Victoria Road Surgery

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

GOOD

We carried out an announced comprehensive inspection at Victoria Road Surgery on 30 June 2015. Overall the practice is rated as good.

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

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 and monitored and evidence of analysis and shared learning was seen.
- Most risks to patients were assessed and well managed although some risk assessments such as those for the control of substances hazardous to health were not available at the practice.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. We found staff had received training appropriate to their roles although some training such as fire training had not been completed. However, the practice had identified and planned further training needs.
- Patients we spoke with and those patients who provided feedback through comments cards said they were treated with compassion, dignity and respect and that they felt involved in their care and decisions about their treatment.
- Information about services and how to complain was documented in the practice leaflet and patients we spoke with were aware of the process to follow if they wished to make a complaint.
- Patients said they found it easy to make an appointment with a named GP although they had to

Summary of findings

wait a long time to be seen. We found that the practice had made changes to try and reduce appointment waiting times. The practice provided continuity of care, with urgent appointments available the same day.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and we found staff were very motivated and felt supported by management. The practice sought feedback from staff and patients, which it acted on.

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

- Ensure that checks on whether emergency medicines are within their expiry date and suitable for use are consistently recorded.
- Ensure all staff have received training such as fire training and infection control training updates.
- Ensure risk assessments are in place for the control of substances hazardous to health.

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

GOOD

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. The practice carried out an analysis of the significant events and this was discussed at quarterly staff meetings. Staff told us and we saw evidence that showed that significant events were analysed in detail with the action taken documented and learning points discussed. We found that in some cases the practice had taken this further by discussing the incidents at the Local Clinical Network meeting to ensure lessons learnt were communicated as widely as possible. Risks to patients were assessed and well managed. Equipment required to manage foreseeable emergencies was available and was regularly serviced and maintained.

Are services effective?

Good

GOOD

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for most areas apart from appointment waiting times. However, we evidence that this was being addressed by the practice. Clinical staff referred to guidance from National Institute for Health and Care Excellence (NICE) and used it routinely. There was evidence that the practice had joint working arrangements with other health care professionals and services to enable an integrated approach to care. Effective arrangements were in place to identify, review and monitor patients with long term conditions and those in high risk groups. Staff had received training appropriate to their roles and there was evidence of appraisals and personal development plans for all staff.

Are services caring?

Good

GOOD

The practice is rated as good for providing caring services. Patients we spoke with said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Data showed that patients rated the practice higher than others for several aspects of care. The comment cards patients had completed prior to our inspection provided positive opinions about

Summary of findings

staff, their approach and the care provided to them. Staff we spoke with were very motivated and we observed a patient-centred culture. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

GOOD

Good

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice had recognised through patient surveys, analysis of national surveys and feedback that appointment waiting times was an issue and had implemented strategies to improve. Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. We found that information about how to complain needed to be requested from reception. Although the practice had not received any complaints in the last 12 months, patients we spoke with were aware of the process to follow if they wished to make a complaint.

Are services well-led?

GOOD

Good

The practice is rated as good for being well-led. The practice had a clear vision to deliver high quality care and promote good outcomes for patients. Staff we spoke with demonstrated that they understood and supported the values of the practice and knew what their responsibilities were in relation to these. There was a clear leadership structure and staff were highly motivated and felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. A patient participation group (PPG) was being developed with support from the Clinical Commissioning Group (CCG). Staff had received inductions, regular performance reviews and attended staff meetings.

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

GOOD

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people and flu vaccination rates for the over 65s was 84%. This was above the national average of 73%. The practice offered proactive, personalised care to meet the needs of the older people in its population. Home visits were available for older patients and patients who would benefit from these with longer appointment times offered where required. It also had a range of enhanced services, for example, in end of life care.

People with long term conditions

Good

GOOD

The practice is rated as good for the care of people with long-term conditions. Patients with complex medical conditions were offered regular reviews to check their health and medication needs were being met. Nursing staff had lead roles in the management of chronic disease. Home visits and longer appointments were also available when required. For those people with the most complex needs, the named GP worked with relevant health and care professionals such as district nurses or community matrons to deliver a multidisciplinary package of care.

