North Wingfield Medical Centre

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?	Requires improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at on 29 October 2015. Overall the practice is rated as good.

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

- 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 were areas of practice where the provider should make improvements.

- Review the systems in place for sharing the outcome and learning for significant events with staff.
- Put measures in place to improve telephone access to the practice.
- Follow up on action plan which was produced following legionella risk assessment.

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?

Requires improvement

The practice is rated as requires improvement for providing safe services as there are areas where it should make improvements. Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when things went wrong, reviews and investigations were not thorough and lessons learned were not communicated widely enough to support improvement.

Other areas of concern include no annual fire drill being carried out to ensure familiarisation with emergency procedures and no documentation to evidence this. There was no oxygen on site to assist in the emergency care of patients with breathing difficulties or other conditions and no risk assessment carried out, given the remote location of the practice.

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 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.

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

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 (CCG) to secure improvements to services where these were identified.

Summary of findings

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 and in a personable manner to issues raised. Learning from complaints was shared with staff.

Are services well-led?

Good

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.

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. 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.

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 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.

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.

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

Summary of findings

care. The practice was proactive in offering early appointments, including blood tests and GP appointments before work as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

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. Patients who were identified as vulnerable had an alert on their records so staff were aware of their needs and could allocate extra time onto the appointment.

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, they were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

The practice is involved in a dementia roll out project which aims to provide a practice based Dementia Support Worker and Community Psychiatric Nurse to facilitate the early diagnosis of dementia as well as post diagnosis support in primary care, reducing the need for referrals to secondary care. It had a system in place to follow up patients who had attended accident and emergency department (A&E) where they have been experiencing poor mental health and care plans put in place to reduce further attendances.

Staff adopt a multi-disciplinary team approach to the care of the most vulnerable patients and have close links to psychological therapy services, alcohol teams and domestic violence support workers, all of whom can access a room in the practice to see patients on request.

Summary of findings

What people who use the service say

The national GP patient survey results published on July 2015 showed the practice was performing in line with Hardwick Clinical Commissioning Group (CCG) and national averages. 289 surveys were sent out generating 104 responses which is a response rate of 36%

- 65% found it easy to get through to this surgery by phone compared to a CCG average of 70% and a national average of 73%.
- 82% found the receptionists at this surgery helpful compared to a CCG average of 87% and a national average of 87%.
- 84% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 82% and a national average of 85%.
- 67% described their experience of making an appointment as good compared to a CCG average of 69% and a national average of 73%.
- 75% usually waited 15 minutes or less after their appointment time to be seen compared to a CCG average of 62% and a national average of 65%.
- 65% felt they don't normally have to wait too long to be seen compared to a CCG average of 56% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 21 comment cards which were all positive about the standard of care received. Patients stated that there had been improvements in being able to see a specific GP. Patients commented that once they get through to the practice they could get a same day appointment, however the phone line was often engaged. We also spoke with 10 patients and three representatives of the patient participation group. Comments from these patients were also positive about the service they received from the practice.

North Wingfield Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a Practice Manager specialist adviser and an Expert by Experience.

Background to North Wingfield Medical Centre

The practice is situated in North Wingfield, a large village in the county of Derbyshire. The practice supports a population with high unemployment in an area of high deprivation and has a list of approximately 3750 patients.

The practice has one female GP and three male salaried GPs, a practice nurse prescriber and two health care assistants who work closely with reception and administrative staff on one site. The practice operates on a primary medical services (PMS) contract.

The practice is open between 8am and 6:30pm Monday to Friday. Appointments are from 8am to 12:30pm every morning and 2:30pm to 6:30pm daily. Extended hours surgeries are offered at 7:30am every Wednesday and Friday for pre bookable appointments only. Out of hours (OOH) cover is provided by Derbyshire Health United from 6:30pm to 8am through the 111 system.

We inspected this practice under the previous inspection regime on 20 November 2013 and due to concerns raised about the safeguarding procedures and assessments of risk during the inspection a further inspection was conducted on 19 June 2014, where it was found the practice had put in place effective systems to manage these areas.

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

How we carried out this inspection

Before visiting, we reviewed a range of information we held about the practice and asked other organisations to share what they knew about the practice. Organisations included the local Healthwatch, NHS England, and Hardwick CCG.

Detailed findings

We asked the practice to send us some information before the inspection took place to enable us to prioritise our areas for inspection. This information included; practice policies, procedures and some audits. We also reviewed the practice website and looked at information posted on

the NHS Choices website.

We carried out an announced visit on 29 October 2015, during our visit we spoke with a range of staff which included GPs, practice nurses and health care assistants, receptionists, administrators, and the practice management team. We also spoke with 10 patients who used the practice as well as three Patient Participation Group (PPG) members. We reviewed 21 comment cards and feedback where patients and members of the public shared their views and experiences.

