Dr Oldroyd and Partners

Quality Report

Also known as
Falsgrave Surgery,
Lawrence House Medical Centre
1 Belgrave Crescent
Scarborough
YO11 1UB
Tel: 01723 360835
Website: www.falsgravesurgery.co.uk

Date of inspection visit: 05 November 2014
Date of publication: 19/02/2015

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out a comprehensive inspection on 5 November 2014.

Overall, we rated this practice as good.

Our key findings were as follows:

- The practice provided a good standard of care, and patients told us they were treated with dignity and respect.
- The practice worked well with other providers, especially around the treatment and management of chronic diseases and complex conditions.
- The practice had systems and processes in place to ensure they provided a safe service.
- The practice offered a variety of pre-booked appointments, walk-in clinics and extended opening hours.
- Incidents and complaints were appropriately investigated and responded to, and learning shared across the practice.
- There are good governance and risk management measures in place. The leadership team are visible and staff we spoke with said they find them very approachable.

The practice safely and effectively provided services for all patient groups. The staff were caring and ensured all treatments being provided followed best practice guidance. The practice was well-led and responsive to patients' needs.

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 safe. The practice had systems in place to monitor patient safety and a good track record for maintaining patient safety. All staff had responsibility for reporting significant or critical events and our conversations with them confirmed their awareness of this. We observed all areas of the practice to be clean, tidy and well maintained. We saw that there were processes in place to regularly check and calibrate equipment used in clinical areas. The practice had developed clear lines of accountability for all aspects of care and treatment.

Are services effective?

Good

The practice is rated as good for effective. . People's needs were assessed and care was planned and delivered in line with current legislation. This included the promotion of good health. Staff had received training appropriate to their roles and further training needs had been identified and planned. The practice had a system in place for completing clinical audit cycles. Patients we spoke with told us that staff always asked for their consent to treatment in a caring and compassionate way.

Are services caring?

Good

The practice is rated as good for caring. We observed patient's being supported and being dealt with in a kind and compassionate manner. Patients we spoke to on the day of our inspection told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. We spoke with carers of patients who required direct support whilst attending their appointment. They told us the practice overall was caring and provided a good service to its patients.

Are services responsive to people's needs?

Good

The practice is rated as good for responsive. The practice had recently extended their surgery hours of 6.30pm to 8.00pm during weekdays to facilitate patients who could not attend during normal surgery hours. This was in conjunction with Belgrave Practice who shared the same building. The practice had good facilities and was well equipped to treat patients and meet their needs. There was an accessible complaints system with evidence demonstrating that the practice responded quickly to any issues raised.

Are services well-led?

Good

The practice is rated as good for well-led. The practice had a clear vision in the form of a practice charter to deliver high quality care

Summary of findings

and promote good outcomes for patients. Staff told us that all of the GPs were happy to offer help if required and that they had no hesitation approaching them if needed. The practice had a range of policies and procedures covering the activities of the practice, and these were regularly reviewed. Systems were in place to monitor, and improve the quality of the services provided to patients. The practice actively sought feedback from patients and used this to improve the services they provided.

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 patients. Nationally reported data showed the practice had achieved good outcomes in relation to some of the conditions commonly associated with older people. The practice offered proactive, personalised care to meet the needs of older people. It provided a range of enhanced services including, for example, end of life care and a named GP who was responsible for their care. Clinical staff had received the training they needed to provide good outcomes for older patients.

People with long term conditions

Good

The practice is rated as good for the care of patients with long term conditions. Nationally reported data showed the practice had achieved good outcomes in relation to those patients with commonly found long-term conditions and was above the national average for performance. All patients on the long-term condition registers received healthcare reviews that reflected the severity and complexity of their needs. Person-centred care plans had been prepared. These included the outcome of any assessments patients had undergone, as well as the support and treatment that would be provided by the practice. The practice nurse had received the training they needed to provide good outcomes for patients with long-term conditions. The practice was in the process of coordinating clinics to aim for a 'one stop' appointment for patients with multiple chronic conditions to avoid excess communication, multiple appointments and blood tests.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people. Nationally reported data showed the practice had achieved good outcomes in relation to a full range of immunisations for children. The practice had good communication links between Midwives, Health Visitors and Doctors. The practice also has a good age range of GPs which provided a positive link between communications with younger people. A central risk register was also maintained for at risk children.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the population group of the working-age people (including those recently retired and students). The practice recognised the need to provide additional and flexible

