

Earls Barton Medical Centre

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 of Earls Barton Medical Centre on 7 October 2015. The practice provides primary medical services to approximately 5,250 people who live in the surrounding area. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report and follow through incidents and near misses. Opportunities for learning from incidents were shared with staff during meetings and action taken to prevent similar recurrences. Staff had the knowledge and skills to enable them to take appropriate action if they had concerns about patient's safety.
- Practice staff utilised methods to improve patient outcomes by working with other local providers to share best practice. Clinical staff used the National Institute for Health and Care Excellence (NICE) guidelines when assessing patients and for their care needs.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Information was provided to help patients understand the services available to them. Patients we spoke with told us they received good standards of care.
- Practice staff worked closely with other organisations and external professionals in planning how services were provided to ensure that they meet people's needs. People with complex needs had care plans in place that were regularly reviewed.
- As a consequence of feedback from patients and the Patient Participation Group (PPG) practice staff had made improvements to the way it delivered services. PPG's work with practice staff in an effective way that may lead to improved services. The PPG were proactive in representing patients and assisting the practice in making improvements.
- Senior staff had a clear vision which had quality and safety as its priority. Plans for the future were in place

Summary of findings

to improve patient access to the premises. There was a clear leadership structure and staff felt supported by management. It was evident that there was a strongly motivated staff team.

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 staff in supporting improvements. Information about safety was recorded, monitored, addressed and actions taken were monitored. Risks to patients were assessed, well managed communicated widely enough to support improvement. We spoke with some patients who collected their medicines from the on-site dispensing pharmacy and they told us they were satisfied with the service.

Good



Are services effective?

The practice is rated good for providing effective services. Patients' needs were assessed and care was planned and delivered in line with current legislation. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and they told us they used it routinely. Staff worked with other health care teams and there were systems in place to ensure appropriate information was shared. Staff had received training appropriate to their roles. There was evidence of appraisals and personal development plans for all staff. Arrangements were in place to review and monitor patients with long term conditions and those in high risk groups.

Good



Are services caring?

The practice is rated good for providing caring services. Patients' views gathered at inspection demonstrated they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We saw that staff treated patients with kindness and respect, and ensured their confidentiality was maintained. The practice offered personalised care to meet the needs of patients who had long term conditions. The care plans were regularly reviewed to ensure that patients received up to date care.

Good



Are services responsive to people's needs?

The practice is rated good for providing responsive services. It reviewed the needs of its local population and engaged with the local Clinical Commissioning Group (CCG) to provide improvements to services where possible. Services were planned and delivered to take into account the needs of different patient groups. The practice had good facilities and was well equipped to assess and treat

Good



Summary of findings

patients in meeting their needs. Information about how to complain was available in the practice leaflet and records showed that senior staff responded appropriately and promptly to issues raised. Learning from the outcomes of complaints was shared with staff.

Are services well-led?

The practice is rated good for being well-led. It had a clear vision and strategy. Governance arrangements were underpinned by a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity. There were systems in place to monitor and improve quality and identify risks. Practice staff encouraged feedback from staff and patients, which it acted on and had a proactive Patient Participation Group (PPG). Newly appointed staff underwent inductions and training to enable them to carry out their roles effectively. Regular performance reviews were carried out and staff attended training courses, meetings and events to improve their skills.

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. The practice offered personalised care to meet the needs of the older people in its population and offered home visits to those who were unable to access the practice. Rapid access appointments were provided for those with enhanced or complex needs. The practice had regular contact with district nurses and other professionals in regular meetings to discuss any concerns or changes that were needed to patient care. Data informed us that all older patients had received annual health checks and where necessary, care, treatment and support arrangements were implemented.

Good



People with long term conditions

The practice is rated good for the care of people with long-term conditions. These patients had regular health reviews with either the GP and/or the nurse to check that their health and medication. Longer appointments were available when patients were seen by nurses to ensure they received comprehensive reviews. Where necessary these patients had a personalised care plan in place and were regularly monitored to check that their health and care needs were being met. Regular structured reviews were carried out by a GP or nurse to check that patient's medicines were appropriate for their needs.

