

Ingleton Avenue 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?

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 Ingleton Avenue Surgery on 29 September 2015. Overall the practice is rated as good.

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.

Our key findings were as follows:

- The practice had processes for reporting incidents and concerns and staff understood and fulfilled their responsibilities to raise concerns and report incidents. Information about safety was recorded and monitored and actions taken to make improvements when required;
- Risk assessments were completed and risks to patients were well managed;
- Patients' needs were assessed and care and treatment was planned and delivered following best practice guidance;
- Staff received training to help them carry out their roles and were encouraged and supported to develop their role further;
- Patients told us their privacy and dignity were respected and they were treated with respect and they were involved in decisions about their care and treatment;
- Patients said staff were helpful, caring, approachable and polite;
- Information about the services provided at the practice and how to make a complaint were accessible to patients at the practice, in their patient information leaflet and on the practice website;
- Patients told us they found it easy to make an appointment with their preferred GP and that they received good continuity of care;
- The practice provided appointments outside of working and school hours and urgent appointments were available on the same day;
- The practice was equipped to treat patients and meet their needs;
- There was a clear leadership structure and staff felt supported by the partners and managers;
- The practice sought feedback from patients and staff and acted upon it.

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 good for providing safe services.

Systems were in place for recording and reporting incidents and staff were clear about their responsibilities and felt able to raise issues and concerns. Lessons were learned and the learning was communicated to all relevant staff to support improvement across the practice. Information about safety was recorded, monitored and reviewed. Risks to patients were assessed, monitored and managed.

Good



Are services effective?

The practice is rated good for providing effective services.

Data showed patient outcomes were in line with local and national averages. 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, including promoting good health and lifestyles. Systems were in place and used to seek consent to care and treatment and to assess capacity. Staff had received training appropriate to their role and further training needs were identified through appraisals and were planned for. There was evidence to confirm staff received support, supervision and appraisals. The practice worked with other health and social care providers to ensure patients received joined up care and treatment.

Good



Are services caring?

The practice is rated good for providing caring services.

National data showed patients rated the practice above the local and national averages in all areas of the national GP survey. Patients told us that their privacy and dignity were maintained, they were treated with respect and they were involved in decisions about their care and treatment. Information about the services provided at the practice displayed at the practice and on the practice website. Information was clear and easy to understand. Information about local support services was displayed at the practice and given to patients when required. We saw staff spoke to patients in kind and caring ways and respected their privacy and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated good for providing responsive services.

The practice understood the needs of the local population and worked with the Clinical Commissioning Group to make

Good



Summary of findings

improvements to services provided. Patients reported they were able to make an appointment with their preferred GP and they received continuity of care. Urgent appointments were available on the same day, extended hours appointments were provided, and home visits were carried out when required. The practice was in an old house and had been redeveloped over the years; there was a ramp and accessible toilet. They did not have a lift to access the first floor, although staff knew the patients who needed to be seen on the ground floor and this was accommodated so did not impact patients seeing their GP. Information about how to complain was available to patients.

Are services well-led?

The practice is rated good for providing well-led services.

There was a clear vision and strategy which staff knew and worked together to achieve. There was a clear leadership structure and staff felt supported by the partners and managers. The practice had developed policies and procedures required to govern activity. There were systems in place to identify risk and monitor and improve quality. The practice sought feedback from patients and staff which it acted upon. There was an active patient participation group. Staff received inductions, training, supervision, appraisals and attended staff meetings and practice social 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 good for the care of older people.

Nationally reported data showed outcomes for patients were good for conditions commonly found in older people. The practice provided a named GP for patients over 75 years. They offered a range of book in advance and urgent on the day appointments. Home visits were provided when required. The practice worked with other health and social care providers to ensure patients received joined up care and to avoid unplanned admissions for those at risk. The practice provided annual flu clinics. They had arrangements with local pharmacies to deal with repeat prescriptions.

Good



People with long term conditions

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

Nursing staff had lead roles in the management of long term conditions, they worked with the GPs to provide regular treatment and medicine reviews. Systems were in place to call patients with long-term conditions for regular reviews. Longer appointments and home visits were provided when required. The practice worked with other health and social care providers to ensure patients with complex health needs received multidisciplinary care and patients at risk of hospital admission were identified as a priority. Clinical staff had lead responsibility for different long-term conditions and used National Institute for Health and Care Excellence and local guidelines to provide the most appropriate care and treatment to these patients. One of the GPs was trained in insulin initiation.

