Dr NHR Simpson's Practice

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	Requires improvement
Are services safe?	Good
Are services effective?	Good
Are services caring?	Requires improvement
Are services responsive to people's needs?	Requires improvement
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 NHR Simpson's Practice, Barrow Health Centre on 2 March 2016. Overall the practice is rated as 'Requires Improvement'.

We previously carried out an announced comprehensive inspection of this practice on 24 June 2015. Breaches of legal requirements were found. After that inspection the practice wrote to us to say what they would do to meet the following legal requirements set out in the Health and Social Care Act (HSCA) 2008:

- Regulation 12 HSCA (Regulated Activities) Regulations 2014 Safe care and treatment
- Regulation 17 HSCA (Regulated Activities) Regulations 2014 Good governance
- Regulation 18 HSCA (Regulated Activities) Regulations 2014 Staffing

This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 24 June 2015 had been made.

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

- We found at this inspection of 2 March 2016 that improvements had been made since the previous inspection of April 2015 when the practice had been rated as Inadequate and placed in special measures.
- 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, including infection prevention and control were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- There was a safe process in place to manage incoming clinical mail.

Summary of findings

- There was a comprehensive business continuity plan in place.
- Staff had been appropriately recruited and received the training required to enable them to fulfil their roles.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice had good facilities and was well equipped to treat patients and meet their needs, although there were issues with the telephony and appointment availability that were recognised by the practice and were being addressed.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

The areas where the provider should make improvement are:

- The provider should ensure there is a process for recording the serial numbers of prescriptions pads.
- The practice should continue to address the concerns of patients with regard to the difficulty in accessing the service due to the telephone system.
- Undertake their own surveys of patients to asses their satisfaction with the service provided.

I confirm that this practice has improved sufficiently to be rated 'Requires Improvement' overall. I am taking this service out of special measures. This recognises the significant improvements that have been made to the quality of care provided by this service.

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 well managed. Staff recruitment, including locum GPs was well managed to reduce the risk to patients

Are services effective?

Good

The practice is rated as good for providing effective services. 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?

Requires improvement

The practice is rated as requires improvement for providing caring services. 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. However we found data from the GP National Patient Survey indicated that patients did not rate the practice highly in terms of their interaction with GPs, nurses or receptionists.

Are services responsive to people's needs?

Requires improvement

The practice is rated as requires improvement for providing responsive services. It reviewed the needs of its local population and engaged with NHS England and Clinical Commissioning Group (CCG) to secure improvements to services where these had been identified. 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. However we found that patients were frustrated with the practice telephone system and found it difficult to make an appointment. The practice had not taken any positive steps to engage with their patients to

Summary of findings

gather their views on the quality of the services provided. The practice had responded to patient feedback and the reception was now open over the lunch time period. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders

Are services well-led?

Good 

The practice is rated as good for being well-led. It had a clear vision and strategy. 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 was an active patient participation group in existence. Staff received regular supervision and appraisal of their performance.

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

Requires improvement

The provider was rated as requiring improvement for being responsive and caring and good for being safe, effective and well-led .The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

The practice is therefore rated as requires improvement 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. 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

Requires improvement

The provider was rated as requiring improvement for being responsive and caring and good for being safe, effective and well-led .The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

The practice is therefore rated as requires improvement for the care of people with long term conditions.

GPs 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 were recalled in line with NICE guidelines for a review to check that their health and medication needs were being met. For those people with the most complex needs, the practice worked with relevant health and care professionals to deliver a multidisciplinary package of care.

The practice used on-line resources and signposted patients to support groups to help patients self-manage their conditions.

Families, children and young people

Requires improvement

The provider was rated as requiring improvement for being responsive and caring and good for being safe, effective and well-led .The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

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

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.

Working age people (including those recently retired and students)

Requires improvement

The provider was rated as requiring improvement for being responsive and caring and good for being safe, effective and well-led .The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

The practice is therefore rated as requires improvement 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, include on-line booking of appointments and repeat prescriptions 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 reflected the needs for this age group.

People whose circumstances may make them vulnerable

Requires improvement

The provider was rated as requiring improvement for being responsive and caring and good for being safe, effective and well-led .The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

The practice is therefore rated as requires improvement for the care of people whose circumstances may make them vulnerable.

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.

