Dr J Heathcote and Partners

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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr J Heathcote and Partners (also known as South View partnership) on 08 December 2015. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they sometimes found it difficult to get through to the practice by telephone
- Patients told us appointments with a named GP were not readily available, and that this led to reduced continuity of care. However urgent appointments with a GP were available.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

However we found that the provider should:

- Ensure improvements are made in the documentation of the incidents management process, and a written policy is in place in relation to significant events.
- Ensure emergency numbers are included in their business continuity plan
- Ensure work continues to ensure improved access to the service, including telephone access and appointments availability.

Summary of findings

- Carry out risk assessment to demonstrate whether non-clinical staff require disclosure and barring service (DBS) checks
- Ensure nursing staff have appropriate training in safeguarding children and adults from abuse.

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 were unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

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.

- It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they sometimes found it difficult to get through to the practice by telephone
- Patients told us appointments with a named GP were not readily available, and that this led to reduced continuity of care. However urgent appointments with a GP were available.
- 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 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 provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place to find out about notifiable safety incidents
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- 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

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. This was acknowledged positively in feedback from patients.
- Care and treatment of older people reflected current evidence-based practice, and older people had care plans where necessary.
- Nationally reported data showed that the practice performed well against clinical indicators relating to the care of patients with certain conditions commonly found in older people such as osteoporosis, cancer, dementia and rheumatoid arthritis.
- The percentage of people aged 65 or over who received a seasonal flu vaccination was similar to the CCG and national averages: 69% of eligible patients in the practice were vaccinated, whilst the national average was 73%

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.
- Nationally reported data showed that the practice performed well against clinical indicators relating to the care of patients with long term conditions , such as asthma, chronic obstructive pulmonary disease (COPD), diabetes mellitus, and rheumatoid arthritis
- 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 on the child protection register.
- There were monthly meetings to discuss the care of children on the child protection register
- Immunisation rates were similar to the local area averages for the nationally recommended childhood immunisations.
- The practice's uptake for the cervical screening programme was 82%, which was the same as the national average.
- 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
- The practice offered online services which allowed patients to order repeat prescriptions, book and cancel appointments, and view parts of their medical records.

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 of this age group.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances 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

- The practice provided a number of enhanced services including provision of GP services to a residential centre for vulnerable families, GP services to a rehabilitation service, and support and treatment to people who misuse substances
- 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).

- 83% of people diagnosed with dementia had had their car reviewed in a face to face meeting in the last 12 months.
- The practice periodically 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 were published on 02 July 2015. The results showed the practice was mostly performing in line with or slightly above local and national averages. Of the 273 survey forms distributed, 110 were returned.

- 43% found it easy to get through to this surgery by phone, compared to the CCG average of 71% and the national average of 73%.
- 79% found the receptionists at this surgery helpful, compared with the CCG average of 86% and national average of 87%.
- 75% were able to get an appointment to see or speak to someone the last time they tried, compared with the CCG average of 84% and national average of 85%.
- 94% said the last appointment they got was convenient, compared with the CCG average of 91% and national average of 92%.
- However, 64% described their experience of making an appointment as good (CCG average 71%, national average 73%).
- And 61% usually waited 15 minutes or less after their appointment time to be seen (CCG average 62%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. From the 24 CQC comment cards we reviewed, all were positive about the care and treatment they had received.

Feedback from the five patients we spoke with during the inspection was that the practice provided good care and that the staff team were caring and supportive. However patients also raised concerns about the difficulties of getting through to the practice by telephone, and the lack of availability of appointments with a preferred GP at short notice.

Dr J Heathcote and Partners

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector**.** The team included a GP specialist advisor, and two other CQC inspectors.

Background to Dr J Heathcote and Partners

South View Partnership was formed in April 2014 by the merger of two practices, who had previously worked closely together from this building for over 40 years.

The practice operates from a single location close to Bromley town centre, Kent. It is one of 43 GP practices in the Bromley Clinical Commissioning Group (CCG) area. There were 12764 patients registered at the practice at the time of our inspection. The practice has a larger than average population of patients aged between 30 and 49 years, and a lower than national average representation of income deprived children and older people.