Good



Families, children and young people

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

The number of patients under 18 was in line with local and national averages. Systems were in place to follow up children living in disadvantaged circumstances and those at risk and the practice met with other health and social care services to identify and discuss children at risk. Staff had completed training in safeguarding and were clear about their responsibilities to report concerns. They provided urgent on the day appointments and appointments outside of school hours. Rates for childhood immunisations were in line with local averages. The practice had recently signed up to the childhood obesity scheme, to weigh seven year olds. Patients told us

Good



Summary of findings

that children and young people were treated in age appropriate ways. The practice was accessible for families with pushchairs, although there were no baby changing facilities. There was a selection of toys in the waiting area.

Working age people (including those recently retired and students)

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

The needs of working age patients were known and extended hours appointments were provided three mornings and one evening a week. A range of electronic services were provided to enable patients to book appointments and repeat prescriptions without having to attend or telephone the practice. GPs provided telephone consultations and call backs when required. The practice provided a range of sexual health and family planning services. Eighty two per cent of women had attended for their cervical smear test, in line with the national average of 82%. Clinical staff told us they provided opportunistic health advice during appointments and they provided NHS health checks.

Good



People whose circumstances may make them vulnerable

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

The practice held a register of patients with learning disabilities and they provided longer appointments and annual health checks for these patients. They worked with multidisciplinary teams to ensure patients received joined up appropriate care and treatment. Information about local voluntary organisations was available at the practice. The practice provided a personalised patient list, so all patients had a named GP. The practice identified carers. The practice would provide care and treatment to patients who were homeless. Staff completed training in safeguarding and were clear about their responsibilities to record and report concerns.

Good



People experiencing poor mental health (including people with dementia)

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

The practice followed recognised dementia pathway and used screening to identify signs of dementia. They had a register of patients experiencing poor mental health and 93% had a care plan that was reviewed annually which was above the national average. Data confirmed patients were asked about their alcohol

Good



Summary of findings

consumption and smoking status. The practice worked with other health and social care services to refer patients when required and enable patients to receive joined up care. They held three monthly meetings with community mental health teams.

Summary of findings

What people who use the service say

We spoke with six patients during the inspection. We looked at results from the GP patient survey for 2015. The practice used the NHS Friends and Family Test to seek patients' views on the service, 97% of patients would recommend the practice to others because of their positive experiences.

The results from the 2015 National GP patient survey involved 304 surveys being sent out, with 127 returned giving a 42% completion rate. Responses showed:

- 75% of respondents would recommend this practice to someone new to the area which was above the Clinical Commissioning Group (CCG) of 69% and below the national average of 78%.
- 86% of respondents described their overall experience of the practice as good which was above the CCG and national average of 68% and 74%.
- 95% said they had confidence in the last GP above the CCG and national averages of 89% and 93%.
- 97% had confidence in the last nurse they spoke with, in line with the CCG and national averages of 97%.

- 61% of respondents were satisfied with the opening hours, which was below the CCG and national averages of 70% and 75%.
- 87% were able to get an appointment the last time they tried which was above the CCG average of 79% and 85%.
- 58% of respondents said it was easy to get through on the telephone, which was above the CCG and national averages of 61% and 73%.

As part of our inspection we also asked for CQC comment cards to be completed prior to our inspection. We received 22 comment cards which were all positive about the standard of care and treatment received; one card contained both positive and a negative comment. Patients reported that staff were helpful, caring, approachable, friendly, polite and efficient and they felt they were given enough time during consultations. Patients felt confident about the care and treatment they received. Patients said the practice was always clean.

Ingleton Avenue Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC inspector. The team included a GP Specialist Advisor and an Expert by Experience. The Specialist Advisor and Expert by Experience were granted the same authority to enter registered persons' premises as the CQC inspectors.