All of the patients on the practice learning disability register had received an annual health check.

Summary of findings

People experiencing poor mental health (including people with dementia)

Requires improvement

The provider was rated as requiring improvement for being responsive and caring and good for being safe, effective and well-led .The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

The practice is therefore rated as requires improvement for the care of people experiencing poor mental health.

The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.

It carried out advanced care planning for patients with dementia.

Of the 52 patients on the mental health register, all but three had received an annual health review.

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 people with mental health needs and dementia . Patients who had been identified as suffering dementia had it highlighted on their records by a distinctive icon to bring it to the attention of staff.

Summary of findings

What people who use the service say

What people who use the practice say

The national GP patient survey results published in January 2016 showed that in people's opinions, the practice was generally performing below local and national averages. There were 131 responses from 251 surveys that were sent out. This represented a response rate of 52%. These figures represented aggregated data collected from January-March 2015 and

July-September 2015.

- 39% found it easy to get through to this surgery by phone compared with a national average of 73%.
- 85% said the last appointment they got was convenient compared with a national average of 92%.
- 43% described their experience of making an appointment as good compared with a national average of 73%.
- 61% of respondents described their overall experience of the surgery as fairly or very good compared to the national average of 85%.
- 42% said they would recommend this surgery to someone new to the area, compared with the national average of 79%.

This data was collected prior to the practice being placed into special measures following our previous inspection.

This was the most up to date data available to us but its findings were not reflected in the comments cards we reviewed, the patients we spoke with or the practice's own recent survey.

As part of this inspection we asked for CQC comment cards to be completed by patients prior to the inspection. Of the 33 comment cards that had been completed, all were positive about the standard of care received but five commented upon the difficulty in getting through on the telephone to make an appointment. Several people had commented upon how the service had improved in recent months.

We spoke with 11 patients on the day of our inspection. People were positive about their experiences and the standard of care and treatment although three commented upon the difficulty in getting through on the telephone to make an appointment. Again some people told us that things were improving.

We saw looked at the 17 patient feedback forms that had been received between 29 September 2015 and 1 March 2016. One was collective feedback from a local voluntary organisation. The feedback was positive and included comments such as; safe care, responsive, flexible in meeting needs, seen quickly and helpful and friendly receptionists.

Areas for improvement

Action the service SHOULD take to improve

The areas where the provider should make improvement are:

- The provider should ensure there is a process for recording the serial numbers of prescriptions pads.
- The practice should continue to address the concerns of patients with regard to the difficulty in accessing the service due to the telephone system.
- Undertake their own surveys of patients to asses their satisfaction with the service provided.

Dr NHR Simpson's 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 a practice nurse specialist advisor and a practice manager specialist advisor. An Expert by Experience was also included in the team to gather the views of patients.

Background to Dr NHR Simpson's Practice

Dr NHR Simpson's Practice provides primary medical care for approximately 8,500 patients living in Barrow on Soar and the neighbouring villages. It is not a dispensing practice.

The service is provided under a General Medical Services contract with West Leicestershire Clinical Commissioning Group.

The area is one of low deprivation. The practice demographics reflect those nationally.

The practice is staffed by two GP partners, two salaried GPs and two long term locum GPs, providing a total 27 GP sessions per week. There is one practice nurse, three chronic illness nurses , three advanced minor illness nurse prescribers and one health care assistant. They are supported by receptionists and administration staff.

The practice is open between 8am to 6pm Monday and Friday and offered extended hours from 7am to 6pm on Tuesday and Wednesday. The surgery is open from 8am to 12.30pm on Thursday.

When the surgery is closed GP out-of- hours services are provided by Central Nottinghamshire Clinical Services which is accessed via NHS111.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme 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 references to data in this report relate to the most recent information available to CQC at the time of the inspection.

How we carried out this inspection

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

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

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

- Older people
- People with long-term conditions

Detailed findings

- 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)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 2 March 2016.

During our visit we spoke with a range of staff including partners and salaried GPs, nurses, administration and reception staff. We spoke with eleven patients who used the service and a member of the patient participation group. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

The inspection was observed by the development manager of Leicestershire and Rutland Local Medical Committee.

Good

Are services safe?