Good



Families, children and young people

The practice is rated 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. A health visitor was invited to the regular multidisciplinary meetings to discuss any safeguarding issues as well as those children who had long term conditions. There were no extended opening hours but patients could hold a telephone conversation with a GP to receive advice. Children were given same day appointments and there was emphasis on children receiving their required vaccinations.

Good



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 this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible. The practice was proactive in offering online services as well as a full range of

Good



Summary of findings

health promotion and screening that reflected the needs of this age group. The practice did not provide extended hours. However, telephone consultations were available to provide advice and if patients required an appointment.

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 living in vulnerable circumstances including those with a learning disability. It had carried out annual health checks and longer appointments were available for all people with a learning disability. Staff had been trained to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding the actions they should take if they had concerns and how to contact relevant agencies who were responsible for carrying out investigations.

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). Staff were trained to recognise mental health presentations and carry out comprehensive assessments. Practice staff regularly worked with multidisciplinary teams in the case management of patients who experienced poor mental health and a mental health nurse attended the regular meetings. Patients who had dementia were included in these meetings. Clinical staff carried out care planning for patients with dementia and those experiencing mental health illness. Referral mechanisms were in place for when staff identified deterioration in patient's mental health.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published July 2015 showed the practice was performing above and in some areas below local and national averages. There were 117 responses, this equated to 42%.

- 88% found the receptionists at this surgery helpful compared with a CCG average of 85% and a national average of 87%.
- 79% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 67% and a national average of 65%.
- 67% feel they don't normally have to wait too long to be seen compared with a CCG average of 59% and a national average of 58%.
- 76% said last time they spoke with a GP they were good at giving them enough time compared with a CCG average of 85% and a national average of 87%.

- 85% find it easy to get through to this surgery by phone compared with a CCG average of 71% and a national average of 73%.
- 86% say the last appointment they got was convenient compared with a CCG average of 92% and a national average of 92%.

During our inspection we spoke with eight patients. All patients told us they were satisfied with the service they received. As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 31 comment cards all of which were positive about the standard of care they received. Two negative comments were made. One complained about their inability to make an on the day appointment and another who complained that they could not access their test results on line (these were not available).

Earls Barton Medical Centre

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 and a CQC pharmacist regional manager, specialist advisors.

Background to Earls Barton Medical Centre

Earls Barton Medical Centre is located in the village of Earls Barton, Northampton and serves approximately 5,250 patients. The practice holds a Primary Medical Services contract and provides GP services.

Practice staff provides on-site pharmacy and dispenses medicines for those patients who live in excess of one mile from a pharmacy. This equates to approximately 1,000 patients. The dispensary is open during practice opening times.

The practice is managed by two GP partners (both male) who between them provide 16 clinical sessions per week. They are supported by a nurse practitioner who is able to prescribe for minor ailments and a practice nurse. The nurses leads on reviews such as; diabetes, other long term conditions and cervical screening. A health care assistant (HCA) provides some of the clinical work such as phlebotomy (taking blood samples), injections and minor dressings. There is an apprentice HCA employed. The practice employs a practice manager, an administration manager and care co-ordinator, a reception/dispensing manager, one dispenser/receptionist, an apprentice dispenser/receptionist and three administrators.

GPs provide training for second year foundation programme for qualified doctors. There is currently one trainee in post who provides eight supervised clinical sessions per week.

The practice is open from 8.00am to 6.30pm each weekday. Urgent appointments are available on the day. Routine appointments can be pre-booked in advance in person, by telephone or online. Telephone consultations and home visits are available daily as required.

The practice has opted out of providing GP services to patients out of hours such as nights and weekends. During these times GP services are provided currently by a service commissioned by Nene Clinical Commissioning Group (CCG). When the practice is closed, there is a recorded message giving out of hours' details.

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. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Detailed findings

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 inspecting, 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 inspection on 7 October 2015. During our inspection we spoke with a range of staff including two GPs, the nurse practitioner, practice nurse, the HCA, the reception/dispenser manager, a dispenser and the apprentice receptionist/dispenser. We also spoke with the practice manager, three administration staff and one receptionist. We spoke with eight patients who used the service and one member of the Patient Participation Group (PPG). We observed how people were being cared for and talked with 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.

Are services safe?