Summary of findings

service to patients of the working age group so therefore offered extended opening hours and telephone consultations. The practice also offered appointments and prescriptions online and text appointment reminders where patients have requested it. The practice also offered in-house contraceptive checks and six week sexual health checks for younger people. Same day telephone appointments were also offered with the on-call duty doctor specifically for younger people.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the population group of patients whose circumstances may make them vulnerable. The practice had achieved good outcomes in relation to meeting the needs of patients who were deemed as vulnerable. The practice managed an up to date register of patients who were identified as the most vulnerable. A second nurse practitioner was employed early in 2014 whose role was monitoring high risk patients and to ensure their medical care was up to date.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the population group of people experiencing poor mental health (including people with dementia).Nationally reported data showed the practice had achieved good outcomes in relation to the conditions commonly associated with older people. For instance people with a dementia related condition had their care reviewed in the last 15 months was above the national average. The practice had a register of patients with dementia and their carers, who were offered access to the carers organisation. All carers were also offered annual flu vaccinations. A memory clinic and community psychiatric nurses were available at the practice for specific clinic sessions. Patients were offered an annual review in their own home if they chose to do so. Early morning appointments are offered to patients with social anxiety so they could be seen and supported at quiet times.

Summary of findings

What people who use the service say

We received 33 completed CQC comment cards of which 28 were positive and five commented on difficulty obtaining an appointment. We spoke with seven patients on the day of our inspection. We spoke with specific patient groups and they were able to tell us of their experiences in particular people with long term conditions, poor mental health, vulnerable groups and young people. We also spoke with people from different age groups; including parents and children and people who had a carer with them due to their condition. They were all very happy with the services the practice provided.

The patients we spoke with were complimentary about the care they received. They told us all staff; were polite and understanding. They said the respect and courtesy they received when being supported by staff, was excellent. All patients said the GPs and nurses were extremely competent and knowledgeable about their treatment needs. They said the service was exceptionally good and that they felt listened to and valued by the staff. They told us they did not feel rushed in their consultation with their GP. However, some patients said appointments were sometimes difficult to arrange.

A review of the national GP survey results for 2013 identified that the patients rate the practice as being 'amongst the best' for all aspects of care and 93% of patient said they would recommend the practice.

Dr Oldroyd and Partners

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Oldroyd and Partners

Falsgrave Surgery provides primary medical services (PMS) to approximately 10,500 patients in the catchment area of Scarborough, Scalby, Seamer and surrounding areas. The practice has seven GP partners, four male and three female.

The practice opening times are from 8.00am – 6.00pm. In addition there are extended hours appointments available on an evening during working days. This is in conjunction with another practice that utilises the same building. The evening appointments are available from 6.00pm – 8.00pm Monday to Friday.

The practice register is made up of 10,500 patients. The largest population group is the over 65s age group. This age group made up 50% of the practice register whilst the under 16s age group made up 16% of the practice register.

Why we carried out this inspection

This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

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

- 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
- Mothers, babies, children and young people
- The working-age population and those recently retired
- People in vulnerable circumstances who may had poor access to primary care
- People experiencing a mental health problems

Before visiting the practice, we reviewed a range of information we hold about the service and asked other organisations to share what they knew about the service. We asked the surgery to provide a range of policies and procedures and other relevant information before the inspection.

We carried out an announced inspection visit on 5th November 2014. During our inspection we spoke with a range of staff including GPs, practice nurses, administration and reception staff. We spoke with seven patients who used the service and three members of the patient participation group (PPG). We observed how patients were being cared

Detailed findings

for and talked with carers and/or family members. We reviewed CQC comment cards where patients and members of the public shared their views and experiences about the service.

Good

Are services safe?

Our findings

Safe track record

The practice had systems in place to monitor patient safety and had a good track record for maintaining patient safety. We looked at the significant events analysis over the last year and saw that there were 64 separate events identified. Learning and actions were recorded and dates of when reviews took place. Our discussion with GPs and nurses showed that they were aware and fully involved in safe practices, protocols and learning from incidents. We saw that significant events analysis (SEA) took place every four-six weeks and the output to these meeting were shared with the rest of the practice staff electronically.

