East Cliff Medical Practice

Quality Report

The Montefiore Medical Centre
Dumpton Park Drive
Ramsgate
Kent.
CT11 8AD
Tel: 01843 855800
Website: www.eastclifframsgate.nhs.uk

Date of inspection visit: 25 August 2015
Date of publication: 29/10/2015

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 East Cliff Medical Practice on 25 August 2015. 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.
- Significant events were discussed by working groups comprising a staff member from each department that is a GP, a nurse, a receptionist and an administrator. The whole range of practice staff were involved in identifying safe solutions.
- 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.
- The practice's uptake for the cervical screening programme was excellent. It had bettered the national performance each year over the last nine years by between 11% and 20%.
- 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.

Summary of findings

- 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 practice had significantly lowered prescribing costs, by as much as 12% compared with some other practices in the clinical commissioning group (CCG), through the development of a local formulary (a list of medicines which have been approved for prescribing).

We saw several areas of outstanding practice namely:

- The practice had piloted a scheme which provides two beds in a local care home to support practice patients and help avoid hospital admissions. The learning from this was shared with others and the CCG now commissions beds in a number of homes for other practices.
- There was a drop in clinic for mothers and babies each week
- The practice is the holder of the Royal College of General Practitioners (RCGP) Quality Practice Award. To obtain the award, which is highest attainable from the college, the practice submitted a portfolio of evidence and was subject to an assessment visit. The award is for a five year period and the practice has held the award for the last 15 years.

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 patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence 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 training planned to meet them. There was evidence of appraisals and personal development plans for all appropriate staff. Staff worked with multidisciplinary teams.

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed that patients rated the practice 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 NHS England Area Team and 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 and other providers.

Summary of findings

Are services well-led?

Good

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems to monitor and improve quality and identify risk. The practice proactively sought and acted upon feedback from staff and patients. The patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings and events.

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

Outstanding ☆

The practice is rated as outstanding for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

The practice provided equipment, and training in its use to a local care home. Care staff could therefore provide more accurate information so that the practice could make better judgements on, for example, whether and when a patient needed to be seen or go to hospital. The practice piloted a scheme, commissioned by the Clinical Commissioning Group (CCG), which provides two beds in a local care home. This supported practice patients and helped avoid hospital admissions. Patients who needed supported care, for example between leaving hospital and returning to their own homes, could receive it. These facilities were almost exclusively used by older patients.

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. 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 multidisciplinary package of care.

Families, children and young people

Outstanding ☆

The practice is rated as outstanding for the care of families, children and young people. There were systems in place, involving health visitors, 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 (A&E) attendances. Childhood immunisation rates for the vaccinations given to under twos ranged from 89% to 97% and for five year olds from 89% to 96%. All of these were better than local

Summary of findings

and national averages, some by small margins but others by up to six percentage points. 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, this included a drop in clinic for mothers and babies each week which we saw was well attended and well appreciated by mothers who attended and to whom we spoke. There were GPs who held qualifications in obstetrics and gynaecology. One GP had a special interest in breastfeeding. The practice's uptake for the cervical screening programme was excellent. It had bettered the national performance every year over the last nine years by between 11% and 20%.

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 reflects the needs for this age group.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances such as those with a learning disability.The practice had carried out annual health checks for virtually all patients with a learning disability in the nearby school. It offered longer appointments for people with a learning disability.

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

Summary of findings

per cent of patients experiencing poor mental health had had an annual physical check of aspects of their health. 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 had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It had a system to follow up patients who had attended A&E where they may have been experiencing poor mental health. Many staff had received training on how to care for people with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results showed the practice was performing better than or in line with local and national averages.

- 72% find it easy to get through to this surgery by phone compared with a clinical commissioning group (CCG) average of 56% and a national average of 73%.
- 90% find the receptionists at this surgery helpful compared with a CCG average of 86% and a national average of 87%.
- 73% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 67% and a national average of 60%.
- 92% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 85y% and a national average of 85%.
- 90% say the last appointment they got was convenient compared with a CCG average of 92% and a national average of 92%.
- 85% describe their experience of making an appointment as good compared with a CCG average of 69% and a national average of 73%.
- 44% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 61% and a national average of 75%.
- 49% feel they don't normally have to wait too long to be seen compared with a CCG average of 56% and a national average of 58%.