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.

Requires improvement

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. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care.

We reviewed safety records, incident reports and minutes of the weekly meetings where these were discussed. However the minutes did not provide the detail required to acquaint staff with the outcome if they weren't at the meeting. Staff said there was no access to the lessons learned from significant events showing the actions agreed and any changes to policies or procedures.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. Any updates were circulated by the practice manager and a robust system in place to confirm that all staff were aware of the changes. 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 and in all treatment rooms, advising patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (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 had a preference to use clinical staff as chaperones however all reception staff were able to carry out the role if required.
- All electrical equipment was checked in March 2015 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 (completed in May 2015), infection control (completed April 2015) and legionella.The legionella risk assessment was conducted however the action plan created form this has not been completed.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe. We checked medicines stored in the treatment room and medicine refrigerators and found they were stored securely and doors locked when rooms not in use. Both blank prescription forms for use in printers and those for hand written prescriptions were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times. 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 five staff 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.

Monitoring Risks to Patients

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 however fire drills had not been carried out since June 2014 and there was no risk assessment for the evacuation of immobile patients through the rear fire exit which had three steps up to it. Fire alarm checks were conducted 3-4 times a month and were well documented.

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 and there was always either the practice manager or lead GP on site every day to manage the operation of the practice.

Arrangements to deal with emergencies and major incidents

There was an alarm system on the desks in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training which they attended as a team and there were emergency medicines available in the treatment room. The practice had a defibrillator (used to attempt to restart a person's heart in an emergency) available on the premises however the practice did not have any oxygen on site. A risk assessment had not been carried out to mitigate any risk given the isolated location of the surgery and high numbers of asthmatic patients and patients suffering with heart conditions. The practice informed us that an oxygen cylinder had been ordered. An accident book was 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 practice had close links with the community centre next door which could be used in an emergency if required. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line 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. Staff at the practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet 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 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. Current results were 85.9% of the total number of points available, with 4.6% exception reporting. For example, patients who do not attend for a review or where a medicine cannot be prescribed due to a contra indication or side effect.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was below (80.2%) both the CCG (90%) and national averages (89.2%).
- The percentage of patients with hypertension having regular blood pressure tests was similar (100%) to both the CCG (98.3%) and national averages (97.8%).
- Performance for mental health related indicators was similar (88.5%) to the CCG (94%) and national average (92.8%)
- The dementia diagnosis rate was below (80.8%) the CCG (92.3%) and national average (94.5%).

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. There had been seven clinical audits completed in the last two years, five of these were completed audits where the improvements made were implemented and monitored. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, recent action taken as a result of an audit of patients diagnosed with a vitamin deficiency, due to a side effect of taking a medicine used to control diabetes, was closer monitoring of the identified patients, treatment for the vitamin deficiency and annual clinical checks.

Effective staffing

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

- Recent recruitment had increased the stability of GP cover, reduced the use of Locums and increased continuity of care which was reflected by patient feedback.
- 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. The practice made every effort to attend these training courses as a team.

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.

Good

Are services effective?

(for example, treatment is effective)

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. Informal meetings were held between the district nurses based in the practice and the practice nurse as well as specialist community services such as the respiratory or diabetic teams. Having this close link aided the transition of patients between services, including when they were referred, or after they were discharged from hospital. Multi-disciplinary team meetings took place and were attended by health visitors, district nurses, palliative care nurses, dementia support worker and social workers as appropriate. Care plans were updated and approaches to care reviewed and changed to benefit the patient and reduce hospital admissions.

Consent to care and treatment

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

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. A dietician was available for referrals from the practice 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 programme was 100%, which was comparable to the CCG average of 99.1%% and above the national average of 97.6%. 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 breast cancer screening as well as bowel cancer.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97.8% to 100% and five year olds from 97.4% to 100%. Flu vaccination rates for the over 65s were 72.99%, and at risk groups 53.23%. These were also comparable to 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.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients 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, due to the close proximity of the waiting area, could offer them a private room to discuss their needs.

All of the 21 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 and that this was with compassion, dignity and respect. The practice was below local and national averages, however broadly in line with its satisfaction scores on consultations with doctors and nurses. For example:

- 79% said the GP was good at listening to them compared to the CCG average of 86% and national average of 89%.
- 80% said the GP gave them enough time compared to the CCG average of 83% and national average of 87%.
- 88% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%
- 75% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and national average of 85%.
- 97% 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 90%.
- 82% 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. They also said that there has been a good improvement in consistency following the recruitment of three salaried GPs, reducing the need for locums.

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

- 85% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 68% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 81%

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

Good

Are services caring?

