

# Dr McAlindon, Dr Thapa, Dr Javali and Dr Amin

## 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 McAlindon, Dr Thapa, Dr Javali and Dr Amin on Tuesday 22 September 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- 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.

However there was an area of practice where the provider needs to make an improvement.

The provider should:

- The practice needs to explore how it can improve telephone access to the surgery and appointments.

**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 and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed.

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 mental 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 within multidisciplinary teams.

Good



### Are services caring?

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

Good



### Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. 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.

Good



# Summary of findings

## Are services well-led?

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

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

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. 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.

Good



### Families, children and young people

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. 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.

Good



### Working age people (including those recently retired and students)

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

Good



# Summary of findings

## 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. During the year 2014/15 the practice carried out reviews of over two thirds of patients on the register.

The practice reviewed 67% of these patients in the previous year 2014-15, and have told us they intend to review all the patients on the register by 31 March 2016. Letters of invitation are sent and followed up by telephone contact to improve attendance.

The practice regularly worked with multi-disciplinary teams in the case management of adults whose circumstances may make them vulnerable. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in children and adults whose circumstances may make them vulnerable. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



## People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). When both the mental health and dementia registers are combined, the practice has 1.4% (126) of their practice population (patient list size 9027) on these registers. Of this group, 85% were reviewed in the previous year 2014-15 and we were told that the practice aimed to review all of these patients by 31 March 2016.

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) due to 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

The national GP patient survey results published on 2 July 2015 for the most recent data showed the practice was performing in line with local and national averages. Of 324 surveys issued there were 110 responses and a response rate of 34%. Of these responses:

- 59% find it easy to get through to this surgery by phone compared with a CCG average of 72% and a national average of 73%.
- 91% find the receptionists at this surgery helpful compared with a CCG average of 87% and a national average of 87%.
- 57% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 53% and a national average of 60%.
- 78% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 85% and a national average of 85%.
- 91% say the last appointment they got was convenient compared with a CCG average of 93% and a national average of 92%.

- 69% describe their experience of making an appointment as good compared with a CCG average of 73% and a national average of 73%.
- 73% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 71% and a national average of 75%.
- 66% feel they don't normally have to wait too long to be seen compared with a CCG average of 63% and a national average of 58%.

While the survey sample is small and the responses are generally in line with other practices, there appears to be some concern amongst patients about the ease or satisfaction in the process of getting appointments.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received four comment cards which were all positive about the standard of care received. Comments included how well patients were received by reception staff and the compassion shown by the clinicians.

## Areas for improvement

### Action the service **SHOULD** take to improve

The practice needs to explore how it can improve telephone access to the surgery and appointments.

# Dr McAlindon, Dr Thapa, Dr Javali and Dr Amin

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team consisted of a CQC Lead Inspector and three specialist advisors (a GP, a practice manager and a practice nurse). Our inspection team also included an Expert by Experience who is a person who uses services themselves and wants to help CQC to find out more about people's experience of the care they receive.

### Background to Dr McAlindon, Dr Thapa, Dr Javali and Dr Amin

Dr McAlindon, Dr Thapa, Dr Javali and Dr Amin is registered with CQC to provide primary care services, which includes access to GPs, family planning, surgical procedures, treatment of disease, disorder or injury and diagnostic and screening procedures. It provides GP services for patients living in the Normanton area of Wakefield.

The practice has six GPs (three male and three female), a management team, practice nurses, a phlebotomist, healthcare assistants and administrative staff.

The practice is open 8am to 6:30pm on Monday to Friday with a Saturday opening for pre bookable appointments. Patients can book appointments in person, via the phone

and online. Appointments can be booked five weeks in advance for both the doctor and nurse clinics. Out of hours services are provided by Trinity Care Triage. Calls are diverted to this service when the practice is closed.

The practice has a Personal Medical Services (PMS) contract. This is the contract between general practices and NHS England for delivering services to the local community.