As part of our inspection we asked patients to complete comment cards provided by the CQC. We received 45 comment cards which were all positive about the standard of care received. The themes that ran through the comments were; staff, including reception staff were very caring, all staff found the time to listen to patients no matter how busy they were and GPs and nurses received praise for their clinical skills in diagnosing and treating conditions.

Outstanding practice

- The practice had piloted a scheme which provides two beds in a local care home to support practice patients and help avoid hospital admissions. The learning from this was shared with others and the CCG now commissions beds in a number of homes for other practices.
- There was a drop in clinic for mothers and babies each week.
- The practice was been the holder of the Royal College of General Practitioners (RCGP) Quality Practice Award. To obtain the award, which is highest attainable from the college, the practice submitted a portfolio of evidence and was subject to an assessment visit. The award is for a five year period and the practice had held the award for the last 15 years.

East Cliff Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to East Cliff Medical Practice

East Cliff Medical Practice is a GP practice located in the centre of Ramsgate Kent and provides care for approximately 15000 patients. The practice has approximately 17% of patients between the ages of 65-75. They also have 25% more patients aged 85 years and over compared to the national average. It is an area of slightly higher income deprivation than practices nationally.

There are nine GP partners, five female and four male, as well as one female salaried GP. There are five female practice nurses and two female healthcare assistants. The practice has a personal medical services (PMS) contract with NHS England for delivering primary care services to local communities and also offers enhanced services for example, extended hours. The practice is an approved GP training practice training undergraduates. During each year there are normally three speciality registrars. A registrar is a qualified doctor who is training to become a GP through a period of working and training in a practice.

The practice is open between 8am and 7pm Monday to Friday. Appointments are from 9am to 12.30 pm and 3pm to 5.30pm each day. Extended hours surgeries are from 8am to 10.30am each Saturday.

Services are delivered from;

The Montefiore Medical Centre,

Dumpton Park Drive,

Ramsgate,

Kent,

CT11 8AD.

The practice has opted out of providing out-of-hours services to their own patients. Care is provided by Integrated Care 24 (IC24). There is information available to patients on how to access out of hours care.

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 been inspected before and that was why we included them.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice. This included demographic data,

Detailed findings

results of surveys and data from the Quality and Outcomes Framework (QOF). QOF is a voluntary system where GP practices are financially rewarded for implementing and maintaining good practice.

We asked the local clinical commissioning group (CCG), NHS England and the local Healthwatch to share what they knew about the service.

The visit was announced and we placed comment cards in the practice reception so that patients could share their views and experiences of the service before and during the inspection visit. We carried out an announced visit on 25 August 2015. During our visit we spoke with a range of staff including GP partners, receptionists and administrators. We spoke with patients who used 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 living in vulnerable circumstances
- People experiencing poor mental health (including people with dementia).

Good

Are services safe?

Our findings

Safe track record and learning

There were systems for reporting and recording significant events. Staff told us they would inform the practice manager of any significant events and there was a process, which staff could access on the computer system, telling them how to report them. Staff reported events. They were discussed at meetings by small working groups comprising a staff member from each department that is a GP, a nurse, a receptionist and an administrator. In this way the whole range of practice staff were involved in finding solutions to problems.

Lessons were shared to make sure action was taken to improve safety in the practice. For example, the location of sharps bins (for the disposal of needles and such like) had been changed as had the type of spillage kits used by the practice.

National patient safety alerts were dealt with by the practice manager. They were sent on to the GPs and nurses for clinical matters and other staff as necessary. We looked at two recent alerts and saw that they had been dealt with in accordance with the instructions within the alert. Alerts were discussed at clinical meetings.

Overview of safety systems and processes

The practice could demonstrate its safe track record through having risk management systems for safeguarding, health and safety including infection control, medication management and staffing.

There were arrangements to safeguard vulnerable adults and children from abuse that reflected relevant legislation and local requirements. All the GPs were trained to the appropriate level (level three). There were policies which guided staff in safeguarding matters. There were notices directing staff who to contact in order to report such matters. There was a practice lead (a GP) for safeguarding and staff knew who this was. GPs attended safeguarding meetings or provided reports if they were not able to do so. Staff had been trained and showed that they understood their responsibilities. Staff told us of specific incidents that had been reported and investigated in accordance with local procedures. Staff also told us of incidents they had raised which proved to be “false alarms” for safeguarding and said they were supported and encourage to err on the side of safety in making reports.