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, their usual GP contacted them. 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 worked with the local CCG to plan services and to improve outcomes for patients in the area. Services were planned and delivered to take into account the needs of different patient groups and to help provide flexibility, choice and continuity of care. For example:

- The practice was working on collaboration with neighbouring practices and the CCG to develop evening cover until 8pm with some weekend cover in the future.
- Longer appointments were available for those patients who needed them. These included patients with multiple health conditions, were older, or had a learning disability.
- The practice offered early morning appointments from 7:30am on a Wednesday and a Friday during which time patients could have blood tests with the Health Care Assistant or see the GP through pre bookable appointments.
- Home visits were available for older patients / patients who would benefit from these.
- The Health Care Assistants and Practice Nurse managed home visits for patients unable to get to the practice for checks such as diabetic blood tests, routine blood tests and flu vaccinations.
- There were disabled facilities and translation services available.
- Urgent access appointments were available for children and those with serious medical conditions.
- The staff had created a care plan cover sheet which was left with the patients' notes at their care home or nursing home. These gave ambulance crews or out of hours staff an overview of the patients' conditions and what was in place to help reduce the need to admit the patient to hospital.
- The practice worked in partnership with another surgery in the CCG to increase support for patients prior to and after a diagnosis of dementia. This support was provided in partnership with a dementia support worker. The practice had engaged with the Alzheimer's society which attended the surgery to give advice on dementia assessments and how to support patients through a diagnosis
- The practice had made the initial arrangements to become a 'safe haven' for patients suffering a crisis, either through dementia, other mental health condition or addiction. It worked closely with the Police Community Support Officers (PCSO) based in the community building next door to help develop this scheme.
- The practice had engaged with elderly patients who were unable to attend the practice. It provided a range of services including phlebotomy, diabetic checks, and flu vaccinations both in patients' homes and in the two local residential and nursing homes. This service was provided through coordination from the practice nurse and health care assistants alongside the GP's on a weekly basis.

Access to the service

The practice was open between 8am and 6:30pm Monday to Friday. Appointments were from 8:30am to 12:30pm every morning and 2:30pm to 6:30pm daily. Extended hours surgeries were offered from 7:30am Wednesday and Friday. In addition to pre-bookable appointments could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Patients said they could generally get an appointment however they did struggle to get through on the phone to the practice as there was only one telephone line, which was regularly engaged.

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 we spoke with on the day told us they were able to get appointments when they needed them.

- 77% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and national average of 77%.
- 66% patients said they could get through easily to the surgery by phone compared to the CCG average of 70% and national average of 73%.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 67% patients described their experience of making an appointment as good compared to the CCG average of 69% and national average of 73%.
- 75% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 62% and national average of 63%.

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. The practice manager 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. The procedure was advertised on the practice website and in leaflet form in the surgery. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at one complaint received in the last 12 months and found that it had been dealt with appropriately and investigated in a timely manner. The complainant had been responded to with compassion and an open approach to meet with the patient in person to offer an apology had been accepted.

Lessons were learnt from concerns and complaints and action taken to improve the quality of care provided. For example, the complaint we looked at occurred due to incorrect medical history being entered into a patient referral letter. This had happened because several patients' notes were open on the computer at the same time. Lessons learned were that clinical letters should be managed individually, data entry completed and the patient record closed before moving onto the next letter.

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 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 and the desire to improve which is evident from the current QOF data.
- 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, however the learning outcomes were not always shared with staff .

Leadership, openness and transparency

The leadership was shared between the lead GP and the practice manager, this close link has proved vital in having the capacity to provide the care to the patients as well as develop the staffing to current strength following changes to the structure last year. During our inspection staff praised them for the supportive nature of management at the practice.

The lead GP in the practice has the experience, capacity and capability to run the practice and ensure high quality care. The priority has been to provide safe, high quality and compassionate care. The lead GP was visible in the practice and staff told us that the lead GP was approachable and always takes the time to listen to all members of staff. The lead GP encouraged a culture of openness and honesty.

Staff told us regular team meetings were held and there was an open culture within the practice and they felt supported to raise any issues at team meetings and were confident in doing so. We also noted that team training days were held as often as possible and they staff had recently completed a sponsored walk in aid of Alzheimers Society.

Staff said they felt respected, valued and supported, particularly by the managers in the practice. All staff were involved in discussions about how to run and develop the practice, and the lead 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, proactively gaining patients' feedback and engaged patients in the delivery of the service. It had 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. The PPG had generated a letter to communicate with patients who frequently did not attend their appointments. Since this was initiated there has been a reduction in missed appointments. However the recent loss of the PPG chair had left the remaining members without direction and they currently felt less able to carry out their tasks.