Staff were clear on what action to take in the event of an incident occurring. Information from the Quality and Outcomes Framework (QOF), which is a national performance measurement tool, indicated that in 2013/14 the practice was appropriately identifying and reporting incidents.

Staff were aware of the process for identifying safety and medication alerts. Safety alerts were circulated internally electronically within in the practice. Staff knew who was responsible for issuing alerts and the process for implementing changes as a result of alerts being issued.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events. All staff had responsibility for reporting significant or critical events and our conversations with them confirmed their awareness of this. We saw that any significant event had been recorded and there were documented details of the event, learning outcomes and actions taken to reduce the risk of them happening again.

We reviewed the minutes of monthly clinical meetings. Separate meetings took place for nurses, clinical staff and reception staff. These confirmed that learning from significant events was shared with all relevant staff at the practice.

Safeguarding

There were policies and procedures in place to support staff to report safeguarding concerns to the named responsible GP within the practice and to the local safeguarding team. Staff we spoke with demonstrated an understanding of safeguarding patients from abuse and the actions to take should they suspect anyone was at risk of harm. Staff were clear how they would access procedures and policies should they need to raise any concerns.

We saw information presented in patient waiting areas that offered advocacy and chaperone services for patients to request if they needed further support and assistance. We also saw that clinical staff were trained to carry out chaperone duties when required. We did not see any information leaflets or posters for patients regarding what action the practice takes in the event of a safeguarding concern.

We saw evidence that all staff had received different levels of safeguarding adults and children training. The practice also identified a nominated professional as a safeguarding lead. The nominated lead had completed Level three training to allow them to carry out the role as safeguarding lead.

Medicines management

The practice had up to date medicines management policies in place. We saw that medicines for use in the practice were stored securely and only clinical staff had access to them. GP bags were regularly checked to ensure that the contents were intact and in date. There were processes in place to ensure the stocks of consumables and vaccines were readily available, in date and ready to use.

Some medicines were stored in a lockable fridge and staff recorded the temperature daily to ensure medicines were stored in line with manufacturer's recommendations. There were processes in place to ensure the safe management of prescriptions. Prescription pads and repeat prescriptions were stored securely.

The practice had systems in place to ensure the safe disposal of unwanted medicines. Staff told us patients were not allowed to bring unused medicines back to the practice but were asked to take them to the local pharmacy instead which helped prevent an unnecessary stock of medicines on the premises. We looked at how vaccines were ordered and checked on receipt and stored appropriately in accordance with the manufactures recommendations.

Good

Are services safe?

Cleanliness and infection control

We observed all areas of the practice to be clean, tidy and well maintained. The practice had an infection prevention and control policy (IPC). The practice had a nominated infection control lead.

We saw records that confirmed the practice undertook regular infection control audits. During our visit we saw all treatment areas had appropriate hard floor coverings and these were appropriately sealed to reflect national IPC guidance. However, maintenance and upkeep of the premises was conducted by the premises landlord, including the cleaning and domestic arrangements and we saw that some carpets had stain marks; which whilst they did not pose any risk to patients; appeared unsightly.

There were arrangements in place for the safe disposal of clinical waste and sharps, such as needles. There were also contracts in place for the collection of general and clinical waste. We looked at some of the practice's clinical waste and sharps bins located in the consultation rooms. All of the clinical waste bins we saw had the appropriately coloured bin liners in place and all of the sharps bins we saw had been signed and dated as required.

We saw that there was sufficient personal protective equipment PPE available within the practice, should staff need to use it. During our inspection we observed staff handling patients' specimen tubes appropriately to minimise the risk of infection transmission. All staff had received training in good infection control practices

Equipment

There were processes in place to regularly check and calibrate equipment used in clinical areas. We saw records showing that equipment had been serviced and maintained at required intervals and to the manufactures recommendations. These measures provided assurance that the risks from the use of equipment were being managed and people were protected from unsafe or unsuitable equipment.