Families, children and young people

Good

GOOD

The practice is rated as good for the care of families, children and young people. There were policies, procedures and contact numbers to support and guide staff should they have any safeguarding concerns about children. The practice maintained a register of vulnerable or children in care and alerts about this were set-up on screen. The clinical team offered immunisations to children in line with the national immunisation programme and the immunisation rates for the practice were higher than local and national averages. Appointments were available outside of school hours and the premises were suitable for children and babies. Urgent access appointments were available for children and those with serious medical conditions.

Working age people (including those recently retired and students)

Good

GOOD

Summary of findings

The practice is rated as good for the care of working-age people (including those recently retired and students). The practice provided extended opening hours two days a week on a Monday and Tuesday from 6pm to 7pm for patients who were unable to visit the practice during normal working hours. The practice also offered telephone consultations and online prescription requests as well as advance bookings and same day emergency appointments. The practice was proactive in offering a full range of health promotion and screening that reflected the needs of this age group. This included health checks for patients aged 40 to 70 years of age.

People whose circumstances may make them vulnerable

Good

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 those with a learning disability. It had carried out annual health checks for people and offered longer appointments for people with a learning disability. Home visits were carried out for patients who were housebound. 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

GOOD

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). Ninety five per cent of people experiencing poor mental health had a comprehensive agreed care plan in the preceding 12 months. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. Dementia and severe mental health registers were maintained and regular reviews offered, including physical health checks. The practice regularly signposted patients experiencing poor mental health to various support groups and voluntary organisations and where appropriate allowed extra time during appointments. Staff had received training on how to care for people experiencing poor mental health and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice was performing above average compared to local and national averages in most areas, with the exception of appointment waiting times. The senior GP partner informed us that they had taken action as a result of negative patient feedback in relation to waiting times. They confirmed that they had made changes recently to the times allocated for each patients' appointment during morning surgery in addition to maintaining a personal service for each patient. They further confirmed that they had seen some improvements for patients as a result of this. There were 114 responses and a response rate of 30%.

- 89% find it easy to get through to this surgery by phone compared with a CCG average of 62% and a national average of 73%.
- 96% find the receptionists at this surgery helpful compared with a CCG average of 83% and a national average of 87%.
- 76% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 58% and a national average of 60%.
- 89% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 82% and a national average of 85%.
- 95% say the last appointment they got was convenient compared with a CCG average of 90% and a national average of 92%.
- 85% describe their experience of making an appointment as good compared with a CCG average of 67% and a national average of 73%.
- 29% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 62% and a national average of 65%.
- 26% feel they don't normally have to wait too long to be seen compared with a CCG average of 54% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 24 comment cards which were all very positive about the standard of care received. We also spoke with four patients who visited the practice during the inspection who told us they were happy with the service provided by the practice.

Areas for improvement

Action the service SHOULD take to improve

- Ensure that checks on whether emergency medicines are within their expiry date and suitable for use are consistently recorded.
- Ensure all staff have received training such as fire training and infection control training updates.
- Ensure risk assessments are in place for the control of substances hazardous to health.

Victoria Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Victoria Road Surgery

Victoria Road Surgery is located in Acocks Green, a suburb of Birmingham. It provides primary medical services to approximately 3685 patients in the local community. The practice has two GP partners (one male and one female), a practice manager, a practice nurse, administrative and reception staff.

The practice has a General Medical Services (GMS) contract with NHS England. A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract.

The practice is open between 8.15am and 6pm on Monday, Tuesday, Thursday and Friday and from 8.15am to 1pm on Wednesdays. Extended hours are offered on a Monday and Thursday from 6pm to 7pm. In addition to pre-bookable appointments that can be booked up to six weeks in advance, urgent appointments are also available for people that need them.

The practice provides an out-of-hours service in collaboration with an out-of-hours provider with both GPs actively involved. For example, if patients call the practice when it is closed, an answerphone message gives the telephone number they should ring depending on the circumstances. Information on the out-of-hours service is provided to patients and is available on the practice's website.

