

Dr Marilyn Hunt

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 Dr Marilyn Hunt, also referred to as Highwood Surgery on 6 January 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were identified, assessed and well managed. For example undertaking infection prevention control audits and legionella assessments.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had clear objectives to deliver high quality care. These were shared and demonstrated by all members of staff in their interactions with patients and one another.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider should make improvement are:

- Ensure discussions and decisions are consistently recorded and reviewed to ensure where remedial actions are taken these are evidenced appropriate.

Summary of findings

- Ensure access to cleaning records.

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 providing safe services.

Good



- There was system in place for reporting and recording significant events.
- Lessons were shared internally and with external health providers to make sure action was taken to improve safety in the practice.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse. Staff had received appropriate training in safeguarding and were confident raising concerns.
- Risks to patients were assessed and well managed.
- Medicines were managed safely and staff knew how to respond in an emergency.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data showed patient outcomes were at the average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits were relevant to their patient needs and demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data showed that patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect especially at times of greatest need such as during bereavement.
- Patients told us they were involved in decisions about their care and treatment and practice coordinated services to deliver continuity of care for their patients.

Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice understood the needs of their patient group and were committed to maintaining a highly personalised and responsive service.
- Patients said they found it easy to make an appointment with the GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders although not consistently documented.

Are services well-led?

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

Good



- It had clear objectives to deliver high quality care and promote good outcomes for patients. These were known to staff, which understood them and demonstrated them within their roles.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents
- The practice valued their relationship with all patients and worked with them individually and through the patient participation group to obtain feedback on their experiences.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care in partnership with other health and social care professionals to meet the needs of the older people in its population
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice participated in the admission avoidance programme, providing care plans for patients at risk of emergency admission to hospital.

Good



People with long term conditions

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

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

Good



Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who were looked after by the local authority or had a high number of A&E attendances.
- Immunisation rates were high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice cervical screening rates were similar to the national average.

Good



Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice work with partner health and social care services and see patients for postnatal checks, including conducting screening for post natal depression.
- The practice worked in partnership with health specialists such as the Emotional Wellbeing and Mental Health Services for children (EWMHS).

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified. The practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care by providing an evening clinic once a week.
- The practice conducted opportunistic health screenings for patient's 40-65years of age and had a wealth of health literature available to patients within the practice.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- It offered longer appointments for people with a learning disability.
- The practice had patients with sight and hearing impairments and used their preferred method of communicating e.g. text relay or writing.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Weekly prescriptions are issued where patients may misuse medications.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

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

- Performance for mental health related indicators was better than the national averages. For example patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive agreed care plan documented in the record, in the preceding 12 months.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- The practice benefits from the attendance of a counsellor who attends the practice weekly to provide therapeutic interventions and advise.

Good



Summary of findings

What people who use the service say

The National GP Patient Survey results published in July 2015 showed the practice was performing in line with or above local and national averages. 339 survey forms were distributed and 102 were returned, resulting in a response rate of 30.1%.

- 97.8% of respondents found it easy to get through to this surgery by phone compared to a CCG average of 72.4% and a national average of 73.3%.
- 94.3% of respondents found the receptionists at this surgery helpful (CCG average 84.8%, national average 86.8%).
- 96.5% of respondents were able to get an appointment to see or speak to someone the last time they tried (CCG average 83.7%, national average 85.2%).
- 97.1% of respondents said the last appointment they got was convenient (CCG average 91.1%, national average 91.8%).

- 95.8% of respondents described their experience of making an appointment as good (CCG average 71.6%, national average 73.3%).
- 73.6% of respondents usually waited 15 minutes or less after their appointment time to be seen (CCG average 65.6%, national average 64.8%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 12 comment cards which were all positive about the standard of care received. The patients told us they were kept informed about their care; they felt part of a family where they were treated with dignity and respect by all members of the practice team.

We spoke with five patients during the inspection. All five patients said that they were happy with the care they received and thought that staff were approachable, committed and caring. They all told us they would recommend the surgery to friends and family due to the holistic and personalised care they receive.

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure discussions and decisions are consistently recorded and reviewed to ensure where remedial actions are taken these are evidenced appropriate.

- Ensure access to cleaning records.

Dr Marilyn Hunt

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor and a second CQC inspector.

Background to Dr Marilyn Hunt

Dr Marilyn Hunt surgery was established in 1997 and has approximately 2314 patients. The clinical team consists of Dr Marilyn Hunt, a female GP and a male GP locum. The GP works full time at the practice and the locum GP works Monday to Thursday afternoons and Friday mornings and as required. They are supported by two female practice nurses who work three sessions (or 15.5 hours a week) and are overseen by the full time practice manager.