The practice is part of NHS Wakefield Clinical Commissioning Group (CCG). It is responsible for providing primary care services to 9,027 patients. The practice is generally comprised of an equal number of women and men.

### Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme covering Clinical Commissioning Groups throughout the country.

We carried out an announced 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 registered 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 in accordance with the Care Act 2014.

Please note when referring to information throughout this report, for example any reference to the Quality and



# Detailed findings

Outcomes Framework (QOF) data. This is a system intended to improve the quality of general practice and reward good practice. This relates to the most recent information available to CQC at that time.

## How we carried out this inspection

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

- 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

- Mothers, babies, children and young people
- The working age population and those recently retired
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing a mental health problems

Before our inspection we carried out an analysis of the data from our intelligent monitoring system. We also reviewed information we held and asked other organisations and key stakeholders to share what they knew about the service. We reviewed the policies, procedures and other information the practice provided before the inspection. The information reviewed did not highlight any significant areas of risk across the five key question areas.

We reviewed all areas of the practice including the administrative areas. We sought views from patients through eight face-to-face interviews. We spoke with GPs, the practice manager, a nurse practitioner, the IT manager and receptionists.

We observed how staff treated patients when they visited or phoned the practice. We reviewed how the GP made clinical decisions. We reviewed a variety of documents used by the practice to run the service.

# 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. All complaints received by the practice were entered onto the system and were treated as a significant event if appropriate. People affected by significant events received a timely response and were told about actions taken to improve care. 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. The practice carried out an analysis of the significant events.

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. A significant event occurred that involved the use of Disease modifying antiheumatic drugs (DMARD). Following this incident a new policy relating to the prescribing of these drugs was introduced. 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. The practice used the National Reporting and Learning System (NRLS) eForm to report patient safety incidents.

### 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 staff would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received an enhanced 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. The practice had up to date fire risk assessments and regular fire drills were carried out. 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.
- 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 prevention 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 practice had achieved 86% in a recent infection control audit with an action plan to improve this score.
- 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 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 six 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

## Are services safe?

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. We saw a copy of a priority rota which ensured all key areas and positions in the practice were always covered.

### **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. All the medicines we checked were in date and fit for use.

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

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice carried out assessments and treatment in line 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. 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 participated in the Quality and Outcomes Framework (QOF). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current published results for the year 2014/15 shows that 98% of the total number of points available were achieved, with 18% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from the year 1 April 2014 – 31 March 2015 showed:

- Performance for diabetes related indicators for 2014/15 was 92% which was similar to the CCG and national average.
- Patients with hypertension having regular blood pressure tests was 100% achieved.
- Performance for mental health related and hypertension indicators was 100% achieved which was better than the CCG and national average.
- The dementia diagnosis rate was 91% achieved which was comparable to the CCG and national average.

Clinical audits were carried out to assist in quality improvement, and all relevant staff were involved to improve care and treatment and clinical outcomes. There had been 19 clinical audits undertaken in the last two years, eight of these were completed audits where the improvements made were implemented and monitored. Eight of these were planned clinical audits but not due to be completed until 2016.

### 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.
- 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, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules 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 and their intranet system. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going 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

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

# Are services effective?

(for example, treatment is effective)

2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. 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

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, alcohol cessation and sexual health. Patients were then signposted to the relevant service. A dietician was available on the premises and smoking cessation advice was available from a local support group. Patients who may be in need of extra support were identified by the practice.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening was 84% for the year 2014/15, which was comparable to the CCG

average of 83% and 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 also encouraged patients to attend national screening programmes for bowel cancer, with letters and questionnaires for non-responders, and for breast cancer screening.

Childhood immunisation rates for the vaccinations given in 2014/15 were comparable to CCG/national averages. For example, quarterly childhood immunisation rates for under two year olds ranged from 93% to 97%, and five year olds from 77% to 87%. The practice was seeking to further improve uptake of childhood immunisation for this year 2015/16 by increasing the letter and phone invitations and reminders to parents of eligible children. Flu vaccination rates for the over 65s were 81%, and at risk groups 45%. These were above CCG and 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.