Our findings

At our inspection of 24 June 2015 we identified concerns relating to;

- Recruitment of staff.
- Investigation and learning from complaints and significant events.
- Infection prevention and control.
- Ensuring GPs and staff were made aware of national patient safety alerts.
- Training for staff that undertook chaperoning duties.
- The process for dealing with incoming clinical mail.
- Monitoring and responding to risk.
- Arrangements to deal with emergencies and major incidents.

At this inspection of 2 March 2016 we found that;

Safe track record and learning

- There was an open and transparent approach and a system in place for reporting and recording significant events.
- We reviewed safety records, incident reports and national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. We reviewed the process for ensuring that staff and GPs received the alerts and found it to be effective. There was a policy to inform staff of the correct procedures to be followed.
- 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.
- There was clear system for the handling and dissemination patient safety alerts to all relevant staff.
- We looked at the records of ten significant events that had occurred. We found them to have been well recorded with good evidence gathering and analysis. Any actions or learning was clearly defined and had been cascaded to relevant staff and GPs through meetings and minutes of meetings where significant events were a standing agenda item.

Reliable safety systems and processes including safeguarding

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. A GP was the lead for safeguarding.
- Staff demonstrated they understood their responsibilities and all had received training ata level relevant to their role.
- We saw evidence of a recent case regarding the Mental Capacity Act and deprivation of liberty safeguards in respect of a patient who was in extreme self-neglect. We saw how the practice had sought advice and handled the case sensitively and correctly and achieved a good outcome for the patient.
- All staff had received training in the provisions of the Mental Capacity Act and deprivation of liberty safeguards.
- The practice had introduced a protocol for reception staff to follow when dealing with incoming mail. All incoming mail was date stamped by reception staff and that of a clinical nature and pathology results was all dealt with by a GP. The on-call doctor system in operation ensured that results for GPs who were not in the surgery, for example on holiday, were not missed.
- A notice was displayed in the waiting room, 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 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).

Monitoring safety and responding to risk

Good

Are services safe?

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and a fire drill had been carried out on 1 March 2016. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked and calibrated 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.
- At our previous inspection we found that there were no procedures in place for protecting patients and others from the risk associated with Legionella, a water borne bacterium. At this inspection we saw that the practice had commissioned a full risk assessment in September 2015 and had implemented the recommendations as a result.

Cleanliness and infection control

- We found that appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. A GP and two nurses were the leads for infection prevention and control. There was an infection control protocol in place and staff had received up to date training. We looked at the latest infection prevention and control audit that had taken place on 6 November 2015 and saw evidence that action had been taken to address any improvements identified as a result.
- Regular cleaning of all rooms was undertaken and comprehensive records maintained.

Medicines management

- 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.
- The process for theprescribing of medicines was well documented and provided assurance that patients were adequatelyprotected.
- Prescription pads were securely stored, although there was no log kept of the prescription serial numbers.

Staffing and recruitment

- Recruitment checks were carried out and appropriate recruitment checks had been undertaken prior to employment. All staff, regardless of their role were subject to a Disclosure and Barring Service check to help ensure their suitability to work in a healthcare environment.
- Staff had received an induction upon starting work at the practice.
- 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

- There was an instant messaging system on practice computer system in all the consultation and treatment rooms which could be activated to alert staff to any emergency.
- All staff received annual basic life support training. The practice had a defibrillator and oxygen available on the premises.
- All the medicines we checked were in date.

The practice had a business continuity plan in place for foreseeable events that would impact on the delivery of the service such as power failure, loss of telephony or building damage.

Good

Are services effective?

(for example, treatment is effective)

Our findings

At our inspection of 24 June 2015 we identified concerns relating to;

- The system for reviewing new and amended guidelines from the National Institute for Health and Care Excellence.
- Lack of protocols to guide staff in the management of long term conditions.
- Staff meetings were not being held.
- There was no process in place to recall patients with long term conditions for reviews.
- Staff training was deficient.

At this inspection of 2 March 2016 we found that;

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.
- An assigned GP identified the action required and its urgency and immediate action was taken where necessary. For example different GPs led on cardiovascular, respiratory and sexual health. The practice had systems in place to ensure all clinical staff were kept up to date.
- Some were reviewed by the lead nurse for long term conditions such as diabetes.