Why we carried out this inspection

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

How we carried out this inspection

Before our inspection we reviewed a range of information we held about this practice and asked other organisations to share what they knew. We contacted the local Clinical Commissioning Group (CCG) and NHS England area team to consider any information they held about the practice. We also reviewed policies, procedures and other information the practice provided before the inspection day. We also supplied the practice with comment cards for patients to share their views and experiences of the practice.

We carried out an announced inspection on 30 July 2015. During our inspection we spoke with a range of staff that included GPs, the management team, nursing and reception staff. We also looked at procedures and systems used by the practice.

Detailed findings

We observed how staff interacted with patients who visited the practice. We spoke with four patients who visited the practice during the inspection. We reviewed 24 completed comment cards where patients and members of the public shared their views and experiences of the practice and reviewed survey information.

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)

Good

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. We saw that significant events were recorded and monitored on a computer spreadsheet. Staff told us they would inform the practice manager of any incidents. The practice carried out an analysis of the significant events. Staff members told us that this was discussed at staff meetings held quarterly and we saw that significant events were a standing agenda item. Staff told us and we saw evidence that showed that significant events were analysed in detail with the action taken documented and learning points discussed.

The practice used the National Reporting and Learning System (NRLS) eForm to report patient safety incidents which were disseminated by the practice manager. We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice and we saw that the practice had documented eight significant events for 2014-15. Where appropriate, changes had been implemented as a result of significant events. For example, we looked at a significant event from April 2015 where a patient had been discharged from hospital without having the required oxygen arrangements in place which then took some time to be organised. This was investigated by the hospital as a result of the enquiries received from the practice. The hospital responded to the incident with a letter which had found that it had been an error by one of its staff members and that this would not occur in future. In addition to discussing the incident at the staff meetings, the practice had taken this further by discussing the incident at the Local Clinical Network meeting to ensure lessons learnt were communicated as widely as possible.

Overview of safety systems and processes

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

- Arrangements to safeguard adults and children from abuse that reflected relevant legislation and local requirements. We saw policies were accessible to all staff which outlined who to contact for further guidance if they had concerns about a patient's welfare. One of the GPs was the lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and all had received training relevant to their role and we were provided with examples where safeguarding protocols had been used. We found that the computer system was used to alert staff about children who may be at risk.
- We saw that there was a notice displayed in the waiting room which advised patients that if required, the practice nurses would act as chaperones. We found that all staff who acted as chaperones were trained for the role and evidence to show that they had received a disclosure and barring check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- A notice was displayed in the waiting room, advising patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office and there was a safety officer in place. Identified risks were included on a number of risk documents including a building action plan and a fire drill risk assessment. We saw that each risk had been assessed and actions were recorded to reduce and mitigate each risk. We found that staff had not received fire training although regular fire drills were carried out by the practice. 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 infection control and legionella. However risk assessments for the control of substances hazardous to health were not available at the practice.
- 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 who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Processes were in place to check whether emergency medicines were within their expiry date and suitable for use, however these were not always recorded. All the medicines we checked were in date and fit for use. Regular medication audits had been carried out 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.
- Recruitment checks were carried out and the files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. Processes were in place to check whether emergency medicines were within their expiry date and suitable for use, however these were not always recorded. All the medicines we checked were in date and fit for use.

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

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. The practice also accessed guidelines from local commissioners. For example, saw evidence of a Chronic Obstructive Pulmonary Disease (COPD) health check audit that was required by the Clinical Commissioning Group (CCG) to assess whether the care provided to patients diagnosed with COPD reflected best practice. We saw that the practice had responded to this request and completed this audit. Following the audit, we saw evidence that the practice had taken action to improve patient outcomes and was due to re-audit in July 2015.

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. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013/2014 showed;

- Performance for diabetes related indicators was above the CCG and national average (overall practice average of 91% compared to a national average of 84%).
- The percentage of patients with hypertension having regular blood pressure tests was above the national average (practice average of 89% compared to a national average of 83%).
- Performance for mental health related indicators was slightly above the national average (practice average of 94% compared to a national average of 88%).

Staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included data input, scheduling clinical reviews and managing medicines management. The GPs told us clinical audits were often linked to medicines management information, safety alerts or as a result of information from QOF. For example, we saw an audit regarding a medicine for the treatment of heart disease. Following the audit, the GPs carried out medication reviews for patients who were prescribed these medicines and altered their prescribing practice, in line with the guidelines. GPs maintained records showing how they had evaluated the service and documented the success of any changes.

