The Bosmere Medical Practice

Quality Report

The Bosmere Medical Practice
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Bosmere Medical Centre, Solent Road, Havant, Hampshire, PO9 1DQ on 9 July 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.
- 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 for.
- 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 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 needs to make improvements.

Importantly the provider should:

- Review the practice training with regards to the Mental Capacity Act 2005 to ensure that all staff have the awareness to practise appropriately.
- Complete a full infection control audit and ensure that this occurs regularly.
- Significant events recording should be fully completed, followed through and discussed in all cases to ensure any learning from these events is cascaded to all relevant staff.

Summary of findings

- Review recent data and identify areas where they are below national and local performance and identify how they are going to respond.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services. 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 managed. There were enough staff to keep patients safe.

Are services effective?

Good

The practice is rated as good for providing effective services. Data showed patient outcomes were similar to other GP practices area. 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. Staff had received training appropriate to their roles and further training needs had been identified 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 to secure improvements to services where these were identified. The majority of patients said they found it easy to make an appointment with a 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.

Summary of findings

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. 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 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.

The practice had quarterly meetings with the community geriatrician and community physiotherapists, to discuss older patients they had seen or who had been referred to them by the GPs.

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 medicine needs were being met. For those patients 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 accident and emergency 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 and health visitors.

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

Summary of findings

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.

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 those with a learning disability. The practice had 66 patients registered with them who had learning difficulties. The majority of those patients were able to attend the practice but those who could not were visited at a location of their choice. It had carried out annual health checks for patients with a learning disability and 58 out of 66 of these patients had been seen, those not attending were being followed up. It offered longer appointments for patients with a learning disability and was encouraging patients to have annual health checks.

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

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). Data from the practice showed that 91.6% of patients experiencing poor mental health had received a comprehensive, agreed care plan documented in their record. The practice was encouraging patients who had not wanted a health check to have one. The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. Staff had received training on how to care for patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published on 8 January 2015 showed the practice was performing in line with local and national averages. The practice has around 18,000 patients registered with them. There were 258 forms distributed and 120 completed forms were returned. Patient responses were as follows

• 78% found it easy to get through to the practice by phone compared with a clinical commissioning group (CCG) average of 84% and a national average of 74%.

• 85% found the receptionists at the practice helpful compared with a CCG average of 89% and a national average of 86%.

• 81% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 89% and a national average of 85%.

• 90% said the last appointment they got was convenient compared with a CCG average of 94% and a national average of 91%.

• 62% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 61% and a national average of 65%.

• 53% felt they don't normally have to wait too long to be seen compared with a CCG average of 57% and a national average of 57%.

Although,

• 32.6% with a preferred GP usually got to see or speak to that GP compared with a CCG average of 71.6% and a national average of 60.5%.

• 54.6% described their experience of making an appointment as good compared with a CCG average of 79.8% and a national average of 73.8%.

As part of our inspection we also asked for Care Quality Commission comment cards to be completed by patients prior to our inspection. We received 25 comment cards and 24 were all positive about the standard of care received. Many commented on the warm and friendly staff. One card commented on the fact that the patient found the GPs did not give enough time to reading case notes.

All of the patients we spoke with were positive about the care and treatment provided by the GPs and nurses and other members of the practice team. Everyone told us that they were treated with dignity and respect and that the care provided by the GPs, nursing staff and administration staff was of a very high standard. Comments included reference to the practice being caring, staff being friendly, polite and willing to help.

Areas for improvement

Action the service SHOULD take to improve

• Review the practice training with regards to the Mental Capacity Act 2005 to ensure that all staff have the awareness to practise appropriately.

• Complete a full infection control audit and ensure that this occurs regularly.

• Significant events recording should be fully completed, followed through and discussed in all cases to ensure any learning from these events is cascaded to all relevant staff.

• Review recent data and identify areas where they are below national and local performance and identify how they are going to respond.

The Bosmere Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist advisor and a practice manager specialist advisor.

Background to The Bosmere Medical Practice

The Bosmere Medical Practice is a purpose built building located on the outskirts of Havant Hampshire close to the M27. The practice moved to the building in 2007 and has an attached independent pharmacy. The practice has a patient list size of around 18,000.

The practice has a large car park including two disabled person's parking bays and when built considered the needs of patients with disabilities, with wide corridors, purpose build wheelchair accessible toilet facilities and a hearing loop.

The practice has 19 GP consultation rooms over two floors and has a lift available for patients who find it difficult to use the stairs. The practice also has a nursing suite which houses their nursing team.

