

Gables Surgery

Quality Report

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

Ratings

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

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10

Detailed findings from this inspection

Our inspection team	11
Background to Gables Surgery	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Gables Surgery on 27 October 2016. Overall the practice is rated as good.

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

- A new GP partnership had been formed which was taking the practice forward on a secure footing.
- Much of the governance framework for the practice was in place and the GP partnership was establishing a programme of continuous clinical audit to monitor and improve quality further. This however was not yet in place.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.

- 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. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and 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.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Make available proof of identity including a recent photograph for recruitment files.

Summary of findings

- Complete two-cycle clinical audits to drive improvement in the quality of care.
- Formalise the identification and recording of patients who are carers so that all carers are offered support.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was a system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and managed.
- While proof of identity was established for new employees, the provider did not keep a copy of the proof of identity including a recent photograph amongst its personnel records.

Good



Are services effective?

The practice is rated as requires improvement for providing effective services.

- Two-cycle clinical audits that would have shown whether or not changes to practice had made a positive difference had not yet been completed. This was because each of the two GP partners had taken a period of extended leave within the last 12 months.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.

Good



Summary of findings

- 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 saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice recognised carers' needs and provided support to them. Relatively few carers were formally identified on the electronic patient record system however.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff 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.
- Patients said they found it easy to make an appointment with a named GP and 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 the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Good



Are services well-led?

The practice is rated as good for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- 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 was an overarching governance framework to support the delivery of the strategy and good quality care. Arrangements to identify risk were in place. Arrangements to monitor and improve quality more robustly were being established.

Good



Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Housebound patients discharged from hospital received a home visit from the healthcare assistant for a check up to ensure their needs were being met.
- Where a patient might benefit, and with their consent, the practice put them in touch with the patient participation group who organised social visits and events such as Christmas dinner and coffee mornings.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance against clinical targets for patients with diabetes was comparable to local and national averages.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines 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.

Good



Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example those that had missed a hospital appointment. Immunisation rates were relatively high for all standard childhood immunisations.

Good



Summary of findings

- 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.
- The percentage of eligible women having the cervical screening test was comparable to the local and national averages.
- 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)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services and a smartphone app, as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered longer appointments for patients whose circumstances may make them vulnerable.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed 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.
- Housebound patients discharged from hospital received a home visit from the healthcare assistant for a check up to ensure their needs were being met.
- Where a patient might benefit, and with their consent, the practice put them in touch with the patient participation group who organised visits and social events.

Good



Summary of findings

- The practice followed up patients who had not attended their hospital appointments

People experiencing poor mental health (including people with dementia)

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

- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. The practice had 11 patients with dementia.
- Performance against mental health indicators was comparable to local and national averages.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing lower than national averages. Three hundred and forty three survey forms were distributed and 101 were returned. This represented three per cent of the practice's patient list.

- 51% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 61% of patients were able to get an appointment to see or speak to someone the last time they tried (national average 76%).
- 76% of patients described the overall experience of this GP practice as good (national average 85%).
- 68% of patients said they would recommend this GP practice to someone who has just moved to the local area (national average of 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 74 comment cards, of which all but one were positive about the standard of care received. Patients said staff were caring and accommodating and that the treatment they received was very good. Ten of the cards commented there was a long wait to get an appointment or to be seen, and six of the cards commented patients were seen promptly and there was no problem getting an appointment. Two of the cards welcomed the new walk in service the practice had recently introduced.

We spoke with five patients during the inspection. All three patients said they were satisfied with the treatment they received and thought staff were friendly, knowledgeable and caring.

Gables Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP Specialist Advisor.

Background to Gables Surgery

Gables Surgery is in Becontree in outer north east London. It is one of the 40 member GP practices in NHS Barking and Dagenham Clinical Commissioning Group (CCG).

The practice is located in the second more deprived decile of areas in England. At 77 years, male life expectancy is lower than the England average of 79 years. At 82 years, female life expectancy is less than the England average of 83 years. The provider tells us the practice service a diverse population made up of white British, British Asian and African families.

The practice has approximately 3,400 registered patients. It has more patients in the 0 to 9 years, 25 to 35 years and 45 to 54 years age ranges than the England average, and fewer in the 60 to 85+ years age ranges than the England average. Services are provided by Gables Surgery under a General Medical Services (GMS) contract with NHS England.

The practice is in purpose built premises which are fully wheelchair accessible. There are seven consulting rooms and one treatment room. There is a car park which includes one disabled parking space.

The two GP partners work at the practice on a part time basis and together make up the equivalent of 1.6 whole time staff (WTE). Both are female. There is one practice

nurse (0.72 WTE) and one healthcare assistant (0.4 WTE). The clinical staff are supported by a team of administrative and receptionist staff headed up by a full time practice manager.

