us that the new system, which allowed staff to continue calls with patients whilst moving about the reception area and to answer calls whilst not at a desk, had resulted in much better productivity and a better patient experience.

Are services responsive to people's needs?

(for example, to feedback?)

- A survey carried out by the patient participation group in June 2016 revealed that 73% said they were able to see GP on the day they called or the next two days and 65% said it was very or fairly easy to get an appointment at a time they wanted.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The senior partner was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system for example a complaints summary leaflet and comprehensive and informative guide on the practice website. However we found that that information regarding complaints was not clearly displayed in patient waiting areas.

We looked at five complaints received since May 2016 and found these were satisfactorily handled, dealt with in a timely way and with openness and transparency when dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, we saw that clinical staff had been reminded of the importance of checking for allergies following one complaint.

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 partners regarded the practice as being a village family practice which was undergoing an expansion in population. The partners acknowledged the challenges lying ahead of sustainability, recruitment (particularly of GPs) and financial stability. The practice was working actively within its locality and federation and with the CCG to maintain and improve services, in particular at collaborative working to develop integrated community teams.

Governance arrangements

The practice had members of staff who act as the leads for several areas including safeguarding, infection prevention and control, complaints and clinical matters. These leads were clear as to their responsibilities. The governance structure and the schedule of meetings designed to support the effective governance were clear and unambiguous.

We saw that the practice maintained oversight of performance and safety and such things as audit, QOF performance and Quality, Innovation, Productivity and Prevention (which was a programme to drive forward quality improvements in NHS care and at the same time produce efficiency savings) were regularly discussed at meetings.

Leadership and culture

Staff we spoke with described the culture of the practice as being open and pro-active. Staff we spoke with told us that the partners and practice manager were visible in the practice and they felt confident in approaching them with any concerns or suggestions for improvement.

There were whistleblowing and duty of candour policies in place and staff we spoke with knew how to access them and what they meant for them as individuals.

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

The practice had a very active patient participation group (PPG) and we spoke with the Chair. They told us that services at the practice had much improved in particular the telephone system, appointment availability and the attitude of reception staff.

The PPG met regularly and was an active participant South Charnwood Network of PPGs that met quarterly to share ideas, best practice and experiences.

The PPG had carried out a patient survey in June 2016 on behalf of the practice to gauge patients' experience of getting an appointment.

The practice had reacted to the results from the GP patient survey and its own records of comments and complaints and had introduced a new telephone system and had ceased to close at lunchtimes except for one day a week, when telephone access was still available.

Staff we spoke with told us that the meetings held for all staff groups were useful and provided a formal process in which to express views, which were listened to and acted upon.

Continuous improvement

Staff were encouraged through appraisal to think about their own training requirements and the practice actively encouraged further development and learning.

The practice had established links with the Leicester Medical School for under and post graduate teaching and latterly with Nottingham Medical School. The partners saw this as a positive move to facilitate doctors to obtain experience and encourage more to opt for General Practice as a career path.