

The Euxton Medical Centre

Quality Report

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Date of inspection visit: 5 August 2015

Date of publication: 03/09/2015

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?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Euxton Medical Centre on 5 August 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed, with the exception of those relating to recruitment checks.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles.
- 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.
- A quarterly newsletter about the practice was produced for patients.
- Patients were complimentary about the overall quality of service they received but some said that it was not always easy getting through to the practice by telephone especially in the early morning and getting an appointment was difficult sometimes. Urgent appointments were 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.

There were areas of practice where the provider needs to make improvements.

Importantly the provider must

Summary of findings

- Ensure recruitment arrangements include all necessary pre-employment checks for all staff and recruitment policies and procedures reflect current legislation.

In addition the provider should:

- Clinical audits should be accessible to all clinical staff and any learning identified from these shared as part of the practice's continual learning and improvement.

- Implement plans to improve patient telephone access to the surgery.
- Ensure the practice nurse benefits from clinical supervision and peer support.

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?

The practice is rated as requires improvement for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and managed. There were enough staff to keep patients safe. However there were significant gaps in the recruitment procedures of new staff.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Good



Are services caring?

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.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Data and patient comments identified that telephone and appointment access could be difficult at times. The practice was researching ways to improve telephone access. The practice had good facilities and was well equipped to treat patients and meet their needs.

Good



Summary of findings

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?

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

Good



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

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and was responsive to their needs. There were rapid access appointments for those with enhanced needs and home visits when required. Patients over the age of 75 were allocated a named GP and care plans were in place for those patients considered at risk of unplanned admission to hospital. There were policies in place, staff had been trained and were knowledgeable regarding vulnerable older people and how to safeguard them.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. The practice nurse had a lead role in the management of chronic diseases. Patients had health reviews at regular intervals depending on their health needs and condition. The practice maintained and monitored registers of patients with long term conditions including cardiovascular disease, diabetes, asthma and chronic obstructive pulmonary disease. These registers enabled the practice to monitor and review patient conditions effectively and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. Staff demonstrated a good understanding and were proactive in safeguarding and protecting children from the risk of harm or abuse. The practice had a clear means of identifying in records those children (together with their parents and siblings) who were subject to a child protection plan. The practice had appropriate child protection policies in place to support staff and staff were trained to a level relevant to their role. The practice offered a full range of childhood vaccinations and had systems in place to follow up children who did not attend for these.

Good



Working age people (including those recently retired and students)

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

Good



Summary of findings

been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice had adapted its opening hours so that morning appointments were available from 08.30am and it was opened later on Wednesday evening until 8.30pm. 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

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 those with a learning disability. Patients on the learning disability register were offered annual health checks. The practice worked with multi-disciplinary teams in the case management of vulnerable people. The practice signposted and supported vulnerable patients to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice maintained a register of patients who experienced poor mental health. The register supported clinical staff to offer patients an annual appointment for a health check and a medication review. The practice monitored patients with poor mental health according to clinical quality indicators and in line with good practice guidelines. The practice worked with multi-disciplinary teams and other mental health services in the case management of patients experiencing poor mental health, including those with dementia.

Good



Summary of findings

What people who use the service say

Results from the National GP Patient Survey July 2015 (118 responses which is equivalent to 2.81% of the patient list) demonstrated that the practice was scoring higher than average when describing their overall experience of the practice. For example:

- 81% of respondents with a preferred GP usually get to see or speak to that GP compared with a CCG average of 64% national average of 60%.
- 90% of respondents would recommend this surgery to someone new to the area compared with a CCG average of 80% national average of 78%.
- 95% of respondents describe their overall experience of this surgery as good compared with a CCG average of 87% and national average of 85%.

