Dr Anthony Newman

Quality Report

Family Medical Services
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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 the Family Medical Services on 2 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 found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw one area of outstanding practice:

The practice had initiated a project to provide better care for older people specifically those over 75 years of age. They had employed a health care assistant (HCA) specifically for this and increased their nursing hours to allow them to have one session a week in the community visiting their over 75's. This gave the practice the flexibility to see patients who either found it difficult to get into the practice or did not meet the criteria for visits from the

Summary of findings

district nursing team. Staff were able carry out routine health checks, observe the patient in their own environment and pick up any early signs that they were not coping. Care plans would be put in place where issues had been identified. The practice were able to give us examples of where admission to hospital had been avoided as symptoms had been recognised and treated before hospitalisation was required.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

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

Are services effective?

Good

The practice is rated as good for providing effective services.

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

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Summary of findings

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- 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 found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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 for knowing 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.
- The practice had initiated a project to provide better care for older people specifically those over 75 years of age. They had employed a health care assistant (HCA) specifically for this and increased their nursing hours to allow them to have one session a week in the community visiting their over 75's. This gave the practice the flexibility to see patients who either found it difficult to get into the practice or did not meet the criteria for visits from the district nursing team. Staff were able carry out routine health checks, observe the patient in their own environment and pick up any early signs that they were not coping. Care plans would be put in place where issues had been identified. The practice were able to give us examples of where admission to hospital had been avoided as symptoms had been recognised and treated before hospitalisation was required.
- The practice offered over 75's Health checks to all those patients who were not on a Chronic Disease Register

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.
- 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 needs were being met and their medicines reviewed. 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

- The practice had strong links with the local federation of GP Practices and had expanded the skills in their team through the recruitment of a prescribing pharmacist to further improve the chronic disease management of these patients.

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses.
- A health visitor was based at the practice and ran clinics such as weight checks and baby massage.

The practice had a health pod where patients could monitor their weight and blood pressure without the need of requesting an appointment. All results were automatically stored in the patient records. The patient would be alerted, and prompted to make an appointment at the time of testing if their results were abnormal.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The GP was able to carry out specific medicals for marine and coastal service workers.

Summary of findings

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, travellers 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.
- 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.
- The practice held quarterly carers coffee mornings offering people a chance to talk and to get any additional help that they may need. A local charity was invited to these to offer additional services in the community, for example help with their finance management.

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).

- 82.35% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months.
- < >
  There was a counselling service available to patients and a self-referral service for those patients suffering with anxiety and depression.
- The practice had and regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia.

Summary of findings

- The practice kept a register of all patients who were prescribed Lithium to ensure that they received three monthly blood checks.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was mostly above average re access to appointments, when compared with local and national averages. 277 survey forms were distributed and 115 were returned, a response rate of 41.5%.

- 93.9% found it easy to get through to this practice by phone compared to a CCG average of 85.3% and a national average of 73.3%.
- 93.1% found the receptionists at this practice helpful (CCG average 89.8%, national average 86.8%).
- 92.8% were able to get an appointment to see or speak to someone the last time they tried (CCG average 89.7%, national average 85.2%).
- 94.6% said the last appointment they got was convenient (CCG average 94.2%, national average 91.8%).
- 89.2% described their experience of making an appointment as good (CCG average 82.3%, national average 73.3%).
- 78.8% usually waited 15 minutes or less after their appointment time to be seen (CCG average 68.3%, national average 64.8%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 33 comment cards which were all positive about the standard of care received. Patients were most complimentary about the GP and described his care and manner as kind and professional.

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

Outstanding practice

We saw one area of outstanding practice:

The practice had initiated a project to provide better care for older people specifically those over 75 years of age. They had employed a health care assistant (HCA) specifically for this and increased their nursing hours to allow them to have one session a week in the community visiting their over 75's. This gave the practice the flexibility to see patients who either found it difficult to get into the practice or did not meet the criteria for visits from the district nursing team. Staff were able carry out routine health checks, observe the patient in their own environment and pick up any early signs that they were not coping. Care plans would be put in place where issues had been identified. The practice were able to give us examples of where admission to hospital had been avoided as symptoms had been recognised and treated before hospitalisation was required.