Background to Ingleton Avenue Surgery

The practice operates from Ingleton Avenue Surgery. They have the national average numbers of children under 18 years of age and just above national averages of people aged over 65 and 75 years and average numbers of patients aged over 85. Forty seven per cent of patients have long standing health conditions which is in line with the CCG average and below the national average of 54%. Just over 22% of patients have caring responsibilities which is above the CCG average of 14.6% and the national average of 18.2%. Sixty five per cent of patients are in paid work or full time education, above the CCG average of 63% and below the national average of 61%. It is in the second least deprived area of England. The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of: diagnostic and screening procedures, treatment disease, disorder or injury, maternity and midwifery services, family planning and surgical procedures.

The practice provides primary medical services through a General Medical Services (GMS) contract. A GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

The practice provides a range of services including long term condition management, smoking cessation, weight management, family planning and contraceptive services, maternity services, child health surveillance and immunisations to just over 5,100 patients in the Welling area of Bexley.

The practice is a member of Bexley CCG and is one of 28 practices. It comprises of one male GP with two part time salaried GPs (one male and one female), two part time practice nurses and a part time health care assistant. There is a practice manager, project manager and eight administrative and reception staff. The practice is a training practice for trainee GPs.

The practice is open from 8.00am to 6.30pm Monday, Tuesday, Wednesday and Friday and from 8.00am-3.00pm on Thursday. On Thursday afternoons there was an answer phone message telling patients to ring the NHS 111 service. Extended hours surgeries are provided between 6.30pm and 7.30pm on Tuesdays and 7.30am-8.00am on Tuesdays, Wednesdays and Thursdays.

The practice has opted out of providing out-of-hours services to their own patients and these services are provided by the locally agreed out-of-hours provider for the CCG.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. This provider has not been inspected before and that was why we included them.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was

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.

From April 2015, the regulatory requirements the provider needs to meet are called Fundamental Standards and are set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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
- 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 29 September 2015. During our visit we spoke with six patients and received 22 CQC patient comment cards completed by patients during the month before our inspection. We spoke with a range of staff including three GPs, the GP trainee, two nurses, the healthcare assistant, the practice and project manager and four administrative and reception staff. We observed staff interactions with patients in the reception area. We looked at the provider's policies and records including, staff recruitment and training files, health and safety, building and equipment maintenance, infection control, complaints, significant events and clinical audits. We looked at how medicines were recorded and stored.

Are services safe?

Our findings

Safe track record and learning

The practice had an open and transparent approach and systems in place for reporting and recording accidents, incidents and significant events. Staff were clear about their responsibility to report incidents and told us they would speak with the practice manager and complete the electronic incident reporting form. The practice carried out an analysis of significant events. We reviewed safety records, incident reports and minutes of meetings where these were discussed. We saw lessons were shared to ensure improvements were made to safety. For example, after a member of staff received a needle stick injury, they found details of the occupational health service to refer staff to for support and shared this information with staff at the practice through meetings and updating the policy. They also shared this information with other practices in the Clinical Commissioning Group (CCG) through the practice managers forum.

The practice manager arranged for GPs to receive emails with updated guidance from the National Institute for Health and Care Excellence. The practice manager sent relevant safety alerts to clinical staff, which were discussed at practice meetings. Patient safety incidents were reported through the National Reporting and Learning Systems. Medicine alerts were sent to the GPs and discussed at clinical meetings.

Overview of safety systems and processes

The practice had policies, procedures and had established systems in place to keep people safe which included:

- Arrangements being in place to safeguard children and vulnerable adults from abuse which reflected relevant legislation and local requirements. Policies and the information sheets displayed in consultation rooms and at reception clearly outlined who staff should contact for further guidance. One of the GPs was the safeguarding lead for both adults and children. They had completed training to help them in this role and attended regular meetings and reported back to the clinical team. All staff had completed child protection training to the required Level. The electronic patient record had a system to indicate when a child was subject to a child protection plan and when a patient

was considered a vulnerable adult. Staff understood their responsibilities to report safeguarding concerns to the practice safeguarding lead or the practice manager and had completed relevant training to their role.