However; results indicated the practice could perform better in certain aspects of its service delivery including making an appointment. For example:

- 65% of respondents described their experience of making an appointment as good of compared with a CCG average of 74% and national average of 73%.
- 69% of respondents are satisfied with the surgery's opening hours compared with a CCG average of 76% and national average of 75%.
- 82% of respondents find the receptionists at this surgery helpful compared with a CCG average of 87% and national average of 87%

As part of our inspection process, we asked for CQC comment cards to be completed by patients prior to our inspection. We received 16 comment cards (less than 0.5% of the practice patient list size), which were all positive about the standard of care received. Reception staff, nurses and GPs all received praise for their clinical care and patients said they felt listened to and involved in decisions about their treatment. We spoke with two patients and member of the patient participation group (PPG). All spoke positively about the service they received.

Areas for improvement

Action the service **MUST** take to improve

- Ensure recruitment arrangements include all necessary pre-employment checks for all staff and recruitment policies and procedures reflect current legislation.

Action the service **SHOULD** take to improve

- Clinical audits should be accessible to all clinical staff and any learning identified from these shared as part of the practice's continual learning and improvement.
- Implement plans to improve patient telephone access to the surgery.
- Ensure the practice nurse benefits from clinical supervision and peer support.

The Euxton Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP and a specialist advisor who has experience of practice management.

Background to The Euxton Medical Centre

The Euxton Medical Centre is part of the NHS Chorley and South Ribble Clinical Commissioning Group (CCG). Services are provided under a general medical service (GMS) contract with NHS England. According to data supplied by the practice, there are 4200 registered patients.

Information published by Public Health England, rates the level of deprivation within the practice population group as ten on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Male and female life expectancy in the practice geographical area reflects the England average for males at 79 years and is 82 years for females which is below the England average of 83.

The practice offers extended opening hours from 8am to 6.30pm Monday, Tuesday, Thursday and Friday and offers extended opening on Wednesdays from 8am until 8.30pm. Patients requiring a GP outside of normal working hours are advised to contact the out of hour's service provided by Chorley Medics.

The practice has two GP partners one male and one female. The practice uses the services of two regular locum

female GPs. The practice employs a practice manager, a practice nurse, a medical secretary, administrators and receptionists. The practice is a teaching practice for undergraduate student doctors.

The practice provides online patient access that allows patients to book appointments order prescriptions, and manage their clinical records.

The practice is housed in a purpose built modern building that is accessible to people with disabilities. The building provides other community services such as podiatry.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and to look at the overall quality of the service 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 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?

Detailed findings

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)

We reviewed information available to us including information from other organisations such as the Clinical Commissioning Group (CCG) and NHS England and information from CQC intelligent monitoring systems. We carried out an announced inspection visit on 5 August 2015 and spoke to staff and patients, reviewed patient survey information and reviewed the practice's policies and procedures.

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. The practice prioritised safety and used a range of information to identify risks and improve patient safety. This included reviewing reported incidents and national patient safety alerts as well as comments and complaints received from patients. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses. Minutes of meetings provided evidence that incidents and complaints were discussed, and where appropriate, actions and protocols identified to minimise re-occurrence of the incident or complaint. Records were available that showed the practice had reviewed and responded to significant events and complaints and so could show evidence of a safe track record over the long term. For example, the staff we spoke with told us of how procedures had been adapted to minimise the risk of reoccurrence in relation to labelling of specimens and providing information to external sources.

Overview of safety systems and processes

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

- Arrangements to safeguard adults and children from abuse that reflected relevant legislation and local requirements. The practice policies were accessible to all staff. These clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. A GP partner was the lead member of staff for safeguarding. The GP provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities in relation to safeguarding and all had received training relevant to their role.
- A notice was displayed in the waiting room, advising patients that a chaperone was available if required. All staff who acted as chaperones were trained for the role. A risk assessment regarding the requirement for non clinical staff, who acted as a chaperone, to have a disclosure and barring check (DBS) was in place, (DBS

checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and fire drills were carried out. All electrical equipment was checked to ensure it was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead for the practice. They confirmed that this was a relatively new responsibility; however they had recently carried out an infection control audit. Areas identified for improvement had been actioned.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Controlled drugs were stored securely and monitored appropriately. Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.
- We reviewed recruitment information the practice held for six newer staff members and noted that appropriate recruitment checks had not been carried out. For example, application forms were not completed, full employment histories had not been obtained consistently and explanations of gaps in employment had not been recorded. Not all the files contained employment references or proof of identification and nor was there evidence that clinical staff members had the appropriate checks through the DBS. The practice recruitment procedures did not reflect the requirements of current legislation.