There were notices in the waiting room and on the doors to consultation rooms, advising patients that staff would act as chaperones, if required. Staff who acted as chaperones had received a disclosure and barring check (DBS). These 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 vulnerable adults. Where staff were used in this role who did not have a DBS check a risk assessment had been undertaken.

There were processes for monitoring and managing risks to patients and staff. For example, there was a recent fire risk assessment and fire wardens had been trained and appointed. There was a system governing security of the practice. Visitors were required to sign in and out using the dedicated book in reception. The staff reception area in the waiting room was always occupied when patients were in the building. Secure areas of the building were only accessible to staff using an electronic key. All electrical equipment was checked to ensure the equipment was safe to use. Clinical equipment was checked to ensure it was working properly and calibrated in accordance with the manufactures’ instructions.

The practice had a lead for infection control, a nurse, who was able to provide advice to the practice on infection control and carry out staff training. The nurse was supported in this by one of the GP partners. All the staff we spoke with knew who the lead was. Staff received induction training about infection control specific to their role and received annual updates. Infection control policy and procedures were available to staff, this helped enable them to plan and implement measures to mitigate the risks of infection. There were cleaning schedules and cleaning records were kept. Cleaning staff understood the reasons for infection control policies and changes. For example, the cleaner we spoke with understood why there had been a change to the spillage kits that the practice had been using.

Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control.

Medicines in the treatment rooms and medicine refrigerators were stored securely and were only accessible to authorised staff. There was a clear policy to help ensure that medicines were kept at the required temperatures and which described the action to take in the event of a power failure. Temperatures were checked and recorded in accordance with the practice processes.

Good

Are services safe?

Regular medication and prescribing reviews were carried out with the support of the clinical commissioning group (CCG) help to ensure the practice was prescribing in line with best practice guidelines.

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. The practice had a policy that set out the standards for recruiting staff.

Arrangements to deal with emergencies and major incidents

All staff received annual basic life support training and there were emergency medicines available in the treatment room and an appropriately stocked emergency bag and box available for domiciliary visits by the doctors. The emergency medicines included those for the treatment of cardiac arrest, anaphylaxis and hypoglycaemia. Emergency medicines we looked at were in date and checked regularly together with the emergency equipment. The practice had a defibrillator and medical oxygen with adult and children's masks.

There was a business continuity plan to deal with a range of emergencies such as power failure, adverse weather, unplanned sickness and access to the building. The plan had been reviewed annually and contained current contact number for the various agencies who might need to be contacted in the event of an emergency.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment and consent

The practice carried out assessments and treatment in line with the National Institute of Health and Care Excellence (NICE) guidelines and had systems to support clinical staff to keep up to date. The practice had access to guidelines from NICE and guidelines about other local practice such as local referral pathways. The practice used this information to develop how care and treatment was delivered to meet needs. For example, the practice implemented NICE guidance by using ambulatory blood pressure monitoring for patients with suspected hypertension (raised blood pressure).

Patients' consent to care and treatment was always obtained in accordance with legislation and guidance. The practice had a consent policy that governed the process of patient consent and guided staff. The policy described the various ways patients were able to give their consent to examination, care and treatment as well as how that consent should be recorded. A separate form was used to record consent to invasive procedures, such as minor surgery. This form had been adapted, from the national guidance, to suit the needs of the practice.

GPs had received training in the Mental Capacity Act 2005 (MCA) and were aware of the implications of the Act. Reception staff were aware of the need to identify patients who might not be able to make decisions for themselves and to bring this to notice. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Staff were able to give several examples of how best interest meetings had been used to help decide the course action to be taken where patients lacked the capacity to decide for themselves.

Protecting and improving patient health

Patients who might be in need of extra support were identified by the practice. For example, as part of a national initiative to prevent unplanned admissions to hospital, the practice had identified the two per cent of patients who were most vulnerable. Each of these had an individual care plan and a GP allocated to their care. Patients who were most in need of advice on matters such as a healthy diet, smoking and alcohol consumption were identified and sign posted to relevant services.

The practice's uptake for the cervical screening programme was 90.4%, which was better than the national average of 81.7%. The practice's uptake for the cervical screening programme had bettered the national performance each year over the last nine years by between 11% and 20%.