We also saw that annual checks on portable appliance electrical (PAT testing) equipment had taken place and servicing arrangements were in place; for example for oxygen and pulse oximeter equipment.

Staffing and recruitment

The practice had a recruitment policy and process in place. We looked at five staff files and appropriate checks were carried out before the staff member began working within the practice. Staff had a recent Disclosure and Barring Service checks (DBS) in line with the recruitment policy. We saw that there was an appropriate level of skill mix of staff in the practice. We saw that staff were able to share different tasks and workloads when the practice was busy.

Staff we spoke with were flexible in the tasks they carried out. This meant they were able to respond to areas in the practice that were particularly busy or responding to busy periods. For example, reception support was increased at busy times and other staff completed administration tasks. Reception staff were multi-skilled in a range of duties which allowed patients to be supported at busy periods such as seasonal and holiday times.

Monitoring Safety & Responding to Risk

The practice had developed clear lines of accountability for all aspects of care and treatment. The GPs and nurses were allocated lead roles or areas of responsibility, for example safeguarding and infection control.

Patients with a change in their condition or new diagnoses were discussed at practice monthly clinical meetings, which allowed clinicians to monitor treatment and adjust according to risk. Therefore the practice was positively managing risk for patients.

There were health and safety policies in place covering subjects such as fire safety, manual handling and equipment, and risk assessments for the running of the practice. These were all kept up to date to ensure patients and staff remained safe at all times.

Arrangements to deal with emergencies and major incidents

We saw records which showed staff had been trained to deal with medical emergencies including cardiopulmonary resuscitation (CPR), anaphylactic shock (the treatment of severe allergic reaction) and other emergencies such as fire and evacuation.

Staff had access to a defibrillator and oxygen for use in a medical emergency. All of the staff we spoke with knew how to react in urgent or emergency situations. We also found the practice had a supply of medicines for use in the event of an emergency which had been regularly checked for completeness.

Good

Are services safe?

The practice had implemented appropriate controls to ensure the surgery could continue to provide patient service in the event of unforeseen emergencies such as flooding, fire and the lack of utilities being available. We saw an up to date business continuity plan that was available in hard copy format for members of the management team to use in emergency situations.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

We found care and treatment was considered in line with recognised practice standards, local and national guidelines. Staff told us they received guidance issued by the National Institute for Health and Care Excellence (NICE) electronically. They told us that the practice manager was responsible for circulating them to clinical staff. We saw examples where treatment guidance had been circulated to staff and acted upon.

We spoke with a range of patients during our visit and they all were able to relate to how their treatment of particular conditions were monitored. Patients told us there were regular clinics for recall appointments for example; patients with a dementia related condition, diabetes, vulnerable groups and patients with mental health needs.

The practice aimed to ensure that patients had their needs assessed and care planned in accordance with best practice. For example, we saw that the patient administration system showed evidence of consent applied for the effective treatment of patients with diabetes. Additionally, patient's treatment plans were reviewed annually in line with the practices clinical protocols.

Management, monitoring and improving outcomes for people

The practice had a system in place for completing clinical audit cycles. We looked at how the practice monitored the Quality and Outcome Framework (QOF) diagnosis and prevalence. The QOF is a system used to identify and reward general practices for providing good quality care to their patients, and to help fund work to further improve the quality of the health care delivered. The practice used the information they collected for the QOF and their performance to monitor patient outcomes. The QOF report from 2012-2013 showed the practice was supporting patients well with conditions such as Chronic obstructive pulmonary disease COPD, mental health and diabetes.

We saw the practice closely monitored their performance against other practices in the local CCG area and nationally. The practice fully engaged with the local CCG and attended regular meetings and is currently undertaking a review to adopt closer working links with local schools and universities.

Patients told us they were happy with how the doctors and nurses at the practice managed their conditions and if changes were needed, how they were part of the discussion before any decisions were made. Patients also told us they were happy with how the doctors and nurses at the practice managed their conditions and if changes were needed, they were always included as part of the review.

Effective staffing

Staff we spoke with told us about training and professional development available to them. They said they felt supported by managers at the practice and any training to support their personal development was always considered to support their development to be maintained.

