

Escrick Surgery

Quality Report

Escrick Surgery

Escrick

York

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Escrick Surgery on 16 September 2015. Overall the practice is rated as good.

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

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

- Information about services and how to complain was easy to understand and was available in the practice leaflet and on request.
- Urgent appointments were available on the same day.
- The practice had good facilities and was well equipped to treat patients and met 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.

We saw one area of outstanding practice:

- Seven day care to patients in the last few weeks of life by the same GP by daily telephone calls ensuring consistent and reassuring care.

However there were areas of practice where the provider needs to make improvements.

Practice clinical meetings should involve all clinical staff, including nurses, to ensure consistency and learning is shared and that decisions and actions from significant events are communicated effectively to all.

Summary of findings

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. There were enough staff to keep patients safe.

Good



Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) 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.

Good



Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality. When people were believed to be in the last days of their life GP's maintained daily contact to support and ensure both the patient's comfort and support to their family or carers.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Local Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients

Good



Summary of findings

and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



Summary of findings

The six population groups and what we found

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

Older people

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

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals. Appointments were available outside of school hours, and in the local boarding school (for the pupils), and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses.

Good



Working age people (including those recently retired and students)

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

Good



Summary of findings

to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. It offered longer appointments for people with a learning disability.

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.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). People experiencing poor mental health were offered an annual physical health check. 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 advance care planning for patients with dementia.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

What people who use the practice say

The National GP Patient Survey results published on 4 July 2015 showed the practice was performing well. There were 117 responses returned from 253 distributed which represent a 46.2% response rate. The National GP Patient Survey results consistently places the practice above national and CCG average.

- 94.6% find it easy to get through to this surgery by phone compared with a CCG average of 78.2% and a national average of 74.4%.
- 96.1% find the receptionists at this surgery helpful compared with a CCG average of 89.7% and a national average of 86.9%.
- 67.1% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 61.4% and a national average of 60.5%.
- 92.2% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 89.5% and a national average of 85.4%.

- 95% say the last appointment they got was convenient compared with a CCG average of 93.8% and a national average of 91.8%.
- 97.8% describe their experience of making an appointment as good compared with a CCG average of 78.1% and a national average of 73.8%.
- 76.2% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 69.3% and a national average of 65.2%.
- 64.3% feel they don't normally have to wait too long to be seen compared with a CCG average of 60.1% and a national average of 57.8%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received four comment cards which were overwhelmingly positive about the standard of care received.

Areas for improvement

Action the service **SHOULD** take to improve

- Practice clinical meetings should involve all clinical staff, including nurses, to ensure consistency and learning is shared and that decisions and actions from significant events are communicated effectively to all.

Outstanding practice

- Seven day care to patients in the last few weeks of life by the same GP by daily telephone calls ensuring consistent and reassuring care.

Escrick Surgery

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 manager specialist advisor, and a practice nurse specialist advisor.

Background to Escrick Surgery

Escrick Surgery is located in the village of Escrick situated outside York. Escrick Surgery is a member of the NHS Vale of York Clinical Commissioning Group. The practice has a registered population of 6045 patients. It is located in an area of low deprivation in the least deprived 10% in the country. The practice is accommodated in a purpose built surgery with good disabled access, and also has a branch surgery two miles away at North Duffield. The main surgery is located in Escrick village, while the branch surgery operates from North Duffield. The practice holds a General Medical Services contract with NHS England and also dispenses medication from the Escrick site.

There are five GP's (two male and three female) at the practice, of which two are GP partners and three salaried. In addition to the GP's the practice has a nurse manager, a practice nurse, and two health care assistants. The management team consists of a practice manager, reception manager and a dispensary manager. There were nine reception and dispensary staff supporting the administration of the practice.

The practice is open between 8.00am and 6.00pm Monday to Friday; however the branch surgery is open for three mornings per week. Appointments are delivered over morning and afternoon sessions.

The practice also attended a local boarding school where 260 of their registered patients resided. They also attended a large local nursing home on a weekly basis to meet the needs of their patients.

Out of hours services are provided by Primecare which is accessed through the normal practice telephone number or through NHS 111.

The practice is registered to provide regulated activity at both the main site and branch surgery for: Diagnostic and screening procedures; family planning; treatment of disease, disorder or injury; maternity and midwifery services; and surgical procedures.