Childhood immunisation rates were very high. For example, childhood immunisation rates for the vaccinations given to under twos ranged from 89% to 97% and five year olds from 89% to 96%. All of these were better than local and national averages, some by small margins but others by up to six percentage points.

Coordinating patient care

The practice worked with other service providers to meet patients' needs. It received blood test results, X ray results, and other correspondence both electronically, by fax and by post. Staff knew their responsibilities in dealing with any issues arising from these communications. All 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.

There were regular meetings with other providers, for example there were monthly multi-disciplinary meetings to discuss the needs of complex patients, such as those with end of life care needs or children on the at risk register. These meetings were attended by other professionals such as district nurses and palliative care nurses and decisions about care and treatment were documented.

The practice worked with local care homes. The practice nurses provided nursing care to patients in care homes to manage their end of life care needs. This helped patients, who would otherwise have to move to other providers, such as hospices or hospitals, to die at their place of choice. The practice provided equipment for use by staff in the care home, for example, blood pressure monitoring and oximeters (for measuring oxygen carried in the blood) and training in its use. Care staff could therefore provide more accurate information to the practice enabling the practice to make better judgements on, for example, whether and when a patient needed to be seen or go to hospital. The practice piloted a scheme, commissioned by the CCG, to access two beds in a care home so that practice patients who needed supported care, for example between leaving hospital and returning to their own homes, could receive it.

Good

Are services effective?

(for example, treatment is effective)

There were trained counsellors, working within the practice, who provided improving access to psychological therapies (IAPT) services, these are talking therapies for patients with mild, moderate and moderate to severe symptoms of anxiety or depression. GPs could refer patients to the service or patients could self-refer.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. The results for the financial year ending March 2014 (the latest date for which results were available) were that the practice had attained a score of 97.7%.

This practice was not an outlier for any QOF (or other national) clinical targets. Performance for diabetes related indicators was better than the clinical commissioning group (CCG) and national average with 93% of patients receiving an annual review of their condition. Ninety seven per cent of patients with hypertension who scored 'less than active' for physical activity had had some intervention such as advice on lifestyle. This followed NICE guidance and was considerably better than the local average of 88% and the national average of 91%. The percentage of patients with dementia who had had a face to face review in the past year was 83% better than the local average of 79% and comparable to the national average of 84%.

In a number of areas where the monitoring of patients with long-term conditions required regular annual (or sometimes 15 monthly) checks to meet the guidance for the best management of that condition there had been a decline in performance over the last two years. In most of these areas such as asthma, chronic obstructive pulmonary disease or stroke patients the decline reflected local and national trends. In other areas such tests and reviews for patients with chronic kidney disease and mental health problems it did not.

The practice was aware of these variations in outcomes and there were taking measures to improve them. There was a lead for QOF performance and staff dedicated to recalling patients so that their long-term conditions needs would be met

The practice had conducted a number of audits. These had ranged from participating in medicines audits with the local CCG or triggered by updated advice from the British National Formulary (who provide authoritative and practical information on the selection and clinical use of medicines) to audit on the review dates of controlled drugs and audits of minor surgery. We looked at three audits. They were well planned, improvements were implemented following the audits and there were further audit cycles to check whether the improvements were sustained.

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, basic life support and infection prevention control had been completed by staff. Where gaps were identified the practice was aware of and were addressing them.

We noted a wide skill mix among the doctors with GPs having qualifications in child health, sexual and reproductive health, care of the elderly, including palliative care and surgery. One of the GPs was a GP with a Special Interest (GPwSI) in ear, nose and throat conditions another was a GpSWI in chronic pain management. (A GpwSI is a formal accreditation that reflects the GP's expertise in a specific area that has been achieved through a range of activities, such as education, research and involvement with service development and management). There were GPs with qualifications in dermatology and musculoskeletal medicine. Six of the ten GPs working at the practice were GP trainers; that is qualified to train other doctors to become GPs. GP Trainers have certificates and diplomas in strategic leadership and medical education.

All GPs were up to date with their yearly continuing professional development requirements and all had either been revalidated or had a date for revalidation. All the staff we spoke with about their appraisal said that they had found the process useful. It had helped to identify training needs and provided an opportunity for staff to discuss problems with their manager.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the National GP Patient Survey. We spoke with patients and read the comment cards that patients had completed. The evidence from all these sources showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect.