- The practice had a chaperone policy and patients were informed of their right to request a chaperone through signs displayed in the waiting room and in consultation rooms. GPs asked the nurses or reception staff to act as chaperones when required. These staff had received training or information about their role and had a Disclosure and Barring Scheme (DBS) check. (DBS checks identify whether a member of staff has a criminal record or is on a list of people barred from working where they may have contact with vulnerable children or adults).
- The practice had developed procedures for monitoring and managing risks to patients and staff safety. Health and safety policies were in place and relevant information was displayed at the practice. We saw an up to date fire risk assessment and regular fire drills were completed. Fire equipment was checked annually by external contractors. Portable electrical appliances were checked at the required intervals to ensure they were safe to use and when items were deemed unsafe, they were replaced. Clinical equipment was tested annually to ensure it was working properly. A range of risk assessments were completed to monitor the safety of the premises including infection control, control of substances hazardous to health and legionella.
- Appropriate standards of cleanliness and hygiene were followed. We saw the premises were clean and tidy. Infection control policies were in place. One of the nurses was the infection control lead. Clinical staff were responsible for cleaning between patients. Clinical rooms were checked weekly by the health care assistant. The practice manager reviewed the cleaning on a weekly and monthly basis and all staff were clear about their responsibility to report issues to the cleaner or the practice manager. The recent infection control audit identified some issues, including keeping records of clinical staff immunity, for there to be a detailed cleaning schedule and for sinks in clinical rooms to be replaced. The practice had developed an action plan which they were working through. They had developed a cleaning schedule and had applied for an improvement grant from NHS England for new sinks in clinical rooms. Suitable arrangements were in place for the safe disposal of clinical waste including sharps.

Are services safe?

- The arrangements for managing medicines, including emergency drugs and vaccines, prescriptions, prescribing, recording, handling, storing and security of medicines in the practice kept patients safe. Regular medicines audits were carried out with the CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines. The practice worked with three local pharmacies. Prescription pads were stored securely; records were kept of prescription pad numbers but not of their use.
- Arrangements for staff recruitment were in line with requirements and we saw the recruitment policy had been reviewed. In the three staff files we looked at we found the appropriate recruitment checks had been carried out before employment. For example, proof of identity, qualifications and registration with the appropriate professional body was checked, checks were made through the Disclosure and Barring Service and references had been taken up.
- Arrangements were in place for planning and reviewing the number of staff and skill mix of staff to meet patients' needs, taking into account patient feedback and staff comments about staffing levels.

Arrangements to deal with emergencies and major incidents

There were emergency alarms in consultation rooms. Staff we spoke with were clear about their location, when they

should be used, how they should respond, although they had not needed to use them. The alarms were checked and serviced throughout the year by external contractors. All staff had completed basic life support training in 2015 and this had been updated at the required intervals. There were emergency medicines available in one of the treatment rooms and each consultation room had an anaphylaxis kit. The practice had medical oxygen with adult and children sized masks. There was a first aid kit and an accident book. The emergency medicines and equipment were checked monthly and records maintained. Staff we spoke with knew where emergency medicines and equipment were kept at the practice. The practice did not have a defibrillator and had discussed this, although this had not been formally recorded. A risk assessment for not having a defibrillator at the practice was completed and sent to CQC after the inspection.

The practice had developed a business continuity plan which included details of how to deal with a range of situations including power failure and flood and included the contact numbers of external contractors to call to arrange repairs. This document had been updated and was available as a paper copy, on the practice computer system and off site in the event they were unable to access the building.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Care and Excellence (NICE) best practice guidelines. Clinical staff had access to NICE guidelines and used these to develop care and treatment provided to meet patients' needs. They monitored use of these guidelines through discussions at clinical meetings. Patient notes showed assessments were completed, appropriate investigations were carried out, referrals were made to specialist services and annual or six monthly reviews of medicines were completed where required.

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. The practice achieved 90.4% of the total points available. This was in line with the Clinical Commissioning Group (CCG) average of 96.3% and the national average of 94.2% of total points with 3.1% exception reporting. The practice was not an outlier for any QOF (or other) national targets. Data from April 2013 to March 2014 showed:

- Performance for diabetes related indicators was in line with the local and national average. For example, 74% of patients in 2014 had a last blood pressure reading of 140/80mmHg or less compared with a national average of 78% and the number of patients with a record of a foot examination was 87% in line with national average.
- The percentage of patients with hypertension having regular blood pressure tests was 79% below the national average of 83%.
- Performance for patients with mental health with a comprehensive care plan was 93% above the national average of 86%.
- The dementia diagnosis rate was below the CCG and national average. The number of patients who had received an annual review of their care was 77%, lower than the national average of 84%.

