

Dr R Hazeldine & Dr M Taylor

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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr R Hazeldine & Dr M Taylor practice on 29 July 2015.

Overall the practice is rated as good.

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

- Urgent appointments were available the same day.
- The practice had good facilities including disabled access and was found to be clean and tidy.
- Information about services and how to complain was available for patients.
- Patients were happy with the care provided and found all the staff to be caring and supportive.
- There were systems in place to reduce risks to patient safety for example, infection control procedures.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Staff had received training appropriate to their roles.
- Recruitment checks were carried out and the appropriate recruitment checks had been undertaken prior to employment.

- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage.
- Patients who may be in need of extra support were identified by the practice.

However there were areas where the provider should make improvements.

Importantly the provider should:

- Ensure a patient participation group (PPG) is in operation.
- Ensure chaperone information is displayed in line with the practice's chaperone policy.
- Ensure that all risk assessments relating to the building are stored in the building and accessible to staff

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.

Summary of findings

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents. Lessons were learned and communicated to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. Staff had been trained to the appropriate level for safeguarding and understood how to raise a concern.

Good



Are services effective?

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

Good



Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for almost all aspects of care. Feedback from patients about their care and treatment was consistently and strongly positive. We observed a patient-centred culture. Views of external stakeholders were very positive and aligned with our findings. Patients said they were treated with dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the Clinical Commissioning Group (CCG) 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

Good



Summary of findings

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.

Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular meetings. There were systems in place to monitor and improve quality and identify risk. However, at the time of our inspection, the practice did not have a patient participation group (PPG). Staff had received inductions, regular performance reviews and attended staff meetings. The practice was aware of future challenges.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as good for the care of older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and offered home visits if necessary, as well as same day appointments if needed. Every patient had a named GP. All patients over the age of 75 had been written to advising them of their named GP. The practice nursing team visited all housebound patients annually to perform a health check and encourage and give flu vaccinations. Residential care homes had been given a dedicated mobile phone number with which to contact the surgery to avoid going through the main reception telephone line, this call went to one of the GPs.

Good



People with long term conditions

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 and medication needs were being met. Patients were encouraged to manage their conditions and were referred to health education and other in-house services such as a community matron. Special notes were used on the patient record enabling out of hours providers to be informed of any special information they may need in relation to these patients outside normal surgery hours.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. There was a weekly health visitor clinic for parents to attend with their children and the health visitor was able to speak to GPs if necessary on the day of the appointment. The practice did not meet formally with a health visitor on a weekly basis to discuss safeguarding issues as this was done informally when the health visitor was holding their clinic. Communication also took place through the clinical system with GPs, nurses and health visitors. Immunisation rates were relatively high for all standard childhood immunisations. Appointments were available outside of school hours and the premises were suitable for children and babies.

Good



Summary of findings

Working age people (including those recently retired and students)

The practice is rated good for the care of working-age people (including those recently retired and students). Whilst the practice surgery did not offer extended hours opening the appointment system meant that patients were always able to get an appointment on the same day. The practice had looked at the data for out of hours usage and both this and the patient satisfaction data supported this. The practice also offered telephone consultations with a clinician if requested and also offered online services as well as a full range of health promotion and screening that reflected the needs for this age group.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with a learning disability. It had carried out annual health checks and longer appointments were available for people with a learning disability. Staff had been trained 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.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). 93% of people experiencing poor mental health had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health and they were supported by a mental health therapist who held a weekly clinic at the practice.

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 (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

Results from the National GP Patient Survey January 2015; 324 forms had been distributed to patients and 38% had been returned and completed.

- 87.9% find it easy to get through to this surgery by phone compared with a CCG average of 68.9% and a national average of 74.4%.
- 95.7% find the receptionists at this surgery helpful compared with a CCG average of 82.4% and a national average of 86.9%.
- 85.4% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 48.7% and a national average of 60.5%.
- 93.4% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 80.7% and a national average of 85.4%.
- 99.2% say the last appointment they got was convenient compared with a CCG average of 89.6% and a national average of 91.8%.
- 93.7% describe their experience of making an appointment as good compared with a CCG average of 68.8% and a national average of 73.8%.