Are services safe?

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a defibrillator available on the premises and oxygen. There was also a first aid kit and accident book available.

Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. The practice achieved a score of 98% or 426.6 points out of the total of 435 points for 2014 /15. This information was provided by the practice. But data for the past three years shows a year on year improvement in the practice's QOF scores.

The data available to us from 2013/14 showed that the practice was not an outlier for any clinical targets. Data from 2013 /14 showed:

- Performance for diabetes related indicators was similar to the CCG and national average. For example the practice QOF prevalence rate was 5.1%; the Clinical Commissioning Group (CCG) 6.6% and England average 6.2%.
- 77.8% of patients with hypertension had regular blood pressure tests, which was similar to the CCG (80.9%) and the England average 79.2%.
- Performance for mental health related and hypertension indicators were better at 93.3% than the CCG with 84.2% and England average of 82.9%.
- The record of cervical screening in the last 5 years 25-64 years was comparable at 77.9%, CCG 78.9% and England average 76.9%.

The GP we spoke with confirmed that clinical audits were carried out however only one completed audit and re-audit was available to us on the inspection day. A further two completed audits were emailed to us the day after the

inspection. It was unclear how accessible these audits were to all clinical staff and how any learning from these were shared. 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. All staff spoke highly of their working environment and the support they received from the GP partners and practice manager.

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- 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, one-to-one meetings and appraisals. All staff had had an appraisal within the last 12 months. There was only one practice nurse at the practice and they confirmed their annual appraisal was arranged. We noted opportunities for the practice nurse to receive clinical supervision or attend peer group meetings were limited due to the demands of their role.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to in-house training and eLearning.

Coordinating patient care and information sharing

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

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between

Are services effective?

(for example, treatment is effective)

services, when they were referred, or after they are discharged from hospital. Patients on the practice's unplanned admission register received an appointment with their named GP within three days of discharge from hospital so their needs and care plan could be updated. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were reviewed and updated.

One administrator was responsible for monitoring and coordinating the recall of patient for long term conditions reviews and other patient health screening programmes. The administrator was knowledgeable and effective in implementing this system however a written framework of the system they followed was not available. A written framework of the system would mitigate any risk to the practice and patients in the event of the administrator's absence.

Consent to care and treatment

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

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and help with social issues. Help Direct, a support and information service for all adults aged 18 held a weekly drop in service for patients with financial, social and emotional issues or problems.

The practice had a comprehensive screening programme. There was a policy to offer telephone reminders for patients or their parents/carers who did not attend for their vaccinations or cervical screening test. Data supplied by the practice for 2014/15 indicated that 84% of females over 25 had had a cervical screening. 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 comparable to CCG averages. For example, data from 2014/15 showed childhood immunisation rates for the vaccinations given to under two year olds ranged from 92.1%% to 100% and five year olds from 91.9% to 100%. Flu vaccination rates for the over 65s between 01/09/14 and 31/03/14 were 74.61% and at risk groups 54.16%. These were slightly above the national averages.

Patients had access to appropriate health assessments and checks. These included 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.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

All of the 16 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. We also spoke with two patients on the day of the inspection and one member of the patient participation group (PPG) just after the inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice performed slightly better for its satisfaction scores on consultations with doctors and nurses. For example:

- 94% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 94% said the GP gave them enough time compared to the CCG average of 91% and national average of 87%.
- 98% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%
- 89% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 85%.

- 93% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 90%.