Patient confidentiality was respected. There was a private area where patients could talk to staff if they wished and there were notices telling patients about this facility. The waiting room and reception desk area was open plan and welcoming but this did make it difficult for staff to maintain confidential discussions with patients. Staff were aware of this and took account of it their dealings with patients.

All consultations and treatments were carried out in the privacy of a consulting room. We saw that staff always knocked and waited for a reply before entering any consulting or treatment rooms and it was not possible to overhear what was being said in them. The rooms were, where necessary, fitted with window blinds. The consulting couches had curtains and patients said that the doctors and nurses closed them when this was necessary.

The survey results showed that:

- 93% said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 86% and national average of 89%.When asked the same question about nursing staff the response was 97% compared to the CCG average of 94% and national average of 91%.
- 83% said the GP gave them enough time compared to the CCG average of 84% and national average of 87%.When asked the same question about nursing staff 93% said the nurses were good at listening to them compared to the CCG average of 94% and national average of 92%.
- 95% said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and national average of 95%.When asked the same question about nursing staff 100% said they had confidence and trust in the last nurse they saw were good at listening to them compared to the CCG average of 97% and national average of 97%.
- 90% 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

The patient survey information showed patients responded positively to questions about their involvement in planning and making decisions about their care as well as treatment and generally rated the practice well in these areas.

Data from the national patient survey showed that:

- 77% of practice respondents said the GP involved them in care decisions and 89% felt the GP was good at explaining treatment and results. The first result was in line with the national average, the second significantly above it. When asked the same questions about nursing staff the results were 86% and 94%, both slightly above the national average.

Patient and carer support to cope emotionally with care and treatment

There was support and information provided to patients and their carers to help them cope emotionally with their care, treatment or condition. We heard staff explaining to patients how they could access services such as those related to specific disabilities. There were notices in the patient waiting room and on the practice's website that directed patients to support groups and organisations for carers. There was a protocol for staff to follow to help identify carers. Patients we spoke with, some of whom were also carers, said that the practice was very supportive of carers.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of people who were carers, however recording which patients were also carers was an area where the practice felt it could improve.

There were notice boards, visible only to the reception staff, that informed them when a patient had died so that they were able to respond in the most sympathetic manner. There was also information on the boards about patients

Good

Are services caring?

who were challenging and those who were sensitive to certain issues. Reception staff therefore received good communication about how to tailor their responses to meet the needs of individual patients.

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 commissioners of services to improve outcomes for patients in the area. For example, the practice provided space for other providers to run clinics such as, audiology, physiotherapy, mother and baby and pain management services.

There was an active patient participation group (PPG) which met regularly and worked with the practice to improve services. For example the PPG had been influential in deciding how far in advance patients could book appointments with their own doctor. The PPG had raised issues concerning how effective the telephone messages were in communicating with patients and, as a result, the telephone messages had been changed.

Services were planned and delivered to take into account the needs of different patient groups. There was an extended hour's surgery on Saturday mornings for patients who could not easily attend during the normal working day. The practice had had other extended hours surgeries during weekday evenings but had found that the demand was not high enough to justify the resources. There were longer appointments available for patients who needed them, for example patients with dementia, learning disability and those who used interpreters were automatically booked in for a double appointment. There were home visits for patients who were unable to leave their home. There were toilet facilities for disabled patients.

Access to the service

Results from the National GP Patient Survey from July 2015 showed that patients' satisfaction with opening hours was 87% this was better than the clinical commissioning group (CCG), 73%, and national, 75%, averages. Seventy two per cent of respondents found it easy to get through to the practice by phone compared with the local and national averages of 56% and 73% respectively. Also 92% were able to get an appointment to see or speak to someone the last time they tried compared with the local and national average of 85%.

The practice's opening hours were between 8am and 7pm Monday to Friday. Appointments were from 9am to 12.30 pm and 3pm to 5.30pm each day. The Saturday extended hours surgery was from 8am to 10.30am. There were urgent on the day appointments each morning and each afternoon for patients who had problems that could not reasonably wait until the next available bookable appointment. These urgent appointments were for five minutes and would, if necessary continue until all the patients who needed to be seen that day had been seen. There was a duty doctor each day should an emergency arise. Patients could make pre-bookable appointments with their own doctor up to a month in advance.

Listening and learning from concerns and complaints

There was a complaints policy which included timescales by which a complainant could expect to receive a reply. The practice manager was designated to manage complaints. Information was available to help patients understand the complaints system in the form of leaflets, notices and material on the website.