- 86% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 61.7% and a national average of 65.2%.
- 75.8% feel they don't normally have to wait too long to be seen compared with a CCG average of 51.2% and a national average of 57.8%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 48 comment cards which were all positive about the standard of care received. Patients told us that the building was always clean, that all staff were caring and helpful and that patients were treated with dignity and respect. We reviewed the results of the Friends and Family Test for the months of January to June 2015. This showed that out of 96 that had been completed 92% of patients said they were either extremely likely or likely to recommend the practice to friends or family. We also spoke with two care homes that used the service for some of their residents and they told us that they had a good relationship with the practice and found the staff to be helpful and supportive.

Areas for improvement

Action the service SHOULD take to improve

- Ensure a patient participation group (PPG) is in operation.
- Ensure chaperone information is displayed in line with the practice's chaperone policy.
- Ensure that all risk assessments relating to the building are stored in the building and accessible to staff

Dr R Hazeldine & Dr M Taylor

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr R Hazeldine & Dr M Taylor

Dr R Hazeldine & Dr M Taylor is a GP practice which provides a range of primary medical services to around 5,700 patients from a main surgery Westcotes Health Centre and a branch surgery in Colwell Medical Centre. The service is provided by two GP partners, three practice nurses (two of which are able to prescribe) alongside a practice manager and six reception/administration staff. Local community health teams support the GPs in provision of maternity and health visitor services.

The practice has two locations registered with the Care Quality Commission (CQC). We were not able to inspect the branch surgery as part of this inspection as it was registered incorrectly with the Care Quality Commission (CQC) as a separate location and therefore required a separate inspection. Since the inspection the practice have commenced the process to amend their registration. The location we inspected was Westcotes Health Centre, Fosse Road South, Leicester, Leicestershire, LE3 0LP.

The practice provides GP services under a General Medical Services (GMS) contract.

Both male and female life expectancy was in line with the national average. The age distribution of the practice has a higher percentage of people between the ages of 25 and 34 compared to the national profile.

The surgery is open from 8.30 am until 6.00 pm Monday to Friday. Appointments are available from 8.35 to 10.15am and 3.30 pm until 5.20 pm on these days other than Thursday when the surgery closes at 12.00pm.

The practice lies within the NHS Leicester City Clinical Commissioning Group (CCG). A CCG is an organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services.

The practice was last inspected by the Care Quality Commission in July 2014, when it was judged to be in breach of Regulation 9 and 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 relating to:

- Care and welfare of people who use services

The practice did not have oxygen in place for dealing with emergencies which are reasonably expected to arise from time to time.

- Records

Safety alerts, Legionella testing certificates, patient safety alerts and staff appraisals were not always retained to provide a clear audit trail including, where appropriate, the outcomes and actions taken. Discussions, between healthcare professionals, were not always documented. The key to the medical records filing cabinets was not securely stored.

Detailed findings

Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services under the Care Act 2014.

This provider had been inspected by the Care Quality Commission on 11 July 2014. They did not receive a rating. They were in breach of Regulations in relation to care and welfare of the people who use the service and records so we have re-inspected this location to check that improvements have been made and to give the practice a rating for the services they provide.

How we carried out this inspection

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

- Is it safe?
- Is it effective?
- Is it caring?

- Is it responsive to people's needs?
- Is it well-led?

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)

The inspector :-

- Reviewed information available to us from NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 29 July 2015.
- Spoke to staff, patients and residential care homes in the area.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.

Are services safe?