We inspected both main and branch surgeries.

Why we carried out this inspection

We carried out a comprehensive inspection under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The 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.

The provider had not been inspected before under the Health and Social Care Act 2014.

Detailed findings

How we carried out this inspection

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 16 September 2015. During our visit we spoke with a range of staff including GP's, nurses, receptionists, administrators and practice manager. We spoke with four patients who used the service. We observed how people were being cared for in reception and talked with carers and/or family members and reviewed the personal care or treatment records of patients. We 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 are provided for specific groups of people and what good care looks like for them. The population groups are:

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

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. All complaints received by the practice were entered onto the system and automatically treated as a significant event. The practice carried out an analysis of the significant events and this also formed part of the GPs' individual revalidation process.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice.

Safety was monitored by regular clinical and safety audits, for example, infection prevention and control audits. Information from a range of sources, including NICE guidance, to ensure practice was safe. Safety alerts were shared electronically with the staff in the practice to ensure current knowledge was maintained. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

Overview of safety systems and processes

The practice could demonstrate its safe track record through having risk management systems in place for safeguarding, health and safety including infection prevention and control, medication management and staffing.

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A number of notices were displayed throughout the surgery, advising patients that chaperones were provided if requested (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments and regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection prevention and control.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The nurse manager was the infection prevention and control clinical lead who liaised with the local infection prevention and prevention teams to keep up to date with best practice. There was an infection prevention and control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The practice had carried out Legionella risk assessments and regular monitoring.
- The arrangements for managing medicines were safe for patients and staff. This included the arrangements for the dispensary, the storage and management of emergency drugs and vaccinations and the processes for prescribing and collecting medicines. Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was acting in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.
- Recruitment checks were carried out and the five files we sampled showed that appropriate recruitment checks had been undertaken prior to employment. For

Are services safe?

example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS).

- 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 the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a

Defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with NICE best practice guidelines and had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. For example, NICE guidance for patients with respiratory conditions and diabetes.

Consent

Patients' consent to care and treatment was sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, 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 such as Frazer guidelines and Gillick competencies. 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.

Protecting and improving patient health

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, those at risk of developing a long-term condition and those requiring advice on their diet, smoking cessation and alcohol use. Patients were then signposted to the relevant service. Patients who may be in need of extra support were identified by the practice.

The practice's uptake for the cervical screening programme was 79.61%, which was slightly below the national average of 81.88%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening through routine contacts.

Childhood immunisation rates for the vaccinations given were comparable to CCG/National averages. For example, childhood immunisation rates for the vaccinations given to under twos ranged from 91.1% to 93.3% and five year olds from 77.5% to 94.4%. Flu vaccination rates for the over 65s were 70.25%, and at risk groups 43.04%. These were also slightly below the national averages of 73.24% and 52.29%.

Patients had access to appropriate health assessments and checks. Appropriate follow-up on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Coordinating patient care

The information needed to plan and deliver care and treatment, for instance care plans, risk assessments and medical records were available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. Information such as NHS patient information leaflets were also available.

We saw records that showed practice 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. Patients were supported when moving between services, and when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (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. This practice was not an outlier for any QOF (or other national) clinical targets. Data from April 2013 to March 2014 showed

- Performance for diabetes related indicators was similar to the national average
 - The percentage of patients with hypertension having regular blood pressure tests was similar to the national average
 - Performance for mental health related and hypertension indicators were similar to the national average.
 - The dementia diagnosis rate was comparable to the national average.

Clinical audits were carried out and all relevant staff were involved to improve care and treatment and patient outcomes. There had been three clinical

Are services effective?

(for example, treatment is effective)

audits completed in the last 12 months. These were completed audits where the changes made were checked and monitored in order to assure improvement. Six other audits were being conducted. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research from a CCG perspective. The practice regularly reviewed QOF data and used Primary Care Web tool in order to monitor the outcomes from the practice and to assess how they compared with similar practices. Findings were used by the practice to improve services. For example, ensuring that screening rates were maintained a level comparable with other similar practice.

Information about patient outcomes were used to make improvements such as changing the system for pathology requests, placing specimens clearly in the system and ensuring the specimens were transported to the laboratory on a daily basis.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as fire safety, health and safety and confidentiality. This induction programme was comprehensive and ensured staff were competent to undertake their role effectively.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision, and facilitation and support for the revalidation of doctors. All staff had received an appraisal within the last 12 months.