# 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 and could offer them a private room to discuss their needs.

All of the four 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. We also spoke with three members of the patient participation group (PPG) on the day of our inspection. They also told us they were 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.

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

- 87% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 85% said the GP gave them enough time compared to the CCG average of 88% and national average of 87%.
- 94% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%
- 81% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 85%.
- 92% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 92%.

- 91% patients said they found the receptionists at the practice helpful compared to the CCG average of 87% 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:

- 83% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 86%.
- 72% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 81%

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

### Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers and 1.5% of the practice list had been identified as carers 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.

## Are services caring?

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This was 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, multidisciplinary working meetings with MacMillan nurses, palliative care consultants and TARGET (Time for Audit, Research, Governance, Education & Training) meetings. These meetings provide a coordinated relevant, focused, and quality education programme.

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 a 'Sexual Health Clinic' on a Tuesday evening for patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- The practice had a lift to improve access for disabled patients.
- Diabetes quarterly specialist meetings
- Gold standard palliative care meetings with MacMillan nurse
- Clinical governance meetings with practice nurses
- Shared care service provided
- Joint injections
- Physiotherapy, audiology and hearing aid fitting, health trainer, ultrasound services all available within the practice.
- Comprehensive contraceptive services by trained GP and practice nurse

### Access to the service

The practice was open between 8am and 6:30pm Monday to Friday. Extended hours surgeries were offered every Saturday. 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.

Patients were generally satisfied with the opening hours and the waiting times once they had an appointment. However, in comparison with other practices patients were less satisfied with process of getting through to the practice or getting an appointment. For example:

- 82% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.
- 59% patients said they could get through easily to the surgery by phone compared to the CCG average of 72% and national average of 73%.
- 69% patients described their experience of making an appointment as good compared to the CCG average of 73% and national average of 73%.
- 73% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 71% and national average of 65%.

The practice needs to explore how it can improve telephone access to the surgery and appointments.

The practice also has a nurse triage telephone services which provides access for patients by trained staff who are available to provide appropriate compassionate advice and health promotion using evidenced based clinical decision tools. The nurse triage ensures appropriate resource utilisation, prevent unnecessary appointments, empower patients in self-care, and provide a platform that refers patients to other services in the area.

### 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 e.g. posters displayed and summary leaflet available. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.



# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values. The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

The practice demonstrated:

- Responsive to local and national initiatives as well as recognising the need to expand services through collaboration with practices and regular meetings
- New ways of working e.g. Trinity Care triage, Saturday morning access and proactive approach to skill mix and training
- Care closer to home with the planned expansion of in-house services and greater utilisation of the minor surgery suite
- Develop salaried GPs into partners
- Federation (collaborative arrangement with other practices) work in progress

### 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
- All staff had 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
- Information governance protocols and policies were widely available on the intranet

- A named Caldicott guardian – A Caldicott Guardian is a senior person responsible for protecting the confidentiality of patient and service-user information and enabling appropriate information sharing.
- Privacy officer protects confidentiality of patient records
- Regular Clinical supervision, clinical governance, practice meetings
- Confidentiality clause in staff employment contracts
- Information governance training on intranet e-modules

### 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. The partners 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 partners encouraged a culture of openness and honesty.

Staff told us that regular team meetings were held. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. We also noted that team away days were being planned. 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.

- Responsive to local and national changes – enhanced services, NICE guidelines
- Staff encouraged to develop and train in new areas, improve skill mix
- Regular staff and practice meetings
- Compliments shared among staff and collated on intranet
- Responsive to complaints and significant events with learning points discussed and actioned
- Suggestion box for anonymised staff comments to help shape the practice
- Staff uniform has created a good team culture

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had

# Are services well-led?

Good 

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

gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice provided better parking facilities for patients as a result of the PPG.

The practice had also gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give

feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## Innovation

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.