Our findings

Safe track record and learning

There was a 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 on the practice's computer system. All complaints received by the practice were dealt with by the practice manager after an acknowledgement letter was sent. We saw that statements were taken from any staff member involved and that a response letter with outcomes had been sent to the complainant. The practice carried out an analysis of the significant events at meetings held informally each Friday however, due to the small number of incidents and complaints received (two in last 12 months) there was no annual review and it was not possible to identify themes and trends.

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. For example, an incident had been reported that an out of date cytology bottle had been used. The investigation had found that the expiry date on these containers was recorded in a different way than expected and therefore the staff member hadn't realised the container was out of date. All staff we spoke with were now fully aware of the method used for recording the expiry date on the cytology bottles and the incident that had been reported.

The practice had also expanded their weekly vaccine expiry date check list to include checking expiry dates on other patient testing equipment, e.g. swabs, blood bottles, Thin Prep bottles, etc following this incident to prevent any similar incident occurring.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

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 were in place to safeguard adults and children 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.
- A notice was displayed in the waiting room, advising patients that nurses would act as chaperones, if required. The poster advising patients about chaperones was not on all consulting room doors as stated in the policy. 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 Health and Safety law poster in the reception office. The practice had an up to date fire risk assessment and regular fire drills were carried out. All staff had completed fire safety training. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The building was managed externally and therefore some of the risk assessments were held with the landlord and were not available at the inspection. The GP was the infection control clinical lead with other non-clinical leads within the practice. There was an infection control protocol in place and staff had received up to date training. An infection control audit had taken place since the inspection with actions noted and dates for actions to be reviewed in three months' time.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of

Are services safe?

the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.

- Recruitment checks were carried out and the four 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. The practice had not used a Locum GP for over 20 years as the two GP partners provided cover for each other at all times.

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. Staff we spoke with knew about red flag words and had a list of them at the reception desk. Red flag words are words that a patient may use when contacting the surgery to make an appointment. For example, a patient may report that they have a headache and a rash, which may indicate a serious medical condition. They were able to explain what they would do in an emergency situation. All staff received annual basic life support training and there were emergency medicines available in the practice. The practice had a defibrillator available on the premises and oxygen with adult masks which was in line with resuscitation council minimum suggested equipment recommended for a primary care setting. All staff had been trained on how to use the oxygen. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment and consent

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

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. 2013/14 results were 99.9% of the total number of points available, with 2.7% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from these results showed;

- Performance for diabetes related indicators was 99.3% which was better than the CCG and national average of 91.2% and 90.1%.
- The percentage of patients with hypertension having regular blood pressure tests was 89.3% which was better than the CCG average of 80.9% and 83.1% national average.
- Performance for mental health related indicators was better when compared to the CCG and national average of 93.9% and 90.4%
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 97.2% which was better than the CCG average of 83.6% and the national average of 83.8%.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and patients' outcomes. There had been two clinical audits carried out in the last two

years in relation to the use of aspirin in pregnancy and also a falls audit. Both were completed audits and had led to improvement. The practice had also carried out three prescription quality audits.

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, fire safety, health and safety and confidentiality. These staff also had a review after six months of employment.
- 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 on-going support during sessions, appraisals, clinical supervision and facilitation and support for the revalidation of doctors. All staff had received 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.

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

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

Are services effective?

(for example, treatment is effective)

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. The process for seeking consent was monitored through records and audits to ensure it met the practice's responsibilities within legislation and followed relevant national guidance.

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, smoking and alcohol cessation. Patients were signposted to relevant services. The practice had a smoking cessation clinic and a Mental Health clinic once a week that was held at the practice but provided externally.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme

was 86.24%, which was better than the CCG average of 79.3% and the national average of 81.88%. There was a process to make telephone calls to remind 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 averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 79.5% to 100% and five year olds from 88.9% to 98.6% compared to CCG averages of 81.6% to 98.4% and 85.5% to 94.9%. Flu vaccination rates for the over 65s were 77.12% and at risk groups 63.5%. These were also above compared to national averages of 73.24% and 52.29%.