Dr Anthony Newman

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 advisor, and a practice manager specialist advisor.

Background to Dr Anthony Newman

The Family Medical Services provides primary medical services to people living in the town centre of Poole.

At the time of our inspection there were approximately 3,400 patients registered at the Family Medical Services practice. Dr Newman is the sole provider. There are also two salaried GPs employed. In addition to this there are three practice nurses, a healthcare assistant, a practice manager, and additional administrative and reception staff. The practice shares its premises and staff with Poole Town Surgery.

The practice is a training practice for doctors training to become GPs as well as a teaching practice for student nurses and year six Medical Students from the Imperial College London.

Patients using the practice also have access to community staff including district nurses, health visitors, midwives, physiotherapists and counsellors.

The practice is open from Monday to Friday, between the hours of 8am and 6.30pm. Appointments with the GP or nurse are available between these times and could be booked up to eight weeks in advance. There are evening appointments on Thursdays until 8.15pm for people unable to access appointments during normal opening times. GPs also offered patients telephone consultations, and performed home visits where appropriate. During evenings and weekends, when the practice is closed, patients are directed to an Out of Hours service delivered by another provider.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 2 December 2015. During our visit we:

- Spoke with a range of including GPs, nursing and administrative staff and spoke with two 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.

Detailed findings

- 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 and there was also a recording form available to do this.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, it was found that the health visitors and district nurses used a different computer system to the practice so messages were not always shared. The practice now uses paper copies to give to other healthcare professionals. Health Visitors add their own notes to the practice computer system, which has improved communication and promoted good continuity of patient care.

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

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available, if required. The nurses and healthcare assistants 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).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. All clinical staff took responsibility for infection control within the practice with a practice nurse as the infection control lead. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken, most recently in November 2015 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). 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. There was a policy for ensuring that medicines needing refrigeration were kept at the required temperature, which described the action to take in the event of a potential failure. Records showed that fridge temperature checks were carried out which ensured medication was stored appropriately.
- 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. Where DBS checks had not been undertaken there was a comprehensive risk assessment in place.

Monitoring risks to patients

Good

Are services safe?

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 for all staff to access. The practice had up to date fire risk assessments and carried out regular fire drills. Following an actual fire earlier this year staff where praised by the fire service for their prompt and organised response and evacuation plan. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

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. For example, a patient had collapsed in the treatment room the day before our inspection, the nurse pressed the alarm and all staff immediately attended.
- All staff received annual basic life support training and there were emergency medicines available on the trolley placed in the treatment rooms' corridor as well as in an easily accessible area on the first floor. Emergency medicines had been separated into individual grab bags, for example, respiratory arrest, anaphylaxis and chest pain for ease of use.
- The practice had a defibrillator available on the premises and oxygen with adult masks on the ground and first floor. 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.

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 risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 95.5% of the total number of points available, with 18.2% exception reporting. This higher exception rate was explained by the practice having a higher percentage of younger patients not eligible to obtain points for QOF and also patients who refused treatment. Data from 2014/2015 showed;

- Performance for diabetes related indicators was 96.5% which was better than the CCG average of 95.2% and the national average of 89.2%
- The percentage of patients with hypertension having regular blood pressure tests was 100% which was better than the CCG average of 98.7% and the national average of 92.7%
- Performance for mental health related indicators of 88.5%was similar to the national average of 92.8%
- The dementia diagnosis rate of 82.35% was comparable to the national average of 83.82%.

Clinical audits demonstrated quality improvement.

There had been 10 clinical audits completed in the past year, these were completed audits where the improvements made were implemented and monitored. The audits included infection control, inadequate smear tests, and medication and pre diabetic risk searches. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.

Findings from these audits were used by the practice to improve services and outcomes for patients. For example, a recent audit was undertaken to identify areas where poorly controlled diabetic patients suffering from type 2 diabetes could be changed to improve care. This had resulted with the practice identifying patients with an abnormal blood pressure, reviewing patient's medicines and following up more vigorously on patients that did not attend review appointments by sending text messages and letters inviting them in to the practice for an appointment. A comprehensive template was used to record findings for patients with diabetes, which assisted with the management of their condition.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of GPs. 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 and in-house 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 were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

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

Health promotion and prevention

The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 75.56% which was comparable to the national average of 81.88% 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 comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 70% to 90% and five year olds from 70% to 90%. Flu vaccination rates for the over 65s were 69.33%, and at risk groups 43.96%. These were also comparable to national averages.

