The Longcroft Clinic

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 The Longcroft Clinic . Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Urgent appointments were available on the day they were requested. However, some patients told us that they sometimes had to wait for non-urgent appointments.
- 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.

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. There were enough staff to keep patients safe. Emergency procedures were in place to respond to medical emergencies. The practice had policies and procedures in place to help with continued running of the service in the event of an emergency. The practice was clean and tidy and there were arrangements in place to ensure appropriate hygiene standards were maintained.

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 appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Are services caring?

Good

The practice is rated as good for providing caring services. 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. The waiting and reception areas were combined therefore the practice used practical ways of maintaining confidentiality. Including use of an automated booking in screen and asking patients if they wished to talk in a separate room.

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 Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients told us they could get urgent appointments available the

Summary of findings

same day but sometimes had to wait to get routine appointments with the GP of their choice. 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 stakeholders.

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 in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff had received 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

Good

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered continuity of care with a named GP. Elderly patients with complex care needs and those at risk of hospital admission all had personalised care plans that were shared with local organisations to facilitate the continuity of care. For example, 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 supported residents at seven residential/ nursing homes and provided regular visits, the monitoring of medicines and physical checks.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medicine 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. The practice in collaboration with the patient participation group had run a number of talks around health related issues and we noted more were planned for the coming months.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people. The practice offered continuity of care with a named GP. 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. Immunisation rates were good for all standard childhood immunisations. 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. 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 and health visitors. A GP partner was involved in a Royal College of General Practitioners child safeguarding multi-site audit.

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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 practice offered continuity of care with a named GP. 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. For example, the practice offered Saturday morning appointments for those who found it difficult to access the practice during the working week. 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. GPs offered advice by telephone each day for those patients who had difficulty in attending the practice. The practice provided temporary residents status for students returning from university and provided pre university vaccinations. Practice staff carried out NHS health checks for patients between the ages of 40 and 74 years.

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 offered continuity of care with a named GP. The practice held a register of patients living in vulnerable circumstances including those with a learning disability. It offered longer appointments and carried out annual health checks 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 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. The practice had audited the sensory needs of their patient population to ensure that future information provided by the practice was in an accessible format. The practice also provided an auditory loop in the surgery and offered email access to those with hearing difficulties.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice offered continuity of care with a named GP. Patients with severe mental health needs had care plans and received annual physical health checks. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental

Summary of findings

health, including those with dementia. It carried out advance care planning for patients with dementia. The local improving access to psychological therapies (IAPT) service ran consultations within the practice.

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 (A&E) where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

Patients told us they were satisfied overall with the practice. Comments cards had been left by the Care Quality Commission (CQC) before the inspection to enable patients to record their views of the practice. We received 31 comment cards which contained positive comments about the practice. We also spoke with seven patients on the day of the inspection and a member of the Patient Participation Group (PPG).

Patients told us that they were respected, well cared for and treated with compassion. Patient's described the GPs and nurses as caring, professional and told us that they were listened to. Patients told us they were given advice about their care and treatment which they understood and which met their needs. They described the GPs and nurses as kind and told us they always had enough time to discuss their medical concerns. However, we also received some comments that reception staff were sometimes found to be unhelpful. The PPG member we spoke with told us they found the practice responsive and were confident they could influence change when required. They gave examples of how the practice had listened to and acted upon concerns raised.

The national GP patient survey results published on 4 July 2015 showed the practice was performing on a par or slightly below the local and national averages. There were 113 responses and a response rate of 42%.

- 56% found it easy to get through to this practice by phone compared with a CCG average of 67% and a national average of 74%.
- 69% found the receptionists at this practice helpful compared with a CCG average of 84% and a national average of 87%.
- 53% with a preferred GP usually got to see or speak to that GP, with a CCG average of 59% and a national average of 60%.
- 86% were able to get an appointment to see or speak to someone the last time they tried, with a CCG average of 86% and a national average of 85%.
- 86% of patients said the last appointment they got was convenient, with a CCG average of 90% and a national average of 92%.