Staff received training that included: safeguarding, fire procedures, and basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

All four patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We also spoke with two members of the PPG on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. Notices in the patient waiting room told patients how to access a number of support groups and organisations. Over 90% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89.7% and national average of 86.9%.

The practice's computer system alerted GPs if a patient was also a carer. Written information was available for carers to ensure they understood the various avenues of support available to them.

The practice offered seven day a week support to patients and their carers in their last few weeks of life. This support was provided by their usual doctor who telephoned the patient on Saturday and Sunday. This support assured the patient was as comfortable as possible, and the carers knew what to do and who to contact if the situation changed. When the usual doctor was on leave, another doctor at the practice would make this contact. The level of

support was variable according to the patient and family needs, but this daily contact reassured the patients and changes in care needs could be identified early and acted upon.

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

- 97.8% said the GP was good at listening to them compared to the CCG average of 90.5% and national average of 88.6%.
- 98% said the GP gave them enough time compared to the CCG average of 89% and national average of 86.8%.
- 98.9% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95.3%
- 96.9% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87.7% and national average of 85.1%.
- 98.1% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91.4% and national average of 90.4%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

- 95.9% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86.3%.

Are services caring?

- 97.4% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84.4% and national average of 81.5%

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

There was an active PPG which met on a regular basis, and as required. The PPG carried out patient surveys and considered proposals for improvements by the practice. The PPG was very happy with the practice and did not want any changes to be made and as a result the the PPG was responsive and practice organised activities.

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 learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- The practice provided regular planned support to a local boarding school.
- The practice provided support to a local residential and nursing home in the village, with planned home visits on a weekly basis.

Access to the service

The practice was open between 8.00am and 6.00pm Monday to Friday. The practice did not offer extended hours surgeries, but were able to offer appointments to meet individual needs if required, such as early morning or late evening appointments. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available.

The practice offers a full range of appointments and services at the branch surgery at nearby North Duffield, on three mornings per week.

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

- 81.5% of patients were satisfied with the practice's opening hours compared to the CCG average of 75.6% and national average of 75.7%.
- 94.6% patients said they could get through easily to the surgery by phone compared to the CCG average of 78.2% and national average of 74.4%.
- 87.8% patients described their experience of making an appointment as good compared to the CCG average of 78.1% and national average of 73.8%.
- 76.2% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 69.3% and national average of 65.2%.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at two complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way with openness and transparency and responded to appropriately. We saw that these had been discussed in the practice and any learning shared.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. Details of the vision and practice values were part of the practice's strategy and business plan.

Governance arrangements

The practice had an overarching governance policy. This outlined the structures and procedures in place and incorporated seven key areas: clinical effectiveness, risk management, patient experience and involvement, resource effectiveness, strategic effectiveness and learning effectiveness.

Governance systems in the practice were underpinned by:

- A clear staffing structure and a staff awareness of their own roles and responsibilities.
- Practice specific policies that were implemented and that all staff could access.
- A system of reporting incidents without fear of recrimination and whereby learning from outcomes of analysis of incidents actively took place.
- A system of continuous audit cycles which demonstrated an improvement on patients' welfare.
- Clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information.
- Proactively gaining patients' feedback and engaging patients in the delivery of the service. Acting on any concerns raised by both patients and staff.
- The GPs were all supported to address their professional development needs for revalidation and all staff in appraisal schemes and continuing professional development. The GPs had learnt from incidents and complaints.

The GP's met informally on a weekly basis to discuss clinical issues, but didn't involve other members of the clinical team. The GP's also met with the practice manager twice each week, and the GP's, practice manager and administrative staff met on a quarterly basis. The practice

nursing team were not included in these meetings. The practice had recognised this and were planning to involve the nurses in the meetings in future to ensure learning from significant events could be shared with the whole team.

Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff.

The 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 knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- the practice gives affected people reasonable support, truthful information and a verbal and written apology
- They 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 that the practice held regular team meetings.
- 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, 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.

Are services well-led?

Good 

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

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and considered proposals for improvements suggested by the practice management team.
- The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

Innovation

The practice team was forward thinking to improve outcomes for patients in the area, such as the regular bespoke surgeries conducted from the local boarding school and the nursing and residential care home in the village.