Care planning and involvement in decisions about care and treatment

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

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

- 93% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 87% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 81%

Staff told us that translation services were available for patients who did not have English as a first language.

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.

Staff told us that if families had suffered bereavement, their usual GP sent them a sympathy card. Information about bereavement support services was displayed in the practice waiting room.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice monitored the service it provided and listened to patients. It was responsive to patients' needs and evidence was available demonstrating it was adapting to improve and maintain the level of service provided. Services were planned and delivered to take into account the needs of different patient groups and to help ensure flexibility, choice and continuity of care. For example:

- The practice offered GP appointments from 08.30 am Monday to Friday and opened late until 8.30pm on Wednesdays. This assisted patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available. The practice had provided chairs with arm rests in the waiting room in response to patient feedback.
- The practice was reviewing its telephony service to improve telephone access to the surgery.

Access to the service

The practice was open from 8am to 6.30pm Monday to Friday and offered extended hours on a Wednesday until 8.30pm for pre-bookable appointments. Urgent appointments were available each day as well as pre-bookable appointments which could be booked up to four weeks in advance.

Comments from one patient and referred to on two of the returned comment cards indicated that on occasion patients struggled to get through to the surgery on the telephone and getting an appointment could be difficult. The practice manager confirmed that they were reviewing the practice telephony system with a view to improving this.

Results from the national GP patient survey reflected some of the comments we received from patients. The survey

showed that patient's satisfaction with access to the surgery and appointments was on the whole below local and national averages. The practice was aware of this and was reviewing for example telephone access for patients. For example:

- 69% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.
- 64% patients said they could get through easily to the surgery by phone compared to the CCG average of 68% and national average of 73%.
- 65% patients described their experience of making an appointment as good compared to the CCG average of 74% and national average of 73%.
- 69% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 68% and national average of 65%.

Listening and learning from concerns and complaints

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

We saw that a summary complaint leaflet was available to help patients understand the complaints system. Two patients we spoke with said they were not aware of the complaints procedure but they said they had never needed to complain.

The practice manager stated that verbal complaints were responded to immediately by the relevant staff member. However from discussion a log of the verbal concerns and the response and actions by the practice had not been maintained. We discussed this as a potential learning and development opportunity for the practice. Before the end of the inspection visit the practice manager had devised a form and was in the process of developing a protocol for all staff to follow upon the receipt of an issue or concern.

We looked at five complaints received in the last 12 months and found and these were responded to in accordance with the practice's policy. Staff spoken with confirmed that they were informed of any changes to practice as a result of complaint investigations.

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.
- There was a comprehensive understanding of the performance of the practice.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

However a planned programme of clinical audit which was used to monitor quality and to make improvements was not available.

Leadership, openness and transparency

The two GP partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They were supported by a committed team who all 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 them. The partners encouraged a culture of openness and honesty.

Staff told us that regular team meetings were held. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings. Staff said they felt respected, valued and supported, particularly by the partners in the practice.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the virtual patient participation group (PPG) and through surveys and complaints received. The PPG was a virtual group in that their views and opinions were obtained through emails. The practice manager analysed feedback from patients and produced reports on this with actions to improve service delivery. In addition the practice produced a quarterly newsletter with information about the practices and information signposting patients to support services.

Management lead through learning and improvement

The practice worked well together as a team and held meetings for learning and to share information.

GPs were all involved in revalidation, appraisal schemes and continuing professional development. We saw that staff were up to date with annual appraisals, which included looking at their performance and development needs. Staff told us they had good access to training and support to undertake further development in relation to their role.

The practice recognised future challenges and areas for improvement, complaints were investigated, reviews of significant events, and other incidents were completed and learning was shared from these with staff at meetings to ensure the practice improved outcomes for patients.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed The registered provider must ensure recruitment procedures are established and all information specified in Schedule 3 is available in respect of staff employed to ensure staff are safely and effectively recruited and employed. Regulation 19 (1), (2), (3) Schedule 3