The Patient participation group (PPG) had also conducted a practice survey from February to March 2015. 113 patients completed the survey. Some of the results indicated:-

- 91% were satisfied with the practice opening times
- 86% find the receptionists at the practice helpful
- 87% were satisfied with the care they received from the practice

The practice had analysed the results from both surveys and created an action plan to improve patient satisfaction. Patients could view the action plan on the practice's website. The action plan included continuing to review the appointment demand and explore different ways for patients to access appointments as well as a staff training programme for reception staff and moving the telephone system away from the front desk.

The Longcroft Clinic

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist adviser and, a practice manager specialist adviser.

Background to The Longcroft Clinic

The Longcroft Clinic offers personal medical services to the population of Banstead. There are approximately 11,700 registered patients.

The Longcroft Clinic is run by five partner GPs. The practice is also supported by four salaried GPs, a physician associate, three practice nurses, one healthcare assistant, a team of receptionists, administrative staff, a patient services manager and a business manager. There are six male and three female GPs. At the time of the inspection, one of the GPs was being registered as a partner with CQC and we saw evidence to this effect.

The practice runs a number of services for it patients including asthma clinics, child immunisation clinics, diabetes clinics, new patient checks and holiday vaccinations and advice.

Services are provided from one location:

The Longcroft Clinic, 5 Woodmansterne Lane, Banstead, SM7 3HH

Opening hours are Monday to Friday 8am to 7pm. There is extended opening on Saturday mornings from 9am – 12pm, which is for pre-bookable appointments only.

The practice has opted out of providing Out of Hours services to their patients. When the practice is closed patients are advised to access the 111 service.

Patients using the practice also had access to community staff including a podiatrist, a dietitian, a phlebotomist and midwives.

The practice population has a higher number of patients between 45 and 85 years of age than the national and local CCG average, with a significantly higher proportion of 45-49, 65-69 and 75-85 plus year olds. The practice population also shows a lower number of 0-40 year olds than the national and local CCG average, with a significant lower proportion of 0-4 and 15-29 year olds. There is a slightly higher number of patients with a long standing health condition and lower than average number of patients with caring responsibilities or with a health care problem in daily life. The percentage of registered patients suffering deprivation (affecting both adults and children) is lower than the average for England

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. We carried out this comprehensive inspection of the practice, on 10 September 2015, 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 was 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. The practice had not been inspected before and that was why we included them.

Detailed findings

How we carried out this inspection

Before visiting the practice we reviewed a range of information we hold. We also received information from local organisations such as NHS England, Health watch and the Surrey Downs Clinical Commissioning Group (CCG). We carried out an announced visit on 10 September 2015. During our visit we spoke with a range of staff, including GPs, practice nurses, administration and reception staff, the patient service manager and the business manager.

We observed staff and patients interaction and talked with seven patients. We reviewed policies, procedures and operational records such as risk assessments and audits. We reviewed 31 comment cards completed by patients, who shared their views and experiences of the service, in the two weeks prior to our visit. We also spoke with a member of the patient participation group (PPG).

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)

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

Good

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely apology and were told about actions taken to improve care where appropriate. Staff told us they would inform the business manager of any incidents and there was a recording form available on the practice's computer system. All complaints received by the practice were entered onto the system. The practice held regular meetings to discuss and analyse significant events.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve procedures or safety in the practice. For example, the practice had recognised that flu uptake during 2013 was low when compared to other practices in the area. The practice had reviewed its processes and put in place new systems to ensure that uptake improved as well improving the recording of patients that had received the flu immunisation. The practice was able to show an increase in the uptake of the immunisation during 2014 and had been one of the highest achieving practices in relation to child flu immunisation in the Surrey Downs Clinical Commissioning Group area.