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. 2014/15 results were 91% of the total number of points available.
- QOF indictors were comparable to other practices, for example, the percentage of patients with diabetes, on the register, in whom the last IFCCHbA1c was 64 mmol/mol or less in the preceding 12 months was 77% compared to the national average of 78%
- Exception reporting was in line with localand national averages For example we saw that for atrial fibrulation the exception reporting rate was 7.6% (national average 11%), coronary heart disease was 7.8% (national average 8.4%) and heart failure was 7.5% (national average 9.3%).

  On the day of our inspection the QOF figures for the current year, 2015/16, were 526.5 of the 545 QOF points available. Exception reporting was low. For example the exception reporting rate for cancer was 0% and for asthma it was 3%
- We saw that the practice actively encouraged patients with long term conditions to attend for reviews and tis contributedto the low exception reporting.
- Clinical audits were carried out to demonstrate quality improvement. These included full two cycle audits of antibiotic prescribing associated with C difficile infection, patients with dementia and chronic obstructive pulmonary disease, antiplatelet therapy and acute coronary syndrome.
- GPs led on the management of patients with long term conditions such as diabetes, chronic pulmonary obstructive disease, asthma and dementia. Patients were recalled for review in line with NICE guidelines and reviewed by suitably trained and experienced practice nurses. We looked a range of policies and protocols used by the practice to guide staff in this area.

Effective staffing

- Staff had the skills, knowledge and experience to deliver effective care and treatment. For example: The practice had an induction programme for newly appointed members of staff and GPs that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, coaching and clinical supervision. Nurses told us that GPs were always approachable for guidance and advice.
- There was a formal system of staff supervision and appraisal.

Good

Are services effective?

(for example, treatment is effective)

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to on-line 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 ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. The minutes of multi-disciplinary meetings relating to these meetings were clear and comprehensive.

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.
- All staff had received training in obtaining lawful consent and the Gillick competency and Fraser guidelines. Gillick competency and Fraser guidelines are legal terms used to determine a children's rights and wishes.
- We several examples of written consent to minor surgery which had been scanned onto the patient notes.

Health promotion and prevention

- The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 83% which was higher than both the CCG and national averages of 78% and 74% respectively.. The practice also encouraged its patients to attend national screening programmes for breast and bowel cancer screening. 81% of female patientsaged 50-70 had been screened for breast cancer in last 36 months compared to the CCG average of 79% and national average of 72%. 64% of patients aged 60-69 had been screened for bowel cancer in last 30 months compared to the CCG average of 63% and national average of 58%.
- Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under one year olds was 97 to 99% and five year olds from 95% to 97%.
- Patients had access to appropriate health assessments and checks. These included health surveys 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.

Requires improvement

Are services caring?

Our findings

At our inspection of 24 June 2015 we identified concerns relating to;

- The attitude of reception staff.

At this inspection of 2 March 2016 we found that;

Respect, dignity, compassion and empathy

- We observed throughout the inspection that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect.
- All reception staff had taken part in training delivered by an outside contractor aimed at improving the interaction between reception staff , patients and carers.
- 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.
- The comments cards we received were positive. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.
- Results from the latest 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 generally lower for its satisfaction scores on consultations with doctors and nurses. For example:
- 79% said the GP was good at listening to them compared to the national average of 89%.
- 72% said the GP gave them enough time compared to the national average of 87%.
- 91% said they had confidence and trust in the last GP they saw compared to national average of 95%
- 58% patients said they found the receptionists at the practice helpful compared to the national average of 87%.

Care planning and involvement in decisions about care and treatment

- The practice had identified that 103 patients were also carers. They were able to access flexible appointment times to best suit them and those they cared for.
- Patients said that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also said 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.
- 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 and staff gave an example of where the service had been used.
- 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 comparable to national averages. For example:
- 80% said the last GP they saw was good at explaining tests and treatments compared to the national average of 86%.
- 95% said they had confidence and trust in the last nurse they saw or spoke to compared to the national average of 98%.

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. Information was available for carers to ensure they understood the various avenues of support available to them. Such as the local hospice, LOROS.
- We saw that care plans were in place for patients in palliative care.
- GPs told us that they followed the Gold Standard Framework guidelines for palliative care and held palliative care meetings with nurses and other

Requires improvement

Are services caring?

healthcare professionals such as Macmillan nurses. The content of the meetings was comprehensively and clearly recorded. Post death reviews were also recorded at multi-disciplinary meetings.