Patients we spoke with were aware of the process to follow if they wished to make a complaint. None of the patients we spoke with had ever needed to make a complaint about the practice. However, they felt that if they had to make a complaint they would be listened to and the matter acted upon.

We looked at a log of all the complaints received in the last 12 months and found that they had been recorded, investigated and responded to within the timeframes demanded by the practice policies. Complainants received a written apology where appropriate.

Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example; processes for referral to secondary care were reviewed and made more accountable, steps were taken to ensure that when certain staff were on leave there was a rota to cover their work and that significant events and complaints could be treated as interrelated as opposed to separate issues if the best opportunities for learning from them were to be achieved.

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 provide a caring service for patients and to support and develop their staff so that the best quality medicine was delivered effectively. Staff knew and understood the practice's ethos and their place in delivering it.

Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and good quality care. In support of this there were policies and procedures that guided staff. These were available to them on the desktop on any computer within the practice. We looked at some of these including recruitment, chaperoning, safeguarding, bereavement and complaints, they were in date and reviewed when necessary. There was evidence that staff had read the policies.

There was a clear leadership structure with named members of staff in lead roles. For example, there was a lead nurse for infection control, supported by a GP, and GPs with responsibility for safeguarding and performance against the quality and framework (QOF). The QOF data for this practice showed it was performing in line with national standards. QOF data was regularly discussed at team meetings and there were plans to maintain and improve outcomes.

The practice was the holder of the Royal College of General Practitioners (RCGP) Quality Practice Award. The Quality Practice Award is a standards-based quality accreditation process designed to improve patient care by encouraging and supporting practices to deliver the very highest quality care to their patients. It is awarded for a five year period and the practice has held the award for the last 15 years. To obtain the award, which is highest attainable from the college, the practice submitted a portfolio of evidence and was subject to an assessment visit conducted by a panel comprising a GP, a nurse and a manager. This process had fully tested the practice's governance systems and many of the areas examined are comparable to the CQCs fundamental standards of care as set out by regulation.

The practice also completed an external accreditation process to enable it to carry out research in the primary care sector. This was a further test of the effectiveness of governance processes.

Leadership, openness and transparency

The partners were visible in the practice and it was clear that there was an open culture within the practice. Staff had the opportunity and were happy to raise issues at team meetings. Staff told us that the GPs and management were approachable and took the time to listen.

There were regular practice meetings. Minutes were kept and there was a structured agenda. Topics such as significant events, training and changes to practice policies were discussed. Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice. Staff told us of occasions when they had made suggestions at staff meetings such as changes to working practices. The changes had been accepted or, where this was not possible, staff were told why. There was continuity in meetings, for example, the same GP, a partner, attended the all the receptionists' meetings. Receptionists felt they had an influential voice in the running of the practice.

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

The practice encouraged and valued feedback from patients. Patients were asked to provide feedback through the practice's website, through the patient participation group (PPG) and through in house and other surveys such as the National GP Patient Survey. In collaboration with the PPG newsletters were published and circulated to patients. There had been some educational events, hosted by the PPG, involving talks by specialist providers, for example diabetic specialists.

Information from the surveys, from NHS Choices (a website that encourages patients to leave feedback on their experiences) and from comparisons with other practices with the clinical commissioning group (CCG) had led to a number of changes. These included an increase of on-line booking, making it easier for other patients get through on the telephone in the morning and the implementation of text message reminders for patients' appointments.

Innovation

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. Records showed that regular appraisals had taken place which included a personal development plans for appropriate staff. Staff were very positive about

Are services well-led?

Good

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

the practice's commitment to staff development and there were many examples of staff progressing within the organisation such as reception staff being trained as phlebotomists or healthcare assistants.

The practice was forward thinking and took part of local pilot schemes to improve outcomes for patients in the area. For example two of the GPs were trained as GPs with a Special Interests (GPwSI) one in ear, nose and throat conditions and the other in chronic pain management. (A GpwSI is a formal accreditation that reflects the GP's expertise in a specific area that has been achieved through a range of activities, such as education, research and involvement with service development and management). The practice was able to offer these services to patients from surrounding practices as well as their own.

The practice had significantly lowered prescribing costs, by as much as 12% compared with some other practices in the CCG by developing a local formulary (a list of medicines which have been approved for prescribing).