The staff files we looked at showed that relevant recruitment checks were made on qualifications and professional registration as part of the selection process. We saw records that confirmed staff completed a comprehensive induction as part of their recruitment process and essential training was completed. For example; health and safety, fire safety, safeguarding, mental capacity and information governance. Staff also had access to additional training related to their role.

Staff received yearly appraisals where learning and support needs were identified. Appraisal included performance review, key achievements, areas for improvement and training, and areas for personal development.

Working with colleagues and other services

The practice worked with other service providers to meet people's needs and manage complex cases. For example, regular meetings were held with district nurses and care homes to identify and discuss the needs of those patients requiring palliative care.

One partner at the practice took responsibility for patients who were most vulnerable and each patient had a named clinician that was engaged in the patient's care planning activity. We were told that where patients were not capable of attending a practice review they could choose to have their review in their own home with a named advocate or the relevant care home professional.

The practice had arrangements in place for working towards becoming a GP training practice and the local deanery has visited the practice previously to discuss this. The registered manager explained that this working

Good

Are services effective?

(for example, treatment is effective)

relationship with the deanery had a positive effect on bringing the team closer together. A GP told us the practice offered 'shared care' with community nurse practitioners for patients living in vulnerable circumstances and a joint care initiative with palliative care nurses.

Information sharing

The practice had systems to provide staff with the information they needed. Staff used an electronic system to coordinate, document and manage patients' care. All staff were fully trained on the system. This software enabled scanned paper communications, such as those from hospital to be saved in the system for future reference.

We saw records that staff had completed training in good information governance principles. Information governance training for staff identified the Data Protection Act 1998, information sharing, confidentiality and system information technology security.

We observed staff completing validation actions with other professionals when sharing patient information or patient health care requirements. This allowed staff to be confident they were providing accurate and safe information in a timely manner to the appropriate professional.

Consent to care and treatment

The practice had a policy on consent. Staff knew how to access this, and were able to provide examples of how they dealt with a situation if someone had been unable to give consent. All clinical staff demonstrated a clear understanding of Gillick competencies. (These help clinicians to identify children aged under 16 who have the legal capacity to consent to medical examination and treatment). We were given examples where patients had consented to treatment and this was recorded within the patient electronic system for audit purposes. Where necessary, consent forms were used; for example patients told us they had signed a written consent form when they had undergone minor surgery performed in the practice.

Staff had a good understanding of the Mental Capacity Act 2005 and ensured the requirements were complied with. Staff were able to identify patients who may need to be supported to make decisions and identify where a decision may need to be made in a person's 'best interest'. The practice offered an advocacy service where patients were identified as needing support during their care decisions. Information was available to all patients about this.

Health promotion and prevention

We saw a number of leaflets were displayed in different waiting areas for patients to access. Information was presented in different formats by the way of leaflets and a visual display unit (VDU) screen. This included information about common conditions and their symptoms, promotion of healthy lifestyles and prevention of ill health. However, some health promotion information was not displayed consistently across all patient waiting areas.

A practice leaflet provided links to other sources of information for patients on health promotion and prevention. This included travel immunisation, cervical smears and maternity care.

Where patients first language with not English, the practice offered an interpreter service to assist them in understanding health care choices and their relevant care needs.

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. We saw evidence that the practice was pro-active in following up patients who did not attend for their immunisations; working in conjunction with health visitors.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed patients were dealt with in a kind and compassionate manner. We observed staff being polite, welcoming, professional and sensitive to the different needs of patients. Staff we spoke with were aware of the importance of providing patients with privacy. They told us they could access a separate room away from the reception area if patients wished to discuss something with them in private.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation / treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

Staff were aware of the need to keep records secure. We saw patient records were mainly computerised and systems were in place to keep them safe in line with data protection legislation.

We reviewed the most recent data available for the practice in patient satisfaction. The 2012-13 National Patient Survey of 107 people showed that 91% or people described their overall experience of making an appointment as good, with 93% saying they would recommend the practice to someone else. 96% said they their doctor was good at explaining tests and treatments. These results were above the overall average for other practices in the CCG area.