- Staff and GPs told us that if families had suffered bereavement, a telephone call was made to the next of kin. This was followed by a condolences card on behalf of all practice staff. Advice and signposting to support such as counselling and bereavement services was available.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our inspection of 24 June 2015 we identified concerns that;

- Patients found the telephone system did not meet their needs and callers were frequently cut off.
- Complaints had not been dealt with in an efficiently or expeditiously.
- Complaints had not been reviewed to identify trends or were they discussed at practice meetings.

At this inspection of 2 March 2016 we found that;

Responding to and meeting people's needs

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 people with a need for one, for example patients with a learning disability.
- The practice had reacted to patient feedback and was now open through the lunch period.
- 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 good disabled facilities and translation services available.
- The practice had a large car park with designated disabled parking.

Access to the service

- The practice was open between 8am to 6pm Monday and Friday and offered extended hours from 7am to 8am on Tuesday and Wednesday. The surgery was open from 8am to 12.30pm on Thursday. Urgent appointments were available on the same day for people that needed them.
- We spoke with the provider with regard the difficulty people experienced in accessing the service by telephone. They acknowledged that there was a problem and we saw evidence that they were working with their telephone services provider to resolve the issues.
- The next available pre-bookable routine appointments with GPs were thirteen working days from the date of the inspection. Advanced nurse practitioner appointments were available three working days from the date of inspection. The next available practice nurse appointment was the day following our inspection.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was generally lower than national averages For example:

- 46% of patients were satisfied with the practice's opening hours compared to the national average of 75%.
- 39% patients said they could get through easily to the surgery by phone compared to the national average of 73%.
- 43% patients described their experience of making an appointment as good compared to the national average of 73%.

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 for example through posters displayed in the surgery. The practice website contained good information and advice on complaints.
- We looked at the eight complaints received in the period June 2015 to January 2016 and found these were satisfactorily handled, dealt with in a timely way and with openness and transparency with dealing with the complainant. Where lessons needed to be learned as result the matter had been discussed, for example at practice meetings. An example of learning was that analysis of the complaints prior to this period had identified that additional training was required for reception staff, which had been completed.

Records showed that concerns, serious events and complaints were a standing agenda item at practice meetings .

Are services well-led?

Good

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

Our findings

At our inspection of 24 June 2015 we identified concerns that:

- There was no vision to deliver high quality care with no strategy or business plan for the future.
- Policies had not been reviewed to ensure their accuracy or relevance.
- There was confusion as to which members of staff held lead roles, for example for infection prevention and control.
- The partners had not been effective in overseeing that the practice monitored quality and was effective.
- Staff appraisals had not taken place.

At this inspection of 2 March 2016 we found that;

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.
- Comments we received about the practice indicated that patients held both the clinical staff and support staff in high regard and received a very good service.
- The practice engaged with the local healthcare community and was an active member of the CCG.
- The inspection team noted that staff morale was high.

Governance arrangements

The practice had appointed a new practice manager who had implemented 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 very clear staffing structure and staff were aware of their own roles and responsibilities.
- An organisational chart showing the frequency of meetings and who was expected to attend was clearly displayed for the benefit of all staff.
- Practice specific policies and protocols were implemented and were available to all staff
- There was a comprehensive understanding of the performance of the practice
- A programme of continuous audit which was used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Staff had key and lead roles and there was clarity about their responsibilities.

Leadership, openness and transparency

- We found the partners and salaried GP we spoke with to be open and honest with a desire to improve the practice and patient outcomes. They demonstrated a clear oversight of performance and safety issues.
- Following our previous inspection the practice had engaged with the clinical commissioning group and local NHS to drive improvement forward. We spoke with representatives of the CCG who confirmed the engagement and praised the efforts the staff and partners had made to improve.
- The GPs had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care.
- The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff and encouraged a culture of openness and honesty.
- Staff told us and we saw evidence 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.

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. They had taken positive steps to gather patient views though

Are services well-led?

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patient feedback forms and an active patient participation group, that was well led by a well-informed, enthusiastic and energetic chair who we met.

- The practice sought to build strong bonds and gain feedback from staff.
- In the latest patient survey carried out by the practice, patients had responded in positive terms about the quality of care and treatment .