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

Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding children and a second lead for safeguarding vulnerable adults. 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 relevant to their role.
- A notice was displayed in the treatment rooms, advising patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster situated in the staff area. The practice had up to date fire risk assessments and regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. One of the GP Partners was the infection control clinical lead who, along with two of the practice nurses ensured they were up to date with best practice and training. 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. We noted that privacy curtains in some of the consulting rooms were last changed in November 2014. We bought this to the attention of the business manager and nurse who was able to change the curtains during our inspection.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medicine audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was

prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. The nurses administered vaccines using directions that had been produced in line with legal requirements and national guidance. We saw up to date copies of these directions.

- Recruitment checks were carried out and the files we reviewed showed 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 Disclosure and Barring Service.
- 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

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.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment 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 ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet 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 participated in the Quality and Outcomes Framework (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. Current results were 94.5% or 847 points out of the total of 897 points for 2013 /14.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013 /14 showed;

- Performance for diabetes related indicators were on par with the Clinical Commissioning Group (CCG) and national average. For example, the practice QOF score was 86% with the CCG and England average at 90%.
  - The performance for chronic kidney disease related indicators were above the CCG and national average. For example the practice QOF score was 99.5% with the CCG at 94% and England average at 95%
  - Performance for mental health related indicators were at 95% which was above the CCG average of 93% and the national average of 91%
  - Performance for chronic obstructive pulmonary disease (COPD) indicators was better than the CCG and national average at 99%, which was 5% above the CCG average, and 4% above the national average.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. We reviewed 12 clinical audits which had been completed in the last two years. We noted that five audits where improvements had been implemented and monitored were repeated or classed as on-going to ensure continued improvement. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, in both June and November 2014 audits had been completed for the renal monitoring of patients with chronic heart failure who were on a specific combination of medicines. Results from the second audit showed an improvement for patients receiving renal monitoring in the correct time frame.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality. New staff underwent a probationary period in which their competencies were reviewed,
- The learning needs of staff were identified through a system of appraisals. We saw that staff had access to appropriate training to meet these learning needs and to cover the scope of their work. Records seen showed that staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. All relevant information was shared with other services in a timely way, for example when people were referred 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

Good

Are services effective?

(for example, treatment is effective)

treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. For patients who were referred to hospital in an emergency there was a policy of providing a printed copy of a summary record and medicines being taken for the patient to take with them to Accident and Emergency (A&E). We saw evidence that multi-disciplinary team meetings took place on a bi-monthly basis to discuss patients with complex and palliative care needs and that care plans were routinely reviewed and updated.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The practice ensured it met its responsibilities within current legislation and followed relevant national guidance.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet or help giving up smoking. Patients were then signposted to the relevant service. For example, a diabetic nurse specialist visited the practice once each week to support diabetic patients and smoking cessation services were available in house.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 79%, which was comparable to the CCG average and National average of 82%. There was a policy to follow up patients who did not attend for their cervical screening test by telephone call or letter.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the MMR vaccinations given to under two year olds was at 88% with the national average being 85%.

The practice was aware that in 2013 the figures for flu vaccinations was below the national average. The practice had implemented ways to improve their uptake including proactively contacting patients and increasing the number of flu clinics. The practice was able to show evidence that by January 2015 vaccination rates for those patients over 65 years was at 65% with the national average being 66%.

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

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. The reception desk and waiting area were in one room and it was recognised that patients could potentially over hear conversations taking place. Reception staff informed us that it was policy not to discuss patients at the desk and to ensure that paperwork was not left on display. They also told us that if a patient wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. We noted that the practice had installed a sign asking for patients to wait before coming forward to the reception desk and that an electronic booking in system was in place.

Results from the national GP patient survey showed mixed feelings when patients were asked about how they were treated at the practice. The practice was either around average or below for its satisfaction scores on consultations with doctors and nurses. For example:

- 83% said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 81% said the GP gave them enough time compared to the CCG average of 88% and national average of 87%.
- 97% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%
- 80% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.
- 74% 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%.
- 69% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and national average of 87%.