The clinical team consists of nine GP partners, one salaried GP plus two GP registrars. There are three nurse practitioners, three practice nurses and three healthcare assistants. The clinical team is supported by 29 staff with six department managers. The practice has a Personal Medical Services (PMS) contract with NHS England for delivering primary care services to local communities.

The practice has been a teaching practice for many years, having third, fourth and fifth year medical students from the Southampton, Brighton and London universities. The practice has two partners who are trainers and the practice at the time of our visit had a GP returner who was working at the practice for three months.

The practice is open from 8am until 6.30pm Monday to Friday, offering extended hours surgeries every morning from 7.30am and late night surgery on Monday evening until 7.30pm.

The practice offers a range of appointment types such as same day, book one day in advance, book one week in advance and book two weeks in advance. The purpose of the different appointment types is to ensure there are sufficient appointments available to book at any one time so that entire surgeries are not fully booked weeks in advance.

To obtain an appointment patients can telephone, attend the practice or alternatively if they have registered to do so book and cancel appointments online.

The practice has opted out of providing out-of-hours services to their own patients. Out of hours cover is provided by Portsmouth Health Ltd via the NHS 111 service.

The practice offers a free telephone service to call a local taxi firm from the main reception and there is a free bus service to and from Havant bus station.

Detailed findings

We carried out an inspection at The Bosmere Medical Centre, Solent Road, Havant, Hampshire, PO9 1DQ.

Why we carried out this inspection

We inspected this service as part of our 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 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 the clinical commissioning group.

We carried out an announced inspection on 9 July 2015.

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.

During our visit we spoke with a range of staff which included GPs, nursing and other clinical staff, receptionists, administrators, secretaries and the practice manager. We also spoke with patients who used the practice. We reviewed comment cards and feedback where patients and members of the public shared their views and experiences of the practice before and during our visit.

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

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

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Good

Are services safe?

Our findings

Safe track record and learning.

There was an open and transparent approach and a system in place for reporting and recording significant events. Patients affected by significant events received a timely and sincere apology 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.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were not regularly shared to make sure action was taken to improve safety in the practice. We found there were some significant events recorded that appeared not to have been fully discussed. The significant event document recorded that these events had been closed but we were unable to follow them through to discussion, dissemination, lessons learned and any actions taken.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence 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 to safeguard adults and children from abuse that reflected relevant legislation and local requirements. Safeguarding policies were accessible to all staff and 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 who had received level three safeguarding children training. 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. Although the GPs and staff were aware of requirements of the Mental Capacity Act 2005, the practice was unable to show us evidence that they had undertaken any specific training in relation to the Mental Capacity Act 2005.
- A notice was displayed in the waiting room, advising patients that the practice provided chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster on display in the practice. The practice had carried out a fire risk assessment and fire drills were carried out. All electrical equipment had been checked to ensure that it was safe to use and clinical equipment had been 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.
- 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 not always undertaken and we saw evidence that action had been taken to address this and an audit had been booked with the community senior nurse for infection control.
- 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 medicine audits were carried out with the support of the local clinical commissioning group 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 three 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 DBS.

Good

Are services safe?

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty

Arrangements to deal with emergencies and major incidents.

All staff received annual basic life support training and there were emergency medicines available in a secure area and all staff knew of their location. 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. All the medicines we checked were in date and fit for use.

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

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment.

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including the National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice used this information to develop how care and treatment was delivered to meet needs. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. The practice had systems in place to ensure all clinical staff were kept up to date.

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 98.8% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013-2014 showed:

- Performance for diabetes related indicators at 99.7% was higher than the clinical commissioning group (CCG) at 92.5% and national average at 90.1%.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the CCG and national average. The practice rated 84% against the national average of 83%.
- Performance for mental health related indicators were higher than the CCG and national averages at 98%.
- The dementia diagnosis rate at 100% was higher than the CCG by 6 percentage points and national averages by 6.6 percentage points.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and patient's outcomes. We were given details of two clinical audits undertaken in the last two years. Both of these were completed audits where the improvements made were implemented and monitored. The practice participated in applicable local audits, national benchmarking, accreditation and peer review.

Findings were used by the practice to improve services. For example. We saw the results of an audit on patients who did not attend paediatric hospital appointments. The audit used data from 2011 and 2012 and compared with a follow up audit in 2014. The audit recommended that the referrer should take responsibility to deal with did not attend appointments, produce a template letter to contact patients and an alert on the practice computer system to notify that patient did not attend when the patient is next seen. The follow up audit in 2014 results had shown substantial improvement in families being seen following the initial audit.