The practice also participated in local benchmarking run by the CCG. This is a process of evaluating performance data from the practice and comparing it to similar surgeries in the area. This benchmarking data showed the practice had outcomes that were comparable to other services in the area. The practice told us that it had consistent maximum achievement for QOF despite very low levels of exception reporting.

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, health and safety and confidentiality. We saw evidence of this for a recent new starter at the practice. We also saw that there was a GP locum information handbook which provided details about the practice and their processes and systems.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision, facilitation and support for the revalidation of doctors. All staff records we reviewed showed that they had had an appraisal within the last 12 months. Our interviews with staff confirmed that the practice was proactive in providing training and funding for relevant courses, for example spirometry (a spirometer measures lung

Good

Are services effective?

(for example, treatment is effective)

function including the volume and speed of air that can be exhaled and inhaled and is a method of assessing lung function) and a two day link practitioner course for the practice nurse.

- Staff had received training in safeguarding and basic life support. However, staff training records we reviewed showed that not all staff were up to date with attending courses such as fire training and infection control and information governance awareness. We were shown that staff now had access to e-learning training modules which would facilitate in closing the gaps in training.

Coordinating patient care and information sharing

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 risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available in the reception area and the waiting areas. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

We saw that Gold Standard Framework (GSF) palliative care meetings were held and recorded. The GSF is a practice based system to improve the quality of palliative care in the community so that more patients receive supportive and dignified end of life care, where they choose.

The practice held multidisciplinary team meetings quarterly to discuss patients with complex needs. These meetings were attended by the GP, district nurses, palliative care nurses and community matrons and decisions about care planning were documented in a shared care record. Care plans were in place for patients with complex needs and shared with other health and social care workers as appropriate.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. We found that staff were aware of the Mental Capacity Act 2005, the Children Acts 1989 and 2004 and their duties in fulfilling it. All the clinical staff we spoke with understood the key parts of the legislation and were able to describe how they implemented it. The GP discussed examples of where a patient's mental capacity to consent to care or treatment was unclear (such as in a dementia patient), how the guidelines had been followed in assessing their capacity to consent.

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 alcohol cessation. Patients were then signposted to the relevant service.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 83%, which was above the CCG average and was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice nurse was responsible for following up patients who did not attend screening.

Childhood immunisation rates for the vaccinations given were above the national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96% to 100% and five year olds from 94% to 96% for the practice which compared favourably with national rates of 87% to 96% and 85% to 96% respectively. Flu vaccination rates for the over 65s were 84%. This was also above the national average of 73%. The rates for those groups considered to be at risk were 70% which was again above the national average rate of 52%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. Staff we spoke with confirmed that patients were followed up by the GP if they had risk factors for disease identified at the health check and how they scheduled further investigations.

Good

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. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. A poster in the waiting room alerted patients to this.

All of the 24 patient CQC comment cards we received were very positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We also spoke with four patients on the day of our inspection. They also told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. The practice was in the process of developing a patient participation group (PPG). A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care. We saw evidence that the practice had accepted assistance from their local Clinical Commissioning Group to set up an effective PPG. An initial PPG meeting date had been set for 9 September 2015.

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 was comparable to CCG and national averages for its satisfaction scores on consultations with doctors and nurses. For example:

- 89% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 88% said the GP gave them enough time compared to the CCG average of 86% and national average of 87%.
- 97% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%
- 77% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.
- 91% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 90%.
- 96% patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and national average of 87%.

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:

- 85% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 76% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% 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 and the patient website told patients how to access a number of support groups and organisations. A very comprehensive carers' display board in the waiting room also signposted carers to a number of support organisations. The practice's computer

Good

Are services caring?

system alerted GPs if a patient was also a carer. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card.

This call was either followed by a patient consultation if requested 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 worked with the local CCG to plan services and to improve outcomes for patients in the area. We saw minutes of meetings where this had been discussed and actions agreed to implement service improvements and manage delivery challenges to its population.