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

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

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

All of the 33 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

The practice had a virtual patient participation group; we did not speak to these members at inspection. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. They also told us they were satisfied with the care provided by the practice and said thereir dignity and privacy was respected.

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

- 94.7% said the GP was good at listening to them compared to the CCG average of 91.9% and national average of 88.6%.
- 93.7% said the GP gave them enough time (CCG average 89.9%, national average 86.6%).
- 98.7% said they had confidence and trust in the last GP they saw (CCG average 96.9%, national average 95.2%)
- 90.4% said the last GP they spoke to was good at treating them with care and concern (CCG average 89.2%, national average 85.1%).
- 94.2% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92.3%, national average 90.4%).
- 93.1% said they found the receptionists at the practice helpful (CCG average 89.8%, national average 86.8%)

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:

- 92.1% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89.1% and national average of 86%.
- 92.5% said the last GP they saw was good at involving them in decisions about their care (CCG average 86.1%, national average 81.4%)

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. The GPs were also able to provide consultations in Polish and French 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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 27.8% of the practice list as carers. The practice held carers coffee mornings to provide guidance and support. Written information was available to direct carers to the various avenues of support available to them

Good

Are services caring?

Staff told us that if families had suffered bereavement, their usual GP contacted them and 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 engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example the practice had initiated a project to provide better care for older people specifically those over 75 years of age. They had employed a health care assistant (HCA) specifically for this and increased their nursing hours to allow them to have one session a week in the community visiting their over 75's. This gave the practice the flexibility to see patients who either found it difficult to get into the practice or did not meet the criteria for visits from the district nursing team. Staff were able carry out routine health checks, observe the patient in their own environment and pick up any early signs that they were not coping. Care plans would be put in place where issues had been identified. The practice were able to give us examples of where admission to hospital had been avoided as symptoms had been recognised and treated before hospitalisation was required.

- The practice offered a Thursday evening session until 8.15pm for working 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.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
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Access to the service

The practice was open between 8am and 6:30pm Monday to Friday. Appointments were available from 8:30am to 11.30am every morning and 3pm to 6pm daily. Extended hours surgeries were offered on Thursday evenings between 6.30pm to 8.15pm. In addition to pre-bookable appointments that could be booked up to eight weeks in advance, urgent appointments were also available for people that needed them.

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

- 86.6% of patients were satisfied with the practice's opening hours compared to the CCG average of 78.8% and national average of 74.9%.

93.9% patients said they could get through easily to the practice by phone (CCG average 85.3%, national average 73.3%).

- 89.2% patients described their experience of making an appointment as good (CCG average 82.3%, national average 73.3%.
- 78.8% patients said they usually waited 15 minutes or less after their appointment time (CCG average 68.3%, national average 64.8%).

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.
- The was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system

We looked at two complaints received in the last 12 months and found that all of these had been satisfactorily handled and dealt with in a timely way. Written complaints responses showed that openness and transparency and duty of candour had been followed when dealing with the complaint.

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 is 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 GP in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The GPs were visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The GP encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- the practice gives 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 GPs in the practice. All staff were involved in discussions about how to run and develop the practice, and the GP 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.

- The practice had gathered feedback from patients through the virtual patient participation group (PPG); many members of this group were also members of the carers group and attend the coffee mornings held by the practice. The practice also obtained feedback from the friends and family tests and through using the TV in the patient waiting room inviting comments and feedback. Any complaints received were also used to improve services. Improvements that had been made included installing additional telephone lines to assist patients when telephoning the practice to make appointments.
- The practice had also gathered feedback from staff through staff away days and generally through staff meetings, appraisals and discussion. Staff told us they

Are services well-led?

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

would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice was in a federation of GP practices, they had employed a health and social care coordinator to assist with organising the multidisciplinary team meetings and managing risks to patients.

The practice was a training practice for doctors training to become GPs as well as a teaching practice for student nurses and year six medical students from the Imperial College London.