The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of treatment of disease, disorder or injury, surgical procedures, maternity and midwifery services, family planning services, and diagnostic and screening procedures.

The practice has a general medical services (GMS) contract with the NHS and is signed up to a number of enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). These enhanced services include childhood vaccination and immunisation, flu and pneumococcal immunisations, services for violent patients, patients with learning disabilities, and extended opening hours.

The practice clinical team is made up of five GP partners (three male and two female), two male and two female salaried GPs, and three female practice nurses. Three of the GP partners each worked 7.25 sessions per week, the other two GP partners worked 4.5 sessions per week. The four salaried GPs worked one, four, 6.5 and 7.75 sessions per week.

The clinical team is supported by a practice manager, an assistant practice manager, and a team of 14 reception and administrative staff members, a medical secretary and two scanning clerks.

The practice is a training practice for GP trainees and medical students in their final year of training. At the time of our inspection, there were four trainees placed at the practice.

The practice is open between 8.00am and 6.30pm Monday to Friday. Routine and urgent appointments are available throughout the day. The practice is open on Saturday mornings for pre-booked appointments only.

The practice has opted out of providing out-of-hours (OOH) services and directs their patients to a contracted out-of-hours service.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. This provider had not been inspected before and that was why we included them.

Detailed findings

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 08 December 2015. During our visit we:

- Spoke with a range of staff (GPs, nursing staff, practice management, reception and administrative staff) and spoke with patients who used the service.
- Observed how people were being cared for and talked with carers and/or family members
- 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.

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.

- Staff told us they would inform the practice manager of any incidents, but they would also raise clinical or safeguarding concerns with the GPs or health visitors respectively.
- The practice carried out reviews of significant events through discussions at partner meetings and staff meetings. However we found that improvements could be made in the documentation of the incidents management process, and that a written policy was not in place in relation to significant events.

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

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and 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 safeguarding lead GP attended monthly meetings with the local health visitors to discuss vulnerable children on their register. Staff demonstrated they understood their responsibilities and most had received training relevant to their role. GPs were trained to Safeguarding level 3. However there was no record of training provided for practice nurses in safeguarding adults and children from abuse.
- A notice in the waiting room advised patients that their appointment could be chaperoned, if required. Clinical staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). However some non-clinical staff also occasionally chaperoned patient appointments but had not received DBS checks. The practice manager told us they were in the process of arranging chaperoning training and DBS checks for non-clinical staff. The non-clinical staff we spoke with who carried out chaperoning duties demonstrated a good understanding of what the role required.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local hospital IPC specialist nurse to keep up to date with best practice, formalise their IPC arrangements and improve IPC record keeping. The last annual IPC audit was undertaken in September 2015.
- 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.
- 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 alarm testing. 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 legionella.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the practice.
- 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. However we found that the plan did not include some emergency contact numbers.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through discussion and assessments, audits and 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 96.4% of the total number of points available, with no exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from the 2014/15 year showed:

- The practice achieved maximum scores (100%) for its performance in many clinical domain areas including asthma, (COPD), heart failure and osteoporosis
- There were only five of the 19 clinical domain areas that the practice did not achieve maximum scores -chronic kidney disease, diabetes mellitus, hypertension, secondary prevention of coronary heart disease, and stroke and transient ischaemic attack. The practice scores were only slightly below the CCG and national averages for all of these with the exception of hypertension, which was significantly below the local and national averages. The practice was aware of this, and their need for their greater focus on this particular long term condition.
- For diabetes mellitus, the practice performance was still better than the CCG and national averages. For example, the proportion of diabetic patients on the register with appropriate control of their blood pressure was 94% for those whose blood pressure reading was 150/90 mmHg or less and 74.4% for those whose blood pressure reading was 140/80 mmHg or less. These figures were 9% above the CCG average and 7.5% above the England average; and 6% above the CCG Average and 3% above the England average respectively.