- The practice had 5.31 emergency admissions per 1,000 population compared to the national average of 13.6. This showed patients were receiving the care, support and treatment they needed from the practice without needing to access emergency services.

Clinical audits were carried out to demonstrate quality improvements and all relevant staff were involved to improve care and treatment and patients' outcomes. There had been two clinical audits carried out in the last three years; of these, one was a completed cycle where actions to improve had been implemented and monitored. For example in 2012 patients at risk of developing diabetes were identified, reviewed to check they had been given lifestyle counselling and had received a blood test in the last year. Results showed of 44 patients identified in the risk group, 30 had received a blood test in the last year and 14 had been given lifestyle counselling. Ten patients were selected to attend a practice based education course. Clinical staff reviewed the data and agreed to formalise the recall of patients with pre-diabetes by keeping a register, adding a note to the electronic patient record to highlight the diagnosis and ensure regular lifestyle discussions at review appointments to include information about diet, weight loss and exercise. The practice developed a practice protocol for pre-diabetes monitoring. The second audit identified that 30 out of 39 patients in the at risk of developing diabetes group had received a blood test in the last year and 21 out of 39 had been given lifestyle counselling. This showed the practice had increased the number of patients at risk of developing diabetes who were given information to help them change their lifestyle.

Effective staffing

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

- The practice had developed an induction programme for new staff which included key information about health and safety, first aid and accident reporting, fire safety, confidentiality and safeguarding. The programme had been tailored for reception, administrative and clinical staff. Staff we spoke with told us their induction helped them understand their role and the practice expectations of them.
- Staff learning needs were identified through appraisals and reviews of the practice development needs. Staff had access to training and regular updates to meet their learning needs. Staff had access to clinical supervision

Are services effective?

(for example, treatment is effective)

and support for the revalidation of GPs. There was a system for all staff to have an annual appraisal. Staff we spoke with confirmed they received support and had an annual appraisal within the last year.

- Staff had completed training in basic life support, safeguarding children and vulnerable adults, information governance, equality and diversity, fire safety, infection control and the Mental Capacity Act. Clinical staff had completed training and attended regular refresher courses on immunisations, cytology and diabetes care. The CCG provided cover to enable clinical staff to attend training sessions.
- There was a good skill mix with clinical staff having areas of interest in family planning, dermatology, diabetes, children's and women's health, smoking cessation and palliative care.

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. This included risk assessments, care plans, medical records and test results. Information such as national health service 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. The practice held monthly multidisciplinary meetings with the palliative care team, health visitors, district nurses and the community mental health teams to be able to understand and meet the needs of patients with complex health and social care needs.

The practice had systems to provide staff with the information they needed and to share the required information with other health care providers. For example they used care plans for people receiving end of life care to ensure anyone providing care or treatment was aware of the individual's wishes. Copies of these care plans were shared with the ambulance and out of hours service. The out of hours service sent details of patients seen electronically by 8am the following morning.

Consent to care and treatment

Patients' consent to care and treatment was sought in line with legislation and guidance. Staff understood the relevant consent and decision making guidance including the Mental Capacity Act 2005 and the Children Acts of 1989 and 2004. Clinical staff used assessments of capacity to

consent for children and young people. Parental consent was sought before children were given immunisations. Written consent was sought before patients underwent minor surgical procedures. Consent was sought from patients before and after their consultation with the trainee GP was recorded.

Health promotion and prevention

When patients first registered with the practice they completed forms which gave details of their personal and family medical and social history. The health care assistant then carried out a new patient check which included completing baseline checks and any issues were referred to the GP. Patients were given information about maintaining a healthy lifestyle with regards to diet and exercise if required. Patients could access smoking cessation advice and sexual health screening. Patients who needed extra support were identified by the practice.