Patients completed 33 cqc comment cards to provide us with feedback on the practice, and we spoke to a further seven patients on the day. The majority of people said they found the doctors, nurses and other clinical staff to be caring, empathetic and professional. They said they were treated with dignity and respect. Many people highlighted examples of where they felt they had received particular good care, and staff told us many patients had stayed with the practice for a number of years.

Negative feedback from a small number of patients included that they felt they would prefer to see the same doctors for both treatment and the original diagnosis, and that it was occasionally difficult getting their preferred appointment time.

Care planning and involvement in decisions about care and treatment

Patients we spoke to on the day of our inspection 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 they wished to receive. Patient feedback on the comment cards we received was also positive and aligned with these views.

In the most recent practice survey, 96% of people said they felt the doctor was good at explaining tests and treatments, and 91% said they were good at involving them in decisions about their care.

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

Patient/carer support to cope emotionally with care and treatment

GP's referred people to counselling services where necessary, and the practice website and handbook contained links to support organisation and other healthcare services. Patients could search under their local area for further advice and support.

The patients we spoke to on the day of our inspection told us that staff responded compassionately were polite and understanding. We also spoke with carers of patients who required direct support whilst attending their appointment. They told us the practice overall was caring and provided a good service to its patients

The practice provided information and support to patients who were bereaved and for carers. The practice provided literature and signposting to support groups and organisations within the practice and on the practice website.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice was responsive to people's needs and had systems in place to maintain the level of service provided. The NHS Area Team and Clinical Commissioning Group (CCG) told us that the practice engaged regularly with them and other practices to discuss local needs and service improvements that needed to be prioritised. The practice participated in providing data returns to the CCG and used this information to monitor and improve their performance.

If a patient required a home visit, they were advised to contact the practice by 10:30am to request this. Where patients required urgent visits reception staff provided a triage system to allow doctors to manage their home visits by specific priority order.

Patients could use an online booking system to arrange their appointment or repeat prescriptions. Where patients preferred not to use this system they could telephone or do this in person directly at the practice. The practice also had a text messaging system for patient who would like to be reminded about their appointment by text messaging. Patients were required to complete a disclaimer to ensure their information was kept safe and confidential. A range of appointment times and types were available to meet patient need.

The practice had an active Patient Participation Group (PPG). We saw records of minutes from the PPG that showed they discussed and reviewed practice issues and challenges The groups were also responsible for completing an annual survey on patient experiences with the practice and a detailed analysis report was produced for review and action.

The practice had implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from the PPG .For example; implementation of text appointment reminders, later surgery opening times on an evening and the increased care monitoring of vulnerable patients. A second nurse practitioner was employed earlier during 2014 who was responsible for monitoring high risk patients and to ensure their medical care was up to date.

There was a chaperone policy available, and the service was advertised in the waiting area. Telephone appointments or home visits were available where required

The facilities and premises were appropriate for the services which were planned and delivered, with sufficient treatment rooms and equipment available.

Tackling inequity and promoting equality

Staff were knowledgeable about how to book interpreter services for patients where English was their second language. There was guidance about using interpreter services and the contact details available for staff to use. An electronic booking in appointment system was in use and was also made available in other languages for example Polish and Arabic. The reception staff told us that they were familiar with patients who may require any assistance.

The practice had recognised the needs of different groups in the planning of its services. We were told that the practice held a block booking late open hours event in July 2014 to allow patients with mental health needs and their nominated carers to be supported and cared for in a controlled environment to allow patients to be consulted in a care and compassionate manner.

There was sufficient space in the practice to accommodate patients with wheelchairs and prams and to allow easy access to treatment and consultation rooms. Accessible toilet facilities were available for all patients attending the practice including baby changing and breast feeding facilities. The seats in the waiting area were all of one height and size. There was no variation for diversity in physical health.

Access to the service

The practice patient survey information of 291 respondents completed in august 2014 we reviewed, showed patients were 77% satisfied with the practice opening times and 64% found it easy making an appointment whilst 30% found it not easy. During our inspection the practice explained to us that they are currently reviewing their approach to patient access and continuity to delivering their change in approach to appointments.

The practice had recently extended their surgery hours of 6.30pm to 8.00pm during weekdays to support patients who could not attend during normal surgery hours. This was a result of PPG patient survey to improve the appointment system for working group population.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Comprehensive information was available to patients about appointments on the practice website and in the practice handbook which was available in reception waiting rooms. This included how to arrange urgent appointments, clinics, home visits and how to arrange repeat prescriptions.