The practice's opening times are:

- 8.30am to 6.30pm Monday, Tuesday, Wednesday and Friday.
- 8.30am to 1.00pm on Thursday.
- The surgery telephone line opened 30 minutes earlier, at 8.00am

Patients are directed to an out of hours GP service outside these times.

Doctor and nurse appointments were available between:

- 9.00am to 12.00pm and 3.30pm to 6.30pm Monday, Tuesday, Wednesday and Friday.
- 9.00am to 12.00pm on Thursday.
- Walk in, emergency, and urgent same day appointments, and telephone consultations are offered each day.

Gables Surgery is registered with the Care Quality Commission to carry on the following regulated activities at Markyate Road, Dagenham, Essex RM8 2LD: Diagnostic and screening procedures, Family planning, Maternity and midwifery services, Surgical procedures and Treatment of disease, disorder or injury.

Why we carried out this inspection

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. The inspection was

Detailed findings

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.

We had not inspected the service before.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 27 October 2016. During our visit we:

- Spoke with a range of staff (GPs and nursing, management, administrative and receptionist staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with family members
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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 were provided for specific groups of people and what good care looked 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.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed incident reports and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice had changed its protocol for dealing with prescriptions for acute medicines to improve patient safety.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. 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 and provided reports where necessary for other agencies. Staff demonstrated they understood

their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs, the nurse and practice manager were trained to child protection or child safeguarding level 3.

- A notice in the waiting room advised patients that chaperones were available 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 maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice manager was the infection control lead with clinical support of one of the GP partners. 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 medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed two personnel files and found 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. While proof of identity had been established, for example when the employee was issued with the

Are services safe?

electronic patient record system Smartcard, the provider did not keep a copy of the proof of identity including a recent photograph, amongst its personnel records.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- 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 which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella. Legionella is a term for a particular bacterium which can contaminate water systems in buildings.
- 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 enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were 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 stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care 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 keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and outcomes monitoring.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 93% of the total number of points available. Exception reporting was in line with national averages and was six per cent for the clinical domain (combined overall total). The England average was nine per cent for the clinical domain (combined overall total).

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

- Performance for diabetes related indicators was similar to the national average, for example the percentage of people with diabetes in whom the last IFCC-HbA1C (a measure of blood sugar levels) is 64 mmol/mol or less in the preceding 12 months was 73% (national average 78%), the percentage in whom the last blood pressure reading within the preceding 12 months is 140/80 mmHg or less was 83% (national average 78%), and the percentage whose last measured total cholesterol within the preceding 12 months is 5 mmol/l or less was 77% (national average 81%).
- Performance for mental health related indicators was similar to the national average, for example, the percentage of patients with schizophrenia, bipolar

affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 100% (national average 88%). The practice had 20 patients with schizophrenia, bipolar affective disorder and other psychoses. The percentage whose alcohol consumption has been recorded in the preceding 12 month was 100% (CCG 91%, England 90%).

There was evidence of some quality improvement including clinical audit; however no two-cycle audits had yet been completed. This was because the two GP partners had each taken a period of extended leave within the last 12 months.

- There had been two clinical audits carried out in the last 12 months.
- The findings of the two clinical audits were being used by the practice to improve services. For example, one of the audits considered how to improve medicine management for patients with chronic obstructive pulmonary disease (COPD), an area of poor performance for the borough. Following the audit a plan was put in place to ensure all patients with COPD would in future have a review at least once a year, and would have their inhaler technique and FEV1 (a test of a person's lung function) checked once a year. The audit had shown 50% of patients had not had a review in the last 12 months and 66% of patients had not had their inhaler techniques reviewed in the last six months.
- The practice collaborated with other practices to share good practice and improve patient outcomes. For example following the second audit, which was an intrauterine contraceptive device (IUD) audit, the provider had adopted electronic patient record templates developed by a partner practice and put in place a new recall system to ensure best practice guidance recommended by the Faculty of Sexual and Reproductive Healthcare (FRSH) was followed. The practice planned to do a second cycle audit to check the effectiveness of these changes in six months' time.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. This covered such topics as fire safety, health and safety, and confidentiality. Training specific to the person's role would also be included, for example safeguarding and infection prevention and control.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- 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 their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, clinical supervision, and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support, and the Mental Capacity Act. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were

referred, or after they were discharged from hospital. Meetings took place with other health and care professionals on a fortnightly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

Staff sought patients' consent to care and treatment 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, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and worked with the patient's carer to make a decision about treatment in the patient's best interests.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Smoking cessation advice and talking therapies were available on the premises.

The practice's uptake for the cervical screening programme was 84%, which was comparable to the CCG average of 80% and the national average of 82%. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available and offering the test opportunistically. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. Uptake for other screening programmes was similar to local and national averages including screening for breast cancer (practice 62%, CCG 63%, national 73%) and bowel cancer screening (practice 41%, CCG 43%, England 57%).