The practice had a comprehensive screening programme. The uptake for cervical screening was 82%, in line with the national average. Childhood immunisation rates for the practice were below the national averages. For example, childhood immunisation rates for vaccinations given to under two year olds ranged from 64% to 71%, below the national averages of 93%. Immunisation rates for five year olds were 70%, which was below the national average of 85%. The practice had reviewed their immunisation figures and were working through an action plan with administrative and nursing staff sending invites and reminders and using routine appointments to offer immunisations. Flu vaccination rates for those aged over 65 were 68%, compared to the national average of 73%. For the at risk groups this figure was 57% above the national average of 52% and those with diabetes were 77% below the national average of 93%. They had reviewed how they invited patients for immunisations to improve the number of patients who attended.

The practice participated in all local and national health promotion initiatives. Patients had access to appropriate health assessments and checks including the NHS checks for people aged 40-74. Flu clinics were arranged on Saturdays in September and October, posters were displayed in the waiting room, the practice newsletter contained details and the dates were displayed on the practice website. Clinical staff were supported by

Are services effective? (for example, treatment is effective)

administrative staff during these clinics and they used these sessions to catch up with other health information and advice. Follow ups on the outcomes of health assessments were made where risk factors were identified.

Are services caring?

Our findings

ways at the reception desk and when speaking on the telephone. Consultations took place in private rooms with the door closed and conversations could not be overheard. Curtains were provided in consultation rooms to protect patients' privacy and dignity during examinations and treatments. While the reception area was open, reception staff told us they could take patients to a more private area to have conversations when necessary. All of the comment cards we received and the six patients we spoke with felt the practice and the care and treatment they received were good.

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the 2015 national GP patient survey which showed:

- 80% of respondents said they found receptionists at the surgery helpful which was in line with the CCG average and below the national average of 87%.
- 95% of patients said the last GP they saw was good at listening to them, above the CCG and national average of 88% and 89%.
- 98% had confidence in the last nurse they saw, which was above the CCG and national averages of 97%.
- 94% said the last GP they saw was good at giving them enough time, above the national and CCG averages of 87% and 83%.
- 95% said the last nurse they saw was good at giving them enough time which was above the national and CCG averages of 89% and 92%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with said the GPs and nurses involved them in discussions about their care and they felt they were given the information they needed to make informed decisions about their care and treatment. They felt clinical staff had time to listen and explain things to them and they had time during consultations to ask questions. Completed CQC comment cards confirmed these views.

Results from the national GP survey showed patients responded positively to questions about their involvement in making decisions about their care and treatment. For example:

- 90% of respondents said the last GP they saw was good at explaining tests and treatments which was above the national and CCG averages of 86% and 83%.
- 85% said the nurse they saw was good at explaining tests, this was in line with the CCG and national averages.
- 90% said the last GP they saw was good at involving them in decisions about their care and treatment which was above the national and CCG averages of 78% and 81%.
- 85% said the last nurse they saw was good at involving them in decisions about their care which was in line with the CCG and national averages.

Staff told us they had access to translation services for patients for whom English was not their first language and this information was available to patients at the practice.

Patient/carer support to cope emotionally with care and treatment

There were a number of notices in the reception area and waiting room that gave patients information and telephone contact details of local support groups and other health and social care services. The electronic patient record alerted staff if a patient was a carer, 22% of the list had been identified as carers and were being supported, for example by being prioritised for same day appointments. The next of kin for patients receiving palliative care were identified and GPs told us they sign posted patients and carers to local support networks. Ninety one per cent of respondents to the national GP survey 2015 said the last nurse they saw and 80% said the last GP they saw was good at treating them with care and concern which was above local and national averages for nurses and in line with local and national averages for GPs. Staff told us that when families suffered bereavement, they made contact and offered an appointment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the Clinical Commissioning Group (CCG) to plan services to improve outcomes for patients in the area. For example they piloted an education initiative for patients at risk of developing diabetes, to improve patient's knowledge and understanding of the impact of their diet and lifestyle on their health. The practice provided a phlebotomy clinic one afternoon a week, with staff from the local hospital trust. This gave patients access to this service closer to home. One of the practice nurses provided a spirometry clinic, again to reduce the need for patients to attend their local hospital.