Effective staffing.

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

- The practice had an induction programme for newly appointed 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. Staff we spoke with 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 and the practice 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 patients 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. This included when patients moved between services, including when they were referred to, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a quarterly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment.

Patients' consent to care and treatment was sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance. 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.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 80%, which was comparable to the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 85% to 98% and five year olds from 89% to 98%. Flu vaccination rates for the over 65s were 59%, compared to the national average of 52%.

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

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy.
We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that patients 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.

We saw that 24 of the 25 patient Care Quality Commission comment cards we received were positive about the service patients experienced. Patients said they felt the practice offered a very good 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.

The practice had a patient participation group. We saw the most recent report from the group and we were told that the group was trying to increase in size and had put forward suggestions that had been taken up by the practice. An example being the creation of patient focus groups for diabetes, stroke and epilepsy.

Patients were able to discuss their needs together and with the practice. The main outcomes included an information sheet for stroke victims which summarised all the help which was available to patients on their return home. For patients who had diabetes, ensuring that timings for diabetic checks worked alongside phlebotomy clinics avoiding the need for patients to attend the medical centre more than was necessary. The epilepsy group was smaller in number and although the group did not feel that there was a need for the group they found it useful to share common experiences.

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 has around 18,000 patients registered with them. There were 258 forms distributed and 120 completed forms were returned. Patient responses were as follows The practice was similar to the national average for its satisfaction scores on consultations with doctors and nurses. For example:

- 77% said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 77% described the overall experience of their GP practice as fairly good or very good compared to the national average of 85%.
- 78% gave a positive answer to 'Generally, how easy is it to get through to someone at your GP surgery on the phone?' Compared to the national average of 74%.

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 although treatment and results were below local and national averages. For example:

- 74% said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 84%.
- 78% said the last GP they saw was good at involving them in decisions about their care compared to the national average of 81%

Staff told us that translation services were available for patients who did not have English as a first language. There was also a translate page function on the practice website which assisted patients to translate the website into various languages.

Good

Are services caring?

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

The patients we spoke with on the day of our inspection and the comment cards we received were also consistent with this survey information. For example, they highlighted that staff responded compassionately when they needed help and provided support when required.

Notices in the patient waiting room, and patient website also 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. We saw the website had information for carers to ensure they understood the various avenues of support available to them; this was under an area called carers direct.

The practice website had a section giving advice and assistance to patients suffering bereavement. We were told that GPs usually made contact with the families to provided support if needed. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and 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 clinical commissioning group to plan services and to improve outcomes for patients in the area. For example;

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;

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients or patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had quarterly meetings with the community geriatrician and community physiotherapists, to discuss older patients they had seen or who had been referred to them by the GPs.
- The practice had 66 patients registered with them as having learning disabilities. The majority of those patients were able to attend the practice but those who could not were visited at a location of their choice.

Access to the service.

The practice was open from 8am until 6.30pm Monday to Friday, offering extended hours surgeries every morning from 7.30am and a late night surgery on Monday evening until 7.30pm.

The practice offered a range of appointment types such as same day, book one day in advance, book one week in advance and book two weeks in advance. The purpose of the different appointment types was to ensure there are sufficient appointments available to book at any one time so that entire surgeries were not fully booked weeks in advance.

To obtain an appointment patients could telephone, attend the practice or alternatively if they had registered to do so book and cancel appointments online.

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:

- 65% of patients were satisfied with the practice's opening hours compared to the national average of 75%. The practice had responded to this figure by reviewing the appointments system of the practice.
- 78% patients said they could get through easily to the practice by phone compared to the national average of 75%.

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

We looked at 10 complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way and showed openness and transparency with dealing with the complaint.

Are services well-led?

Good

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

Our findings

Vision and strategy.

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements.

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

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

Leadership, openness and transparency.

The GP 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 GP partners were visible in the practice and staff told us that they were approachable and always took time to listen to all members of staff.

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. Staff said they felt respected, valued and supported as part of a team. 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 encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging 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 a very active PPG which communicated with each other on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, reviewing the appointments system of the practice and visiting another practice to identify anything that could be learnt from a different appointments system that may bring improvements to the Bosmere practice.

In January 2015 the PPG had completed a patient survey where they received 375 responses from patients. The overall satisfaction rating with the practice was 79.4%, with 84.6% of patients saying that they would recommend the practice. This was in line with the results of the NHS family and friends survey at 88.5% of patients who would recommend the practice.

The practice had also gathered feedback from staff 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.