Our findings

Safe track record

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 record the details on the appropriate form. Practice staff carried out an analysis of significant events and we were shown recordings of them.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared with practice staff to make sure appropriate action was taken to improve safety in the practice. For example, a concern was identified about an incorrect test result that was given to a patient. All staff were made aware of the systems put in place to prevent a similar occurrence.

Safety was monitored using information from a range of sources, including National Institute for Health and Clinical Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements. The policies for safeguarding children and adults were accessible to all staff and included contact details of external professionals. Staff knew who was the lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and provided reports for other agencies. Clinical staff kept a register of all patients that they considered to be at risk and regularly reviewed it. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. Staff we spoke with demonstrated they would take appropriate action if they had concerns and if necessary they would take the initiative by contacting relevant agencies.
- Flyers regarding patient's right to request a chaperone were available from a rack in the waiting area for patients to help themselves. Posters were also on display. Some patients we spoke with were aware of this and a patient told us the GP usually asked them if they wanted a chaperone. All staff who acted as chaperones were trained for the role and had undergone a disclosure and barring check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and procedures in place. The gas supply and electrical supply to the premises had been checked for safety. All electrical equipment had been regularly checked to ensure it was fit for purpose. Clinical equipment had been calibrated 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, clinical waste and legionella.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead. They told us they carried out a range of audits and we were shown these. For example, cleanliness of clinical rooms, waste management, handling of specimens and hand hygiene for all newly appointed staff. Where necessary actions had been recorded and we saw that these had been addressed. The equipment used for minor surgery was disposable. There were ample supplies of personal protective equipment (PPE) and patients informed us that staff wore gloves for some procedures. The practice nurse told us they had attended various one day training courses. There was an infection control protocol in place and staff had received up to date training.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the GPs were prescribing within the recommended parameters of best practice.
- There was an on-site practice dispensary for patients who lived in excess of one mile from a pharmacy.

Are services safe?

Prescription pads were securely stored and there were systems in place to monitor their use. The practice had appropriate written procedures in place for dispensary staff guidance about the production of prescriptions and dispensing of medicines that were regularly reviewed and accurately reflected current practice. The dispensary had just signed up to the Dispensing Services Quality Scheme to help ensure processes were suitable and the quality of the service was maintained. The dispensary held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. These were being followed by the practice staff.

- The nurse prescriber could demonstrate how she kept up to date and was very clear that she would only work and prescribe within her areas of competency and could give examples of having referred patients appropriately to the GPs for assessment treatment.
- Recruitment checks were carried out and we were shown these for all staff. We looked at a six of them for various grades of staff. They showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. There was staff induction programmes and these had been tailored for staff roles. Recordings confirmed that staff had received their inductions.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed

to meet patients' needs. We were told that the number of patients registered at the practice remained consistent. Annual leave was structured so that only one member of staff with similar grades were absent at one time. Nurses provide cover for each other and when the health care assistant (HCA) was not available the patient appointments were rearranged to accommodate this. However, the apprentice HCA had been trained and signed off to carry out a number of those duties. Dispensing, administration and reception staff worked extra shifts and covered for each other. The use of Locum GPs ceased when the second partners was recruited in May 2015.

Arrangements to deal with emergencies and major incidents

All staff received annual basic life support training and there were emergency medicines available. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. These were checked daily and recording made to confirm this. There were medicines available to treat patients who went into anaphylactic (severe allergic reaction) shock.

There was 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. Copies of this were held off site to ensure that appropriate response would be instigated in the event of eventualities such as loss of computer and essential utilities.

Regular fire drills were carried out so that staff could respond promptly and appropriately in the event of a fire.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with the National Institute of Health and Care Excellence (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 patient's needs. For example, NICE guidance for patients with atrial fibrillation (a heart condition that causes an irregular and often abnormally fast heart rate).

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. QOF data for the year 2014-15;

- The diabetes review rate of 100% was 7.6% points above the CCG and 10.8% points above the national average.
- The mental health review rate of 100% was 4.2% points above the CCG average 7.2% points above the national average.
- Performance for asthma related indicators was 100% which was 1.4% points above the CCG average and 2.6% points above the national average.
- Performance for patients with a learning disability was 100% which was the same as the CCG average and 0.2% points above the national average.
- Performance for cancer related indicators was 100% which was 0.7% points above the CCG average and 1.5% points above the national average.
- Performance for chronic obstructive pulmonary disease (COPD) related indicators were 100% which was 2.2% points above the CCG average and 4.0% points above the national average.