Services were planned to take into account the different patient groups and helped provide flexibility and continuity of care. For example:

- Patients had access to online booking for appointments and to request repeat prescriptions.
- The practice offered a range of book in advance and urgent on the day appointments.
- They provided early appointments from 7.30am three mornings a week and evening appointments until 7.30pm one day a week for convenience of patients who worked.
- They provided afternoon appointments for children who were taken ill during the day.
- Patients had a choice of seeing male or female GPs.
- Home visits were carried out when required.
- Longer appointments were provided when necessary for medicine and treatment reviews for patients with long term conditions and for patients with learning disabilities.
- The practice had a ramp to enable access for people who used a wheelchair and families with pushchairs, although the door was not automatic and at times, patients may need to ring the doorbell to seek staff help with entering the practice. The counter at reception did not have a lower surface for people who use a wheelchair to speak with reception staff.
- Consultation rooms were on the ground and first floor, although there was no lift. Staff were clear that patients who were not able to climb the stairs would be seen in a downstairs consultation room. Patients we spoke with confirmed this was the case.

- Toilets were accessible, however there were no baby changing facilities.
- Staff told us they could access translation services if required.

Access to the service

The practice was open between 8.00am-6.30pm Monday, Tuesday, Wednesday and Friday and from 8.00am-3.00pm on Thursdays with extended hours from 7.30am-8.00am Tuesday, Wednesday and Thursday and 6.30pm-7.30pm on Wednesday. Pre-bookable appointments and on the day urgent appointments were available.

Results from the national GP patient survey 2015 showed that patients were satisfied with access to the practice.

- 87% of respondents said they were able to get an appointment the last time they tried, above the CCG and national average of 79% and 85%.
- 58% of respondents found it easy to get through to this surgery by phone, compared to the CCG average of 61% and national average of 73%.
- 62% of respondents usually wait 15 minutes or less after their appointment time to be seen, this was above the CCG average of 57% and below the national average of 65%.
- 61% of respondents were satisfied with the practice opening times, below national and CCG averages of 75% and 70%.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns which was 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. Information about how to make a complaint was displayed at the practice, included in the patient leaflet and on the practice website. Patients we spoke with had not needed to make a complaint but felt confident their concerns would be listened to and addressed. We looked at the one complaint received in the last year and found the practice had responded in line with their policy, in an open and timely way. We saw that the complaint was discussed at a practice meeting when staff were reminded of processes to be followed.

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 provide the best possible quality service in a confidential and safe environment, promoting good health, working with others and encouraging patient feedback. The partners met regularly to review how the practice was operating, discuss improvements and developments needed for the future.

Governance arrangements

The practice had a governance framework which supported the delivery of good quality care. This outlined the structures and procedures and ensured:

- There was a clear staffing structure and staff were aware of their role and responsibilities at the practice;
- Relevant and required policies were in place, kept under review and available to all staff;
- The partners had a clear understanding of how the practice was performing and developing;
- There was a system for clinical audit which was used to monitor the quality of services and make improvements when required;
- The arrangements for identifying, recording and monitoring risks were suitable.

Leadership, openness and transparency

The partners had the experience and capacity to run the practice and ensure the provision of high quality care. They prioritised safe and responsive care. The partners were visible in the practice and staff told us they were approachable and took time to listen to them. The partners encouraged an open culture.

Staff told us there were regular practice meetings which were used to review complaints, patient feedback and learning from incidents. Staff told us they worked well as a team. All staff were clear about their role and responsibilities and were given the support they needed. The practice held annual social events.

Practice seeks and acts on feedback from its patients, the public and staff

The practice used surveys, the Friends and Family Test, complaints, concerns raised and suggestions to seek feedback from patients. There was an active Patient Participation Group (PPG) which was involved with how the practice operated. Feedback from the PPG was discussed by the partners so they could respond to suggestions and ideas. Changes to the practice following patient feedback included developing the text reminder system, improved health promotion information, provision of Saturday flu clinics and publishing of the appointment booking system. The PPG and project manager prepared a newsletter with updates about the practice staff, services provided, general health information for a range of health conditions, information about how patients can give their comments and suggestions and the importance for patients of keeping the practice up to date with changes of contact details. These newsletters were provided once or twice a year.

Management lead through learning and improvement

The practice demonstrated that they prioritised the idea of better services for patients through political change and awareness of the local and national problems.