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.

Are services caring?

Our findings

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.

All of the 47 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. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 89.9% said the GP was good at listening to them compared to the CCG average of 85.7% and national average of 88.6%.
- 88.9% said the GP gave them enough time compared to the CCG average of 82.6% and national average of 86.8%.
- 92.4% said they had confidence and trust in the last GP they saw compared to the CCG average of 93.6% and national average of 95.3%.
- 81.6% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80.1% and national average of 85.1%.
- 98.6% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86.1% and national average of 90.4%.
- 95.7% patients said they found the receptionists at the practice helpful compared to the CCG average of 82.4% and national average of 86.9%.

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 were 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:

- 83.6% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83.3% and national average of 86.3%.
- 77.9% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77.2% and national average of 81.5%.

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. We also saw a patient arrive for an appointment, the patient had an interpreter with them for sign language. The staff member that dealt with this appointment told us that the patient had registered as a new patient and the staff had identified the need for an interpreter and had booked one accordingly.

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. There was a practice register of all people who were carers and 69 carers were on the register and were being supported. For example, by offering health checks and referral for social services support. 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, the nurse or GP contacted them or sent them a sympathy card. Some staff had attended patient's funerals when the

Are services caring?

patient was well known to the practice. 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.

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. For example, the CCG fund an alcohol worker and a mental health counsellor in the practice once a week for referral into.

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;

- All elderly housebound patients were visited annually by the practice nurse team to carry out an annual health check and encourage flu vaccination.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- There was a dedicated mobile number for care homes to use to contact the GPs in relation to their patients.
- Extended hours were not provided however feedback from patients showed that there was no issue to this and that patients from the working age population were able to access appointments at times suitable to them.

Access to the service

The practice was open from 8.30 am until 6.00 pm Monday to Friday. Appointments were available from 8.35am to 10.15am and 3.30 pm until 5.20 pm on these days other than Thursday when the surgery closed at 12.00pm. Urgent appointments were also available for people that needed them and routine appointments could be booked up to six weeks in advance.

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 and people we spoke to on the day were able to get appointments when they needed them. For example:

- 81.1% of patients were satisfied with the practice's opening hours compared to the CCG average of 77.4% and national average of 75.7%.
- 87.9% patients said they could get through easily to the surgery by phone compared to the CCG average of 68.9% and national average of 74.4%.
- 93.7% patients described their experience of making an appointment as good compared to the CCG average of 68.8% and national average of 73.8%.
- 86% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 61.7% and national average of 65.2%.

Listening and learning from concerns and complaints

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

We saw that information was available to help patients understand the complaints system for example a notice was displayed in the waiting room, an information leaflet was available, and complaints could be made by email to practice manger. Patients we spoke with were not aware of the process to follow if they wished to make a complaint however none of them had felt that they wanted to or would need to.

We looked at two complaints received in the last 12 months and found they were investigated by the practice manager or GP after a letter of acknowledgement was sent. The investigation included statements from staff members and a written response had been sent to the patient. They were dealt with in a timely way with openness and transparency. Due to the low number of complaints these were not raised during an annual review although the practice did complete a return to NHS England annually. Staff who we spoke with were aware of the complaints that had been received and the learning from them.

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.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of their strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- There was a comprehensive understanding of the performance of the practice.

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. The partners encouraged a culture of openness and honesty. Both partners in the practice had been there for over twenty years as had the

practice manager. Due to the length of service by the majority of the staff the team were very close knit and had no problems in discussing things formally or more often informally as the need arose.

Staff told us that regular team meetings were held. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and were 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 did not have an active PPG which met on a regular basis. The PPG that had been in place had diminished. We saw that there had been an effective recruitment campaign to engage patients and the new PPG were due to meet for the first time in August 2015 to discuss what the PPG is and how they would like to operate and what they would like to do in relation to improving the practice.

Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.