- The percentage of patients with hypertension was 100% which was 2.3% points above the CCG average and 2.2% points above the national average.
- Performance for strokes 93.3% which was 4.9% points below the CCG average and 3.3% points below the national average.

Clinical staff had reported an exception rating of 13.0% compared with the 10.7% CCG average and 9.2% national average. Exception reporting is the exclusion of patients from the list due to specific criteria such as, patients who choose not to engage in screening processes. A GP we spoke with told us they were aware of the result and that systems were in place to reduce it.

Clinical audits were carried out to demonstrate improvements were made to care and treatment and patient's outcomes. One clinical audit concerned atrial fibrillation and the medicines prescribed for this condition. Changes were made to medicines for some patients that resulted in improved care. The GP who carried out this audit told us it would be repeated in December 2015 to check that the improvements made from it had been sustained.

Although prescribing was in line with the CCG recommendations both GPs were continuing to improve their prescribing. They discussed prescribing performance during their weekly clinical meetings. A CCG pharmacist visited the practice each month to review prescribing and to provide advice.

Clinical staff discussed their referrals during their clinical meetings to identify where improvements could be made.

Patients were invited to contact the practice to receive their test results. If a test result required follow up or was abnormal, patients would be invited to make an appointment to discuss the results with a GP. On line test results were not available for patients to access.

Effective staffing

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

- The practice had an induction programme for newly appointed staff that covered such topics as safeguarding, fire safety, health and safety, and confidentiality.

Are services effective?

(for example, treatment is effective)

- 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, one-to-one meetings and appraisals, coaching and mentoring, clinical supervision and facilitation, and support for the revalidation of doctors. All staff had received an appraisal of their performance within the previous 12 months.
- Staff received periodic refresher training that included: fire procedures, basic life support and information governance awareness. Staff had access to, and made use of, e-learning training modules and in-house training.
- Dispensing staff had received appropriate training and were undertaking NVQ2 training. One member of staff who had substantial experience in the role had planned to undertake the NVQ qualification.
- The nurses acted as mentors to the health care assistants (HCA).
- A patient satisfaction survey had recently been completed for the dispensing element of the service to enable staff to make improvements.

Coordinating patient care and information sharing

Staff were able to access all the information they needed to plan and deliver care and treatment 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, hospital information and test results. We saw that practice staff used this information to put in place a system to capture medication review dates.

We saw evidence that multi-disciplinary team meetings took place every two months and that care plans were routinely reviewed and updated. Practice staff and external professionals shared relevant information about patients who had complex needs or were receiving palliative (end of life) care to ensure they delivered seamless patient care. This included when people moved between services, when they were referred, or after they were discharged from hospital.

A nurse from the local hospital held weekly clinics for patients who were being prescribed warfarin (blood

thinning medicine). They reviewed patients and took blood samples. These were analysed at the hospital and the next prescribing regime was adjusted based upon the test results. This meant that patients did not have to travel to the hospital for this service.

A professional visited the practice monthly to carry out requested ultrasound examinations for patients.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. 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. When consent was obtained it was recorded in the patient's medical records in line with legislation and relevant national guidance.

All clinical staff knew how to assess the competency of children and young people about their capability to make decisions about their own treatments. Clinical staff demonstrated a clear understanding of Gillick competencies. (These help clinicians to identify children aged under 16 years of age who have the legal capacity to consent to medical examination and treatment).

Health promotion and prevention

Leaflets providing health advice were readily available in the waiting area for patients to collect and take away.

The uptake for cervical screening for the year 2014-15 was 100%; this was 1.5% above the CCG average and 2.4% above the national average.

All overweight patients who had attended the practice had received advice and guidance from clinical staff regarding healthy lifestyles. This was in line with CCG and national averages.

