

Dr Syeda Aliya Zaidi

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 carried out an announced comprehensive inspection at Dr Syeda Aliya Zaidi practice on 23 November 2015. Overall the practice is rated as good.

Our key findings across all the areas we inspected 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 the skills, knowledge and experience to deliver effective care and treatment.
- 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.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- Although some audits had been carried out, we were told there was not a program of audits to review performance to improve patient outcomes.

The areas where the provider should make improvement are:

- Make arrangements for all staff to complete level one safeguarding childrens training as recommended in the Intercollegiate Guideline (ICG) "Safeguarding Children and Young People: roles and competences for health care staff" (2014).
- Review the risk assessment for administration staff not requiring disclosure and barring service checks.

Summary of findings

- Consider a continuous quality improvement programme to include clinical audit, medication optimisation and other performance activity to review and improve outcomes for patients.

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 there were unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology and 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 people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



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

Are services caring?

The practice is rated as good for providing caring services.

Good



- 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.
- Staff treated patients with kindness and respect, and maintained confidentiality.

Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. It had reviewed its opening hours following feedback from patients.
- Patients said they found it easy to make an appointment with a named 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 and evidence.

Good



Are services well-led?

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

- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held annual governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The registered provider was aware of and complied with the requirements of the Duty of Candour. The GP encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.
- The practice proactively sought feedback from staff and patients, which it acted on.
- There was a strong focus on continuous learning and improvement at all levels.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It 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.

- Nursing staff had lead roles in long term condition management and five percent of patients at risk of hospital admission were identified as a priority.
- Diabetes care related indicators were 4% above the CCG and 11% above the national average.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a named practice nurse. Patients attended structured annual reviews to check their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

- 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 accident and emergency attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 82% and the national average of 77%.

Good



Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses.
- The practice offered local high school students the opportunity to come into the practice and learn more about careers in primary care.

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 reflects the needs for this age group.

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.
- It offered longer appointments for people with a learning disability.
- The practice regularly worked with multidisciplinary teams in the case management of those whose circumstances may make them vulnerable.
- Patients were told how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in 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.

Good



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 living with dementia).

Good



Summary of findings

- All people experiencing poor mental health had received an annual physical health check.
- The practice regularly worked with multidisciplinary teams in the case management of people experiencing poor mental health, including those with living with dementia.
- It carried out advance care planning for patients living with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia. The practice was accredited as a dementia friendly practice.

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice was performing above local and national averages. There were 121 responses and a response rate of 35% to the survey. This represented 4.6% of the practice population.

- 99% found it easy to get through to this surgery by phone compared with a CCG average of 70% and a national average of 74%.
- 98% found the receptionists at this surgery helpful compared with a CCG average of 86% and a national average of 87%.
- 91% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 84% and a national average of 85%.
- 80% with a preferred GP usually got to see or speak to that GP compared with a CCG average of 54% and a national average of 60%.
- 95% said the last appointment they made was convenient compared with a CCG average of 91% and a national average of 92%.

- 89% described their experience of making an appointment as good compared with a CCG average of 71% and a national average of 74%.
- 88% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 68% and a national average of 65%.
- 84% felt they did not have to wait too long to be seen compared with a CCG average of 61% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 25 completed comment CQC cards which were all positive about the standard of care received. We also spoke with four patients on the day of the inspection. All four patients said they were happy with the care they received and thought staff were approachable, committed and caring. Patients told us on the comment cards and in discussions staff were helpful, polite and were very caring. They said they were treated with dignity and respect. They also said they found the practice to be clean and tidy.

Dr Syeda Aliya Zaidi

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector, a second inspector and a GP specialist advisor.

Background to Dr Syeda Aliya Zaidi

Dr Syeda Aliya Zaidi Medical Practice, or Park View Surgery, as it is known locally, is located in Sprotborough on the outskirts of Doncaster. The practice provides services for 2,582 patients under the terms of the NHS Personal Medical Services contract. The practice catchment area is classed as within the group of the third less deprived areas in England. The age profile of the practice population is different to other GP practices in the Doncaster Clinical Commissioning Group (CCG) as there are more male patients over between the ages of five years old to nine years old and more female patients aged 40 to 49 years old.

