Drs Patel and Partner

Quality Report

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Date of inspection visit: 13 October 2015
Date of publication: 07/01/2016

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 Dr Patel and Partner's practice on 13 October 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.

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

We saw a number of areas of outstanding practice:

- The practice had been involved in a research study to develop software to identify patients with a high risk of frailty. The practice had written a business case to be involved in the operational testing of the risk study which had been funded by a charity.
- The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example the practice was one of the ten pilot sites for the Local Care Record. They had also

Summary of findings

started worked with Age UK to better deliver care and services to housebound patients. This involved doctors proactively offering locally provided social services from which older patients might benefit on home visits. This had a positive impact for these patients as they would be advised about social services about which they might be unaware, and would be able to access both health and social services in a single appointment.

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

- The practice had completed a risk assessment because a defibrillator was not in place. However, the practice should have a defibrillator on site.
- The practice should consider whether Disclosure and Barring Service (DBS) checks should be repeated every three 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.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services.

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

Are services caring?

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.

Summary of findings

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet people's needs. This included involvement in a pilot project to look at the treatment of patients with frailty.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. This included consulting patients on what opening hours would be most beneficial to working patients.
- People can access appointments and services in a way and at a time that suits them.
- 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 the practice responded quickly when issues were 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 to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active. However, terms of reference for the patient participation group were unclear.
- There was a strong focus on continuous learning and improvement at all levels.

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.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice was undertaking a pilot project in conjunction with Age UK to provide integrated health and social care for patients whenever patients were consulted. . This involved doctors proactively offering services to locally provided social services from which older patients might benefit on home visits. This had a positive impact for these patients as they would be advised about social services about which they might be unaware, and would be able to access both health and social services in a single appointment.
- The practice had been involved in a research study to develop software to identify patients with a high risk of frailty. The practice had written a business case to be involved in the operational testing of the risk study which had been funded by a charity.

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.
- Performance for diabetes related indicators was better than the CCG and national average. For example the number of patients who had received relevant reviews (such as foot examination, dietary advice and flu vaccination) was higher than the national and CCG averages across each of these domains.
- 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 medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high 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.
- The practice's uptake for the cervical screening programme was 82%, which was comparable to the national average of 82%.
- 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.

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 themvulnerable.

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- 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.

Summary of findings

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

People experiencing poor mental health (including people with dementia)

Good

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

- 90% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months.
- 83% of patients on the mental health register had received a health check in the last year.
- 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 in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia

Summary of findings

What people who use the service say

The national GP patient survey results from 2014/5 showed the practice was performing in line with local and national averages. 461 survey forms were distributed and 85 were returned.

- 87% found it easy to get through to this surgery by phone compared to a CCG average of 77% and a national average of 73%.
- 96% found the receptionists at this surgery helpful (CCG average 87%, national average 87%).
- 89% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 89% said the last appointment they got was convenient (CCG average 90%, national average 92%).
- 74% described their experience of making an appointment as good (CCG average 72%, national average 73%).
- 79% usually waited 15 minutes or less after their appointment time to be seen (CCG average 60%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 13 comment cards which were all positive about the standard of care received.

We spoke with 10 patients during the inspection. All 10 patients said that they were happy with the care they received and thought that staff were approachable, committed and caring.

Drs Patel and Partner

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 further CQC Inspector, a GP specialist adviser, and an expert by experience.

Background to Drs Patel and Partner

Dr Patel and Partner (also known as Vassall Medical Centre) is in Oval in the London Borough of Lambeth. The practice has two partners (one of the GPs and the practice manager) who manage the practice which is based at a single site. The practice is based in a purpose built building.

The practice provides primary medical services to approximately 7,600 patients. The practice also employs three salaried GPs. There are also two nurse practitioners, one further practice nurse and a healthcare assistant . The practice has a practice manager, and a deputy practice manager. There is a lead receptionist and six other receptionists and administrators at the practice.

The practice is contracted to provide Personal Medical Services (PMS) and is registered with the CQC for the following regulated activities: treatment of disease, disorder or injury, maternity and midwifery services, family planning, and diagnostic and screening procedures at one location.

The practice provides a number of enhanced services, including childhood immunisation, extended opening hours, learning disabilities, patient participation and rotavirus and shingles immunisations.

The practice is open from 7:00am until 6:30pm Monday to Friday. Outside of normal opening hours the practice uses a locally based out of hours provider.

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. The 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.

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 13 October 2015. During our visit we:

- Spoke with a range of staff (including GPs, practice nurses, healthcare assistant and receptionists.
- Reviewed the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'
- Reviewed practice systems and policies.

Detailed findings

We spoke with ten patients who used the service, and received comment cards from a further 13 patients. We also and reviewed the personal care or treatment records of patients and observed how staff in the practice interacted with patients in the waiting area.

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

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

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

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

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.

Good

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- The practice used a template based system to manage concerns and there was a record of learning points including issues that needed to be discussed with the practice team.
- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. In the case where a patient with cancer received a delayed referral, the practice discussed the incident at the clinical meeting and a new referral template was placed in the EMIS system (patient record system) to use for urgent referrals. Learning from the incident was shared with all staff. Incidents that were not considered significant events were still recorded, including any discussions and actions taken.