The practice was organising flu vaccinations for patients. To accommodate demand the practice was holding a clinical session on Saturday morning. Patients had been contacted and invited to attend. We observed a receptionist reminding a patient about their need to attend and offered them an appointment which the patient accepted.

Are services effective?

(for example, treatment is effective)

All patients who were discharged from hospital received a review within three days of their discharge to ensure all of their health needs were being met.

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

Patients who had complex needs or had been identified as requiring extra time were given longer appointments to ensure they were fully assessed and received appropriate treatment.

The practice had introduced an initiative whereby they concentrated on the care needs of patients in respect of two medical conditions for a two month period. For example, the dedicated notice board provided information about their condition, advice and signposted patients to various support groups.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that all grades of staff were courteous and very helpful to patients both in person or on the telephone and that people were treated with dignity and respect. We observed a relaxed and friendly atmosphere between staff and patients. Curtains were used in consulting rooms to protect patient's privacy and dignity during examinations. We noted that consultation room doors were closed during consultations and that conversations taking place in these rooms could not be overheard outside of them. Reception staff told us that they would invite patients to move to an unoccupied room of the practice when patients needed to discuss sensitive issues or personal issues.

All of the 31 patient CQC comment cards we received were positive about the service they experienced. They all commented that staff were helpful and caring towards them. We spoke with one member of the Patient Participation Group (PPG) on the day of our inspection. They told us they were satisfied with the care provided by the practice and said that staff responded to their health needs.

Results from the national GP patient survey showed that some results were below the CCG and national averages for satisfaction. For example:

- 80% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 76% said the GP gave them enough time compared to the CCG average of 85% and national average of 87%.
- 95% said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and national average of 95%
- 74% said the last GP they saw or spoke with was good at treating them with care and concern compared to the CCG average of 83% and national average of 85%.
- 87% said the last nurse they spoke with or saw was good at treating them with care and concern compared to the CCG average of 90% and national average of 90%.

- 94% of patients said they had confidence and trust in the last nurse they saw or spoke with compared to the CCG average of 98% and national average of 97%.

We spoke with a GP who told us they were aware of the below average results. They told us they were aware of the issue and processes were in place to address it. They said that the results had been influenced by the previous use of locum GPs but these were no longer providing cover.

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.

Data from the National GP Patient Survey July 2015 information we reviewed about patient's involvement in planning and making decisions about their care and treatment were below the local CCG and national averages. For example;

- 72% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 84% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 90%.
- 69% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and national average of 81%.

We asked a GP why the results for patient involvement in decisions about their care were lower than average. They told us they were aware of this issue. They said that until May 2015 they had used various locums until the second partner was recruited in April 2015. The GP said they were monitoring the situation and that the results were gradually improving.

Are services caring?

Staff told us that translation services were available for patients who did not have English as a first language. Some staff employed at the practice spoke a range of languages to assist with patients understanding of their health needs.

Patient/carer support to cope emotionally with care and treatment

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers. Practice staff provided guidance and support

to carers by offering health checks and flu vaccinations and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them. The waiting area included a dedicated notice board that included contact details of support agencies.

Following a bereavement a GP contacted the family and offered them an appointment and if necessary referral to a counselling service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to improve outcomes for patients in the area. For example, the GPs were reviewing all patients who had unplanned admissions to hospital. The objective was to avoid unnecessary admissions.

There was an active PPG which met on a quarterly basis and the PPG developed the agenda and led the meetings. They submitted suggestions for improvements to the practice management team. They told us the chair and the secretary held regular communications with the practice manager who was receptive to any suggestions made. One change involved the appearance of the waiting area and the supply of leaflets available to them. The PPG member told us they were trying to increase the number of patients who use the on line service for appointments and repeat prescriptions. Currently there were a third of patients using this service. PPG members used a laptop in the library and showed patients how to use the service. They told us they were planning to put systems in place to reduce the did not attend (DNA) rate.

Services were planned and delivered to take into account the needs of different patient groups. For example;

- Telephone advice was provided for patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability and others with complex needs.
- A voluntary service provided transport for patients who had difficulty in accessing the practice. This helped in reducing the need for home visits.
- Home visits were available for elderly and infirm patients.
- Urgent access appointments were available for children and those with serious or complex medical conditions.