The practice and the patient participation group had also carried out its own survey in between February and March 2015 for which it had received responses from 113 patients. 86% said they found the receptionists at the practice helpful and 87% were satisfied with the care they received from the practice. The results of both surveys had been analysed and an action plan for any identified improvement areas had been drawn up.

We received 31 patient CQC comment cards. Most were positive about the service experienced. Patients said they felt the practice offered a good service and GPs and nurses were helpful, caring and treated them with dignity and respect. We also spoke with seven patients on the day of our inspection. 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. However, two comments card received and one patient we spoke with told us that they felt that reception staff could be unhelpful. The practice had introduced a training programme for reception staff and was trying to promote the role that the receptionist undertook so that patients could understand the demands sometimes placed upon them.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to 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 aligned with these views.

Results from the national GP patient survey we reviewed showed mixed answers when patients were asked to respond to questions about their involvement in planning and making decisions about their care and treatment. Some results were slightly below or in line with local and national averages. For example:

- 81% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.

Good

Are services caring?

- 73% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 81%

The practice participated in the avoidance of unplanned hospital admissions scheme. There were regular meetings to discuss patients on the scheme and care plans were regularly reviewed with the patients. We saw that care plans were in place for those patients with long term conditions, those most at risk, patients with learning disabilities and those with mental health conditions.

We noted that the practice's QOF performance of 88% was slightly above the national average for the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a documented comprehensive care plan on file, agreed between individuals, their family and/or carers as appropriate, with the national average being at 86%.

Staff told us that most patients had a first language of English but translation services were available for patients who did not.

Patient and carer support to cope emotionally with care and treatment

The practice had recently updated their waiting and reception area and as yet had not replaced their patient information stands. However, we noted one display in the patient waiting room which informed patients how to access a carers support groups. The practice's computer system alerted GPs if a patient was a carer and the practice held a carers register. We saw example of how the practice had provided help to carers including where to find additional support and how to access available funding.

The patients we spoke with on the day of our inspection and the comment cards we received told us that they thought that staff responded compassionately when they needed help and provided support when required.

We also looked at care provided for patients diagnosed with depression. We noted that the practice's QOF performance showed that 83% of patients with a new diagnosis of depression had a review not later than the target of 35 days after diagnosis. This was higher than the England practice average of 78%.

Staff told us that if families had suffered bereavement, their GP would contact them. Staff could also arrange a patient consultation at a flexible time and would give them advice on how to find support services.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- The practice offered early morning and evening appointments and had a Saturday morning surgery working patients who could not attend during normal opening hours.
- The practice had audited the sensory needs of their patient population to ensure that future information provided by the practice was in an accessible format
- GPs often visited patients at home late in the evening outside of practice opening hours if required.
- Staff were aware of appointments which needed extended time. For example, patients with a learning disability or reviews of certain long term conditions.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- The practice had recently been extended with a new waiting area and two new consulting rooms which ensured that all patients could be seen at ground level
- A specialist diabetic nurse visited the practice once a week to help support patients
- The practice had increased the number of clinics held during the influenza vaccination campaigns
- The practice helped support seven nursing homes in the area and a dedicated GP completed weekly visits to ensure continuity of care in several of the homes.
- The practice had recognised the need for larger premises and had plans in place to move when appropriate premises became available.

Access to the service

The practice was open between 8am and 7pm Monday to Friday. Appointments could be booked via the telephone from 8:30am till 1pm and from 2pm till 6:30pm. An extended surgery was offered on a Saturday 9am till 12pm for pre-bookable appointments. Pre-bookable appointments could be booked in advance via telephone, on-line or in person. Patients could also request appointments on the day, telephone consultations or home visits when appropriate. Urgent appointments were also available for people that needed them with the duty Doctor.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was below average when compared to local and national averages. However, six people we spoke with on the day and most of the 31 comment cards we received indicated that those patients were able to get appointments when they needed them. Results from the GP patient survey indicated that

- 66% of patients were satisfied with the practice's opening hours compared to the CCG average of 70% and national average of 75%.
- 56% of patients said they could get through easily to the surgery by phone compared to the CCG average of 68% and national average of 73%.
- 86% of patients said they were able to get an appointment to see or speak to someone the last time they tried which was similar to the CCG average of 86% and national average of 85%.
- 86% of patients said the last appointment they got was convenient compared to the CCG average of 90% and national average of 92%
- 61% of patients said they usually waited 15 minutes or less after their appointment time which was similar to the CCG average of 67% and national average of 65%.