The practice has one full time female GP and a male locum GP holds a clinic at the practice one day a week. They are supported by two practice nurses, two healthcare assistants and a team of management and administrative staff.

The practice was open between 8am to 6.15pm Monday to Friday. Appointments were from 8.30am to 12 noon and 3pm to 6pm daily. There were no booked afternoon appointments available on Wednesday, as these were held for emergency appointments only. Extended hours surgeries were offered on Tuesday and Friday mornings from 7.30am. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed

them. When the practice was closed, calls were answered by the out-of-hours service which was accessed via the surgery telephone number or by calling the NHS 111 service.

In addition to appointments for long term condition reviews, antenatal and mother & baby clinics are held each week.

Dr Syeda Aliya Zaidi is registered to provide maternity and midwifery services; treatment of disease, disorder or injury; family planning and diagnostic and screening procedures from Newton Medical Centre, Newton Lane, Sprotborough, Doncaster, DN5 8DA.

Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 24 November 2015. During our visit we:

Detailed findings

- Spoke with a range of staff (The GP, two practice nurses, the practice manager and three members of the administration team) and spoke with patients who used the service.
- Observed how people were being cared for and talked with carers and/or family members.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

We also looked at how well services 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 living 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 also a recording form available on the practice's computer system.
- The practice carried out an analysis of the significant events.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, we were told how the hospital letter procedure was reviewed following an incident. The incident record contained the investigations undertaken and reported how to avoid the situation happening again. Minutes of the monthly staff meeting documented that the change in procedure had been shared with staff. The meeting minutes were emailed to all staff following the meeting and stored on the practice computer system which was accessible to all.

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

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and adults from abuse which reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where

necessary for other agencies. All staff demonstrated they understood their responsibilities. All other staff had received training relevant to their role. The lead GP was trained to safeguarding level three.

- A notice in the waiting room advised patients practice nurses or the healthcare assistants would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the IPC teams to keep up to date with best practice. There was an IPC protocol in place and staff had received up to date training. Annual IPC audits were undertaken. A recent audit in November 2015 had just been undertaken and we were told by the practice nurse the actions identified were yet to be drafted into an action plan. We saw actions from previous IPC audits had been addressed and improvements made.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow practice nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable healthcare assistants to administer vaccinations.
- We reviewed three personnel files and found that 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 DBS. We were told a DBS check was not required as reception staff would never be left alone with patients. We noted this was

Are services safe?

documented in the Risk Assessment and Employment Checks policy. The policy did not evaluate the risk and advise precautions. The practice manager told us the risk assessment would be reviewed.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the practice manager's office. 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 also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and legionella.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

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

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line 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 peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments and review of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99.5% of the total number of points available, with 7% exception reporting. Data from 2014/15 showed;

- Performance for diabetes related indicators was 4% above the CCG and 11% above the national average.
- The percentage of patients with hypertension having regular blood pressure tests was 1% above the CCG and 2% above the national average.
- Performance for mental health related indicators was 7% below than the CCG and 4% below the national average.
- The adjusted dementia diagnosis rate was 23% above the national average.
- The practice was an accredited dementia friendly practice.
- The practice was the second lowest prescriber of antibacterial items in the CCG for the year 2014/15.