Access to the service

The practice was open from 8.00am until 6.30pm each weekday. Clinical sessions were from 9am until 12.30pm and 4pm until 6pm each day. There were no extended hours. On the day and pre-bookable appointments were

provided each day and patients could book appointments on line. Advice was provided by telephone and if the GP felt the patient needed to be seen they were given an appointment. Patients with complex or a high level of needs and children were seen the same day.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment were mixed compared with local CCG and national averages. For example:

- 85% patients said they could get through easily to the surgery by phone compared to the CCG average of 71% and national average of 73%.
- 71% patients described their experience of making an appointment as positive compared to the CCG average of 72% and national average of 73%.
- 69% reported they were satisfied with the opening hours compared to the CCG average of 75% and national average of 75%.

However, patients we spoke with and the information from the comment cards did not inform us that patients were dissatisfied with the opening hours. Patients we spoke with during our inspection told us they were able to get appointments when they needed them.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The practice manager was the designated responsible person for handling of all complaints in the practice and for ensuring they were fully investigated.

Leaflets about how to make a complaint were available at the reception desk. The leaflet included an area where patients could record their complaint details before submitting it to the practice. The practice leaflet also provided guidance on how to make a complaint.

We looked at two complaints received in the last 12 months and found these had been satisfactorily handled and dealt with in a timely way, with openness and transparency and in line with the practice's own complaints policy. If necessary an apology had been given to the complainant. We also looked at a summary of all complaints for the last 12 months and minutes of meetings where they had been discussed and action plans were agreed.

Are services responsive to people's needs? (for example, to feedback?)

Lessons were learnt from concerns and complaints and action was taken and shared with staff to as a result to improve the quality of care. For example, a patient who lived outside of the catchment area reported that they were unhappy with their inability to register with the practice. A

GP spoke with the person and explained the rationale. This information and learning from complaints were shared with all staff during practice meetings to prevent similar occurrences.

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

Senior staff had a clear vision to deliver high quality care and promote good outcomes for patients. There was no written business plan however; GPs told us they planned to recruit a part time female partner. The recently recruited practice manager had developed an improvement plan based on their initial findings. For example, improving patient involvement in the care and providing up to date patient information and services available. Progress against these improvements was being monitored.

Governance arrangements

There was a governance framework in place, which supported the delivery of the strategy and good quality care. This included:

- A clear staffing structure and staff were aware of their own roles and responsibilities.
- Staff worked as a team and supported each other in achieving good patient care.
- 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 from patient surveys and engaging patients in the delivery of the service. Acting on any concerns raised by both patients and staff.
- Practice specific policies were implemented, were available to all staff and were subject to review.
- Understanding of the performance of the practice by clinical staff and an action plan implemented to improve performance.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

The partners and the practice manager prioritised safety and the quality of patient care was monitored and

improvements made where possible. The partners were visible in the practice and all grades of staff we spoke with told us that they were approachable. Staff said they felt well supported and an integral part of the team. The partners encouraged a culture of openness and encouraged staff to discuss any issues or concerns with them.

Staff told us that regular team meetings were held. They also told us that there was an open culture within the practice and they had the opportunity to raise any issues and report concerns. Staff said they felt respected and valued by senior staff. 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.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' views and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG worked well in ways to encourage improvements to services. The PPG member said they felt that staff listened to them and that changes would be facilitated whenever practicable. We were shown the proposed improvements that senior staff had agreed from the last patient survey. The document was dated 2014-2015 and stated that more staff had been made available to answer the phone. Also that practice staff in conjunction with the PPG proposed to identify ways of reducing the did not attend (DNA) rate.

The practice was participating in the 'Friends and Family Test' where patients were asked to record if they would recommend the practice to others. This commenced December 2014 and the practice manager submitted monthly reports to the local CCG. We looked at the results for December 2014 to February 2015. There were 13 responses and all reported that they would recommend the practice.

A member of staff had suggested a system for recording all prescriptions that were collected by external pharmacy staff. When they were collected by a local pharmacy staff

Are services well-led?

Good 

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

member they checked each prescription against the recordings and signed to confirm they were correct. This meant that there was a clear audit trail between the practice and the pharmacy dispensing the medicines.