The practice was aware of the low scores and had included this in their action plan. We noted there was a plan to move the telephone lines away from the front desk which could allow for greater ease of patients speaking with a receptionist and booking appointments. We also noted that the practice was promoting the use of on line booking.

Information was available to patients about appointments on the practice website. This included how to arrange urgent appointments and home visits and how to book appointments through the website. There were also arrangements to ensure patients received urgent medical assistance when the practice was closed.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in

Good

Are services responsive to people's needs?

(for example, to feedback?)

line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled complaints in the practice as well as a dedicated GP who dealt with any clinical complaints.

We saw that information was available to help patients understand the complaints system on the practices website and via a complaints leaflet held at reception. A Friends and Family test suggestion box was available within the patient waiting area which invited patients to provide feedback on the service provided, including complaints. None of the patients we spoke with told us that they had ever made a complaint.

We looked at complaints received in the last 12 months and found these were all discussed, reviewed and learning points noted. We saw these were handled and dealt with in a timely way. We noted that lessons learned from individual complaints had been acted on.

The practice held weekly partner meetings where complaints were discussed. There was also a fortnightly meeting where the separate leads for administration, secretaries, reception, prescribing and registration where complaints were also discussed. Any relevant learning was disseminated to the staff. We saw evidence of actions taken in response to complaints raised. For example, following a complaint in which a patient had been unaware of the name of the non-clinical staff they had been speaking with, it was decided that all staff were required to wear a uniform and name badge. We saw evidence that this was in the process of being actioned and staff had been informed of the changes required.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. We found details of the aims and objectives values in their statement of purpose. The practice aims and objectives included to provide the best possible quality service for their patients within a confidential and safe environment and to involve patients in decisions regarding their treatment. The aims and objectives also included a focus on encouraging patients to get involved in the practice and ensuring that all staff members had the right skills and training to carry out their duties competently.

We spoke with 16 members of staff and they all knew and understood the practice values and knew what their responsibilities were in relation to these. Staff spoke very positively about the practice.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership, openness and transparency

The partners 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 partners were visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

Staff told us that regular team meetings were held. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at meetings and confident in doing so and felt supported if they did. Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners 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, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had requested the practice develop online prescriptions and appointments. We spoke with a member of the PPG who told us that they felt the practice listened to them. The practice website invited patients to become involved with the PPG and also shared the latest PPG survey report for 2014/15 and the corresponding action plan.

The practice had gathered feedback from staff through staff meetings, appraisals and discussions. For example, staff had recently been consulted over the new uniforms and management had listened to ideas discussed. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

The practice had a whistleblowing policy which was available to all staff electronically on any computer within the practice. We also noted that information in relation to the NHS Whistleblowing phone number was on display in most rooms within the practice. Staff we spoke with told us they would have no concerns in using the policy to protect patients if they thought it necessary.

Innovation

The practice team was forward thinking and looked at creative ways to improve outcomes for patients in the area. For example:

Are services well-led?

Good

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

- Working with the PPG to host educational events on various subjects for patients.
- Where appropriate storing key safe numbers to ensure safety of patients.
- Working with surrounding practices to audit coding to explore how codes might best be used to record concerns about child safeguarding.
- Employing a physician's assistant to support patients with minor illnesses.
- Working with other GP practices as part of a federation to enhanced extended access to primary care.
- Looking for new / larger premises to help with the increasing patient population.