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

- The practice offered extended opening hours on a Monday and Thursday evening until 7pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- The practice had a system in place for booking appointments online and for the ordering of prescriptions.
- Home visits were available for older patients and 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 was situated on the ground and first floors of the building with most services for patients on the ground floor. Only patients who were able to climb stairs were seen upstairs as there was no lift access to the first floor.
- Accessible toilet facilities were available for all patients attending the practice including baby changing facilities.
- The waiting area was made up of two areas, one of which could be accessed via a ramp from outside the building allowing easier access for patients with wheelchairs or prams.
- There were a number of chairs in the waiting area designed to assist patients to sit and rise from the chairs more easily.
- The practice had a CCTV facility to monitor activity outside the front of the practice and a warning notice was seen in the hallway of the practice informing patients of this.
- Longer appointments were also available for patients who needed them and those with long-term conditions. This also included appointments with a named GP.
- Home visits were made to local care homes as required by a named GP and to those patients who needed one.

Access to the service

The practice was open between 8.15am and 6pm on Monday, Tuesday, Thursday and Friday and from 8.15am to 1pm on Wednesday. Extended hours surgeries were offered on a Monday and Thursday until 7pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was well above average compared to local and national averages and people we spoke to on the day were able to get appointments when they needed them. For example:

- 84% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and national average of 75%.
- 89% patients said they could get through easily to the surgery by phone compared to the CCG average of 62% and national average of 73%.
- 85% patients described their experience of making an appointment as good compared to the CCG average of 67% and national average of 73%.

However, there were issues with patient waiting times. For example:

- 29% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 62% and national average of 65%.

We saw that the practice were aware of this and had taken steps to improve this situation and had introduced new measures to try and reduce waiting times for patients who had arrived for their appointment. However, it was recognised that a balance was required between offering unrushed appointments which patients fully appreciated and ensuring patients were always seen at their appointed time.

Listening and learning from concerns and complaints

Good

Are services responsive to people's needs?

(for example, to feedback?)

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 did not see any information available to help patients understand the complaints system in the waiting area at the practice. The practice manager confirmed that there had been a poster in the waiting area previously and would ensure this was addressed. However we saw that there was a detailed complaints leaflet and details about how to make a complaint in the practice leaflet. Patients we spoke with were aware of the process to follow if they wished to make a complaint. None of the patients we spoke with had ever needed to make a complaint about the practice. We were told that the practice had not received any formal complaints in the last 12 months and that verbal complaints were not logged but recorded on the individual patient record. We looked at two formal complaints from 2014 and found that these were very well managed, investigated and actioned in a timely way. We also saw evidence of these being dealt with openness and transparency.

Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. The senior GP partner informed us that they had taken action as a result of negative patient feedback in relation to waiting times. They confirmed that they had made changes recently to the times allocated for each patient's appointment during morning surgery in addition to maintaining a personal service for each patient. They confirmed that they had seen some improvements for patients as a result of this.

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 robust strategy and supporting business plans. We saw that the practice aims and objectives included providing the best primary care service for patients within a confidential and safe environment by working together. We spoke with five members of staff who demonstrated that they understood and supported the values of the practice and knew what their responsibilities were in relation to these.

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 is used to monitor quality and to make improvements
- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. Staff told us that the partners were approachable and always took the time to listen to all members of staff. We found that the staff we spoke with were very motivated and focused on providing patient-centred care.

Staff told us that regular team meetings were held as well as informal discussions as required. 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 had gathered feedback from patients through comment cards and complaints received. The practice was in the process of setting up a patient participation group (PPG). We saw that an open forum patient meeting had been arranged for 9 September 2015 to promote the PPG to patients. The practice manager confirmed that at this meeting a representative from the Clinical Commissioning Group and a local Chair of another PPG had agreed to attend to promote the benefits of membership to the PPG. The practice manager also confirmed that they were going to send letters to all patients about the patient forum with information about the PPG.

In the meantime, the practice had also gathered some patient feedback through a survey carried out by the local Healthwatch. Staff told us they would not hesitate to give feedback or discuss any concerns or issues with colleagues and management. The practice had gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they felt involved and engaged in the practice to improve outcomes for both staff and patients.