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example,

Are services effective?

(for example, treatment is effective)

childhood immunisation rates for the vaccinations given to under two year olds ranged from 85% to 98% (CCG 83% to 92%, national 73% to 95%), and five year olds from 85% to 94% (CCG 72% to 87%, national 81% to 95%).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All but one of the 74 patient Care Quality Commission comment cards we received were positive about the service experienced. These patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the patient participation group (PPG). 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 patients needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 80% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 81% and the national average of 89%.
- 82% of patients said the GP gave them enough time (CCG average 78%, national average of 87%).
- 93% of patients said they had confidence and trust in the last GP they saw (CCG average 91%, national average of 95%).
- 80% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 84%, national average of 91%).

- 80% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 84%, national average of 91%).
- 81% of patients said they found the receptionists at the practice helpful (CCG average 84%, national average of 87%).

Care planning and involvement in decisions about care and treatment

Patients told us 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 from the comment cards we received was also positive and aligned with these views.

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

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 78% and the national average of 86%.
- 80% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 73%, national average of 82%).
- 80% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 80%, national average of 85%).

The practice provided facilities to help patients be involved in decisions about their care:

- 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 area informing patients this service was available.
- Notices in the reception area also advised patients that information was available in a variety of formats on request, including for example easy read and large print formats, and British Sign Language interpreter.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

GPs and staff demonstrated a good understanding of carers' needs, for example it was the practice's policy to see a patient and their carer even if one or the other running late. Arrangements were in place to enable the practice to share information with carers and next of kin where this had been agreed with the patient. Written information was available to direct carers to the various avenues of support

available to them. The practice's computer system alerted GPs if a patient was also a carer; however it was more likely that this information was known by staff about a patient, rather than formally recorded on the electronic patient record system. The practice had identified twelve patients as carers (0.4 per cent of the practice list).

Staff told us that if families had suffered bereavement, the practice sent them a letter offering their condolences and support. Families had access to a six week bereavement course if they needed it.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice 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.

- The practice used the local GP hub service to offer evening and weekend appointments for working patients who could not attend during normal opening hours.
- The practice provided text and telephone appointment reminders to patients.
- There were longer appointments available for patients with a learning disability and vulnerable patients.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice's opening times were:

- 8.30am to 6.30pm Monday, Tuesday, Wednesday and Friday.
- 8.30am to 1.00pm on Thursday.
- The surgery telephone line opened 30 minutes earlier, at 8.00am

Patients are directed to an out of hours GP service outside these times.

GP appointments were available between:

- 9.00am to 12.00pm and 3.30pm to 6.30pm Monday, Tuesday, Wednesday and Friday.
- 9.00am to 12.00pm on Thursday.

In addition to pre-bookable appointments that could be booked up to two weeks in advance, emergency and urgent appointments and telephone consultations were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to the national average.

- 67% of patients were satisfied with the practice's opening hours compared to the national average of 79%.
- 51% of patients said they could get through easily to the practice by phone (national average of 73%).

The practice was trialling a walk in clinic each week day morning for a period of four months to see if this improved patients' access to the service. The provider had received positive feedback about this initiative so far.

People told us on the day of the inspection that they were able to get appointments when they needed them. They also liked the daily walk in clinic that the practice had been introduced recently.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, for example a complaints and comments leaflet for patients.

We looked at five complaints received in the last 12 months and found they were satisfactorily handled and dealt with in a timely and open way. Lessons were learnt from individual concerns and complaints, for example to improve the repeat prescription process and communication. Complaints were also analysed for trends on annual basis that would indicate where action could be taken to improve the quality of care.

Are services well-led?

Good 

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

Our findings

The GP partnership was entering a period of stability following the retirement of two of the founding partners, the recruitment of a new partner, and the return of each of the existing two partners from periods of extended leave taken within the last 12 months.

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had clearly articulated aims and objectives.
- Staff demonstrated commitment to realising the practice's aims and an understanding of their role in achieving its objectives.

Governance arrangements

The practice had an overarching governance framework to support the delivery of the aims and objectives and good quality care. The framework consisted of the structures and procedures in place that ensured:

- 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.
- An understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was being established to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The GP partners told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when

things go wrong with care and treatment. This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and complaints received. The PPG met regularly, submitted proposals for improvements to the practice management team, and regularly contributed to the life of the practice. For example, they produced a quarterly newsletter informing patients about service developments and changes, held social and fundraising events, and ran health and wellbeing drop in sessions for patients.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us

Are services well-led?

Good 

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

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.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. For example,

the practice had introduced a daily walk in service for a trial period of four months to see if this improved access to the service for patients. The provider was monitoring patient feedback about the service which had been positive so far. Also, the provider was at the final stage of the accreditation process that would enable Gables Surgery to become a training practice for qualified doctors wishing to specialise in General Practice.