Clinical audits demonstrated some quality improvement. There had been two clinical audits completed in the last two years, one of these was a completed audit where the

improvements made were implemented and monitored. The practice participated in applicable local medicine reviews and national benchmarking. Findings from these were used by the practice to improve services. For example, recent action taken as a result included ensuring patients with chronic kidney disease were invited for annual reviews and offered vaccinations. We asked to see a programme of continuous clinical audit. We were told by the GP they did not have one.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff which covered such topics as safeguarding, IPC, fire safety, health and safety and confidentiality.
- The practice could demonstrate how it ensured role specific training and updating for relevant staff. For example, for those reviewing patients with long term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had received an appraisal within the last 12 months.
- Staff received training which included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multidisciplinary team meetings for safeguarding took place every six weeks and quarterly for palliative care. Care plans were routinely reviewed and updated during the meetings.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

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

- These included patients with palliative care needs, carers, those at risk of developing a long term condition and those requiring advice on their diet, smoking and alcohol cessation and social prescribing. Patients were then signposted to the relevant service.
- The practice participated in the social prescribing project in Doncaster. The GPs and practice nurses had the option to prescribe non-medical support to patients. This included for loneliness and social isolation, housing or advice on debt.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 82% and the national average of 77%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were above CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds were 100% and five year olds from 95% to 100%. Flu vaccination rates for the over 65s were 78%, and at risk groups 51%. These were also comparable to CCG and national averages.

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people dignity and respect.

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

Most of the 25 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Two were less positive but there were no common themes to these.

We also spoke with four patients and 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 they needed help and provided support when required.

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

- 87% said the GP was good at listening to them compared to the CCG average of 87% and national average of 87%.
- 91% said the GP gave them enough time compared to the CCG and national average of 86%.
- 93% said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and national average of 95%

- 86% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.
- 97% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 90%.
- 98% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 82% said the last GP they saw was good at explaining tests and treatments compared to the CCG of 84% and national average of 86%.
- 82% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and national average of 81%.

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

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them.

Staff told us they sent cards to patients accompanied with flowers for significant occasions such as centenary

Are services caring?

celebrations. If families had experienced bereavement a sympathy card would be sent. This call was either followed by a meeting at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. They had reviewed their opening hours following feedback from patients.

- The practice offered extended morning opening on Tuesday and Friday from 7.30am for working patients who could not attend during normal opening hours.
- There were longer appointments available for those who needed them.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities and interpretation services available.

Access to the service

The practice was open between 8am to 6.15pm Monday to Friday. Appointments were from 8.30am to 12 noon and 3pm to 6pm daily. There were no booked afternoon appointments available on Wednesday, only emergency ones. Extended hours surgeries were offered on Tuesday and Friday mornings from 7.30am. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. When the practice was closed, calls were answered by the out-of-hours service which was accessed via the surgery telephone number or by calling the NHS 111 service.

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

- 82% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 76%.
- 99% of patients said they could get through easily to the surgery by phone compared to the CCG average of 70% and national average of 74%.
- 89% of patients described their experience of making an appointment as good compared to the CCG average of 71% and national average of 74%.
- 88% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 68% and national average of 65%.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns. We saw information was available to help patients understand the complaints system in the practice leaflet, on the website and a notice in reception. We noted the complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. However, they did not refer to the Parliamentary Health Service Ombudsman for people to refer to if they were not satisfied with their response. There was a designated responsible person who handled all complaints in the practice.

We were told the practice had not received any written complaints in the last 12 months. We were shown a book in reception used to capture feedback from patients. The book contained only compliments. The practice manager told us feedback from patients was usually acted upon when it was received but a record of actions not kept. Patients told us they had never had to make a complaint about the practice.

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 statement of purpose and staff spoke enthusiastically about working at the practice and they told us they felt valued and supported. They told us their role was to provide the best care to patients. Regular business meetings were held between the GP and Practice manager.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership, openness and transparency

The senior staff in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The GP was visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the senior staff in the practice. All staff were involved in discussions about how to run and develop the practice, and the provider encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- It had previously gathered feedback from patients through the patient participation group (PPG) and through surveys. Membership of the PPG had recently declined due to the availability of the members. It previously submitted proposals for improvements to the practice management team and raised funds for the practice. Feedback included access to a male GP. A male locum GP now worked at the practice one day a week. The practice manager told us they were in the process of recruiting new members to the group and finding alternative ways of facilitating the group. For example, developing an online forum.
- The practice had also gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.