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

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults 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. 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. GPs were trained in child protection to level 3.
- A notice in the waiting room advised patients that chaperones were available, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy, and each room had a checklist of cleaning times which were logged at the end of each week. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, the practice ensured that the correct sharps disposal bins were in place at the practice.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations.
- We reviewed four personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of

identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty, and staff who were part time were available to be called in at short notice if required.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had oxygen with adult and children's masks. There was also a first aid kit and accident book available. The practice did not have a defibrillator in place although they had undertaken a risk assessment detailing why it was not required. However, the risk assessment did not mitigate against a delay in a defibrillator becoming 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 assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. We saw records of where patients medications had been changed in response to updated guidelines. We noted that record entries were thorough, including details of why the change had been made.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 93.7% of the total number of points available, with 4% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data provided by both the practice, and taken from QOF showed;

- Performance for diabetes related indicators was better than the CCG and national average. For example the number of patients who had received relevant reviews (such as foot examination, dietary advice and flu vaccination was higher than the national and CCG averages across all of the measured domains.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the CCG and national average. The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 9 months was 150/90mmHg or less was 79%, compared to a national average of 83%
- Performance for mental health related indicators was similar to the CCG and national average. For example 83% of patients had received a health check in the past year, similar to national and CCG averages.
- The dementia diagnosis rate was comparable to the CCG and national average. Ninety per cent of patients with dementia had received a review in the past year compared to 83% in the CCG area and 79% nationally.

Clinical audits demonstrated quality improvement.

- We saw three clinical audits completed in the last two years, and we could see where improvements made were implemented and monitored. We also saw in the case of a hypertension audit how the practice had taken advice from the local specialist pharmacist.
- 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, following a recent hypertension audit we could see that there was an improvement in outcomes for these patients.

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, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.

Good

Are services effective?

(for example, treatment is effective)

- 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.
- All staff in the practice had received a DBS check, but these were not routinely repeated at three years.

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

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a six weekly basis and that care plans were routinely reviewed and updated. Representatives of the practice met with health visitors, the local mental health team, district nurses and the palliative care team. Minutes of these meetings were keept and we saw that relevant issues were brought forward to other practice meentings.

Consent to care and treatment

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

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

Health promotion and prevention

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

- 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, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- Smoking cessation advice was available from a local support group at the premises.

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

Childhood immunisation rates for the vaccinations given were better than CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 86% to 100 % and five year olds from 94% to 100%. Flu vaccination rates for the over 65s were 62%, and at risk groups 58%. Overall these results were better than CCG and national averages.

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

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

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

All of the 13 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We also spoke to ten patients who used the service, who also said that the services was excellent. Several patients commented specifically in relation to how helpful the staff at the practice were.

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

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

- 89% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 87% said the GP gave them enough time (CCG average 84%, national average 87%).
- 97% said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%).
- 86% said the last GP they spoke to was good at treating them with care and concern (CCG average 82, national average 85%).
- 86% said the last nurse they spoke to was good at treating them with care and concern (CCG average 85%, national average 90%).
- 96% said they found the receptionists at the practice helpful (CCG average 87%, national average 87%).

Care planning and involvement in decisions about care and treatment

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

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

- 77% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 74% said the last GP they saw was good at involving them in decisions about their care (CCG average 79% , national average 81%).

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

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had provided health checks for carers who were on the list. Written information was available to direct carers to the various avenues of support available to them.

Good

Are services caring?

Staff told us that if families had suffered bereavement, on call doctor would decide is an appointment might be beneficial and would contact the patient to offer condolences.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. It had also worked with other external organisations in order to better provide care for it's patients.

- The practice offered a 'Commuter's Clinic' three mornings a week from 7:00am for working patients who could not attend during normal opening hours. The practice had surveyed its patients and had determined that appointments in the morning were generally preferred to those in the evening.
- There were longer appointments available for patients with multiple illnesses or learning disabilities.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- The practice had been involved in a research study to develop software to identify patients with a high risk of frailty. The practice had written a business case to be involved in the operational testing of the risk study which had been funded by a charity.
- The practice building had been built to clinical specifications, and there were disabled facilities, hearing loop and translation services available. All corridors and doorways were wide enough to offer wheelchair users sufficient space.
- The practice utilised a Prime Ministers Challenge Fund project which provided an extra 48 appointments weekly at a nearby hub in order that patients could access appointments more quickly.

Access to the service

The practice was open between 7:00am to 6:30pm Monday to Friday. Appointments were from 7:00am to 12:30 in the morning and 2:00pm to 6:30 in the afternoon/evening on Tuesdays, Wednesdays and Fridays. Appointments were from 8:00am to 12:30 in the morning and 2:00pm to 6:30 in the afternoon/evening on Mondays. Appointments were from 8:20am to 11:40 in the morning and 3:10pm to 6:00pm in the afternoon/evening on Thursdays. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 86% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 76%.
- 87% patients said they could get through easily to the surgery by phone (CCG average 77%, national average 73%).
- 74% patients described their experience of making an appointment as good (CCG average 72%, national average 73%.
- 79% patients said they usually waited 15 minutes or less after their appointment time (CCG average 60%, national average 65%).

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person (the practice manager) who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. This included information in the reception area, in the waiting room and online.

We looked at three complaints received in the last 12 months and found that these were satisfactorily handled and dealt with in a timely way. Where there were learning points these had been shared with the practice team.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

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.
- The practice had a designated governance lead. We saw evidence that governance issues were discussed at the practice's clinical, partner and all staff meetings.
- Practice specific policies were implemented and were available to all staff.
- A programme of continuous clinical and internal audit was in place, 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 practice had systems in place for managing safety incidents. When there were unexpected or unintended safety incidents:

- the practice gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.

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

- Staff told us that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. 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, the public and staff. It proactively sought patients' feedback and engaged 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. However, the group did not have clear terms of reference, and all of the members that we spoke to said that there was a lack of clarity in what they should be doing.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management . Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example the practice was one of the tem pilot sites for the Local Care Record. They had also worked with Age UK to better deliver care and other social and community services to housebound patients.

Are services well-led?

Good

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

Innovation

The practice offered a high proportion of appointments with nurse practitioners, and had systems in place to ensure the quality of the care being provided.