  Clinical audits demonstrated quality improvement.
- The practice provided us with four examples of clinical audits undertaken in the last two years; three of these were completed audits where the improvements made were implemented and monitored. For example they had completed an audit on coeliac disease, which led to greater education aboutnthe education among the clinical team, as well as reiteration of the care and treatment required to manage the disease.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.

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 such as 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, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had 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, in-house and external training.

Good

Are services effective?

(for example, treatment is effective)

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 was also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital.

We saw evidence that multi-disciplinary team meetings took place on a two monthly basis to discuss the care provision to people with palliative care needs, and there were monthly meetings to discuss children on the at risk register.

We spoke with a district nurse who worked closely with the practice. They told us their team maintained a good working relationship with the practice, that the clinical team were accessible and engaged with them in the multidisciplinary care of patients in the community.

Consent to care and treatment

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

- < >taff 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.

The practice's uptake for the cervical screening programme was 82%, which was the same as 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 similar to the CCG averages. For example, childhood immunisation rates for the vaccinations recommended at 12 and 24 months of age ranged from 60% to 100%, and for vaccinations recommended at five year of age, ranged from 78% to 97%.

Flu vaccination rates for the over 65s were 69%, and at risk groups 42%. These flu vaccination figures were slightly below the national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients as part of their first consultation with a GP. Eligible patients were signposted to local services that offered 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 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 24 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. 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 rated well and scored similarly to the national and local averages for its satisfaction scores on consultations with doctors and nurses. For example:

- 89% said the GP was good at listening to them (CCG average was 86% and national average was 89%).
- 87% said the GP gave them enough time (CCG average was 84% and national average was 87%).
- 93% said they had confidence and trust in the last GP they saw ((CCG average was 94% and national average was 95%).
- 88% said the last GP they spoke to was good at treating them with care and concern (CCG average was 82% and national average was 85%).
- 89% said the last nurse they spoke to was good at treating them with care and concern (CCG average was 89% and national average was 90%).
- 79% said they found the receptionists at the practice helpful (CCG average was 86% and national average was 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:

- 80% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 77% said the last GP they saw was good at involving them in decisions about their care (CCG average 78%, 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 identified 440 patients (3% of the practice list) as carers. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, the GP who knew the family best contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

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 aimed to provide tailored services. for example:

- The practice offered extended opening hours, through the GP Alliance they were a member of, on weekdays between 4pm and 8pm, and on Saturdays and Sundays between 9am and 12noon.
- Longer appointments and home visits were available for patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled and baby changing toilet facilities
- Language translation services were available.

Access to the service

The practice was open between 8.00am and 6.30pm Monday to Friday. Routine and urgent appointments were available throughout the day. The practice was open on Saturday mornings for pre-booked appointments only.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, appointments were also available the day before, and on the day. The practice also offered telephone consultations.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was lower than local and national averages:

- 43% of respondents said they could get through easily to the surgery by phone (CCG average 71%, national average 73%)
- 19% of respondents said they were not able to get an appointment to see or speak to someone the last time they tried (CCG average 12%, national average 11%)
- 21% of respondents described their experience of making an appointment as poor (CCG average 13%, national average 12%)

Some of the feedback we received from patients during our inspection also supported these results, and indicated that people experienced difficulties getting through to the practice by telephone. The practice was aware of the issues with the telephone system and had recently introduced some changes to the system to ease the congestion and allow patients to be able to get through more promptly.

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

We looked at the details of two complaints received in the last 12 months and found they were satisfactorily handled, dealt with in a timely way, and with openness and transparency. Complaints were routinely discussed at practice partners' meetings. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

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 which was displayed in the waiting areas 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.
- 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 had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents. However we found that improvements could be made in the documentation of the incidents management process, and a written policy was not in place in relation to significant events.

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. 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, 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 survey information and complaints received. The practice had a virtual PPG which communicated via emails and newsletters. Members of the PPG submitted proposals for improvements to the practice management team.
- The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

Are services well-led?

Good

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

There was a strong focus on continuous learning and improvement at all levels within the practice.

The practice is a training practice for GP trainees and medical students in their final year of training. At the time of our inspection, there were four trainees placed at the practice.