There were also arrangements in place to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, there was an answerphone message giving the telephone number they should ring depending on the circumstances. Information on the out-of-hours service was provided to patients.

Listening and learning from concerns and complaints

The practice has a system in place for handling complaints and concerns. The complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice.

The practice had in place a process for complaints and there was clear information available for patients should they need to make a complaint about the practice or staff. We saw 18 complaints had been recorded during the last 12 months. We also saw where complaints had actions completed where risks had been identified and a plan was put in place to reduce the risk of them happening again.

We saw the complaints procedure and information about how to make a complaint on display in the practice. The practice web site also had a comment form that people could complete. The patients we spoke with were aware of the process to follow should they wish to make a complaint.

We spoke with members of the PPG and they felt that the practice always took complaints seriously, handled them in a timely manner and resolved them fully. Members also felt that the practice took suggestions form the PPG seriously and acted on them with patient satisfaction in mind.

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 in the form of a practice charter to deliver high quality care and promote good outcomes for patients. These values were clearly displayed in the waiting areas for patients to obtain. The practice charter included for example:

- We endeavour to provide a friendly and efficient service with patients treated in a professional and helpful manner by all members of staff.
- Patient confidentiality will be observed by all members of staff at all times.
- Patients attending the surgery will be seen as near to their appointment time as is possible.

Staff and the PPG members said the leadership in the practice was visible and accessible. They told us there was an open culture that encouraged the sharing of information and learning. Staff we spoke to understood the values and ethos of the surgery, and said they were encouraged to share views and input. Staff also told us that all of the GPs were happy to offer help if required and that they had no hesitation approaching them if needed. Staff told us they felt valued, well supported and knew who to go to in the practice with any concerns.

Governance arrangements

The practice had a number of policies and procedures in place which made up their overall governance structure. These were available to all staff and incorporated national guidance and legislation. For example, safeguarding vulnerable adults and children, whistleblowing and significant events. We also found clinical staff had defined lead roles within the practice, for example, for the management of long term conditions.

The practice used the Quality and Outcomes Framework (QOF) to measure their performance. The QOF data for this practice showed it was performing in line with national standards. We saw that the clinical team regularly discussed QOF data at team meetings and through appraisal sessions.

Leadership, openness and transparency

The practice had a clear leadership structure which had named members of staff in lead roles. For example there was a lead nurse for infection control and the senior partner was the lead for safeguarding. Staff we spoke with were all clear about their own roles and responsibilities. They all told us that felt valued, well supported and knew who to go to in the practice with any concerns. They also felt that any concerns raised would be acted upon.

We saw from minutes that meetings were held regularly, at least monthly in different teams for example; nurse meetings, practice management and reception staff meetings. Staff told us that there was an open door culture within the practice and they had the opportunity and were happy to raise issues at team meetings.

The practice manager was responsible for human resource policies and procedures. We reviewed a number of policies, for example disciplinary, supervision and appraisal, bullying and harassment and recruitment policy, which were in place to support staff. Staff we spoke with knew where to find these policies if required.

Practice seeks and acts on feedback from its patients, the public and staff

The practice had gathered feedback from patients through patient surveys and complaints received. We looked at the results of the annual patient survey which was managed by the PPG and 57% of patients agreed appointment text reminders would be useful. 85% of patients said they were extremely likely or likely to recommend the surgery to friends and family members.

The practice had an active PPG which was made up of representatives from various population groups; including people over 75, with long term conditions and people with learning disabilities. The PPG had carried out quarterly surveys and met every quarter. The results and actions agreed from these surveys were available on the practice website.

Management lead through learning and improvement

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. We looked at five staff files and saw that regular appraisals took place which included a personal development plan. Learning and objectives were also agreed and monitored with staff and management.

The practice was working towards becoming a GP training practice in the future. The registered manager told us that the practice has a good skill mix which allows strong

Are services well-led?

Good

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

professional links with the local medical schools and universities. The practice also had a visit form the deanery in March 2014 which provided positive direction and support in becoming a GP training practice.