The practice is situated on a new housing estate near Brentwood Town and occupies a single storey purpose built health facility. The practice has two consultation rooms, treatment room and waiting facilities. They have patient car park and step free access.

The practice is open and appointments are available all day between 8am and 6.30pm Monday to Friday, with extended opening on a Wednesday evening till 7.30pm.

The practice does not provide out of hours care and patients are advised to call the NHS 111 service that operates locally from Brentwood Community Hospital.

The surgery does not have a website.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 6 January 2016. During our visit we:

- Spoke with a range of staff, GPs, a practice nurse, practice manager and spoke with patients who used the service.
- Talked with carers and/or family members
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?
- Is it effective?
- Is it caring?

Detailed findings

- 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)

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents. We reviewed three significant incidents recorded and investigated and found that lessons had been identified and learnt. For example, the practice had raised concerns regarding the practice and care received by a patient receiving care from community health services. This had been shared with the community health team who had revised their practices to ensure patients received appropriate vaccinations.

The GP oversaw all safety alert information, including Medicine and Healthcare Products Regulatory Agency (MHRA). The MHRA is sponsored by the Department of Health and provides a range of information on medicines and healthcare products to promote safe practice. The practice told us that they conducted searches on patient records on receipt of medicine alerts that may adversely affect their patients. The list of potential patients was then shared with the GP for clinical review and patients spoken with if amendments to their medication were required.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. The GPs were trained to safeguarding level 3. The practice had audited their data to ensure that all vulnerable persons were correctly identified and where discrepancies were found this were corrected.
- A notice in the waiting room advised patients that staff would act as chaperones, if required. The practice

nurses or practice manager acted as chaperones and were trained for the role. Staff had current DBS checks. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The GP was the infection control clinical lead. There was an infection control protocol in place and staff had received up to date training. The practice had conducted an infection control audit in 2015. However it was not room specific and the cleaning schedules were not available on site for the practice to confirm when, where and how the rooms and equipment had last been cleaned.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Patient Group Directives are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.
- We reviewed three personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, professional references had been obtained for staff, professional registration checks had been conducted with the appropriate professional body and DBS checks had been conducted and updates recently commissioned for all the staff. (DBS identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. Staff had

Are services safe?

received training in fire safety awareness training. The practice had up to date fire risk assessment, the fire alarms were tested weekly and they had carried out inspections on their fire safety equipment in June 2015. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly in January 2016. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. The practice had a regular locum GP who covered clinical sessions when the GP was on leave or unavailable. Staff were also trained in one another's role and were confident covering in their colleague's absence.

Arrangements to deal with emergencies and major incidents

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

- There were alarm buttons accessible to staff within their clinic rooms. Staff could also use the instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room. However, we found no steroid medication was available which may be used to treat allergic reactions. The practice told us they had experienced a distribution problem and had ordered an alternative medicine, this was confirmed with the pharmacist.
- The practice had access to a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice achieved 93% of the total number of points available (520 out of a possible 559), with 6.4% exception reporting. Data from 2014/2015 showed;

- Performance for diabetes related indicators was similar to the national averages for example the practice achieved 79.41% of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80mmHg or less as opposed to the national average 78.03%. All the practice patients with diabetes, on the register received influenza immunisations in the preceding 1 August to 31 March 2015.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the national average with 80.69% as opposed to 83.65%.
- Performance for mental health related indicators was better than the national averages. For example the practice achieved 100% of their patients with schizophrenia, bi polar affective disorder and other psychoses who have had a comprehensive agreed care plan documented in the record, in the preceding 12 months and patients with schizophrenia, bio polar affective disorder and other psychoses whose alcohol

consumption had been recorded in the preceding 12 months in comparison with the national averages of 88.47% of care plans and 89.55% of recording alcohol consumption levels.

- The practice had conducted 76.47% of face to face reviews in the last 12 months for patients diagnosed with dementia, slightly below the national average of 84.01%.

The practice also had above the national average rates (4.59%) for the percentage of antibiotic items prescribed that are Cephalosporin's or Quinolones at 9.69%. The practice were aware of their prescribing behaviour and had discussed the trend with the medicines management. They told us they were actively monitoring their prescribing behaviour and had identified a reduction in their prescribing of Cephalosporin's and Quinolones.

Clinical audits demonstrated quality improvement.

- We reviewed eight clinical audits relating to safeguarding, cervical screening, cardiovascular disease checks and medicines management. These were complete audits where the recommendations made were implemented and monitored. For example, the practice had changed their prescribing patterns and reduced or stopped their prescribing where appropriate.
- The practice participated in applicable local audits, national benchmarking for medicine management.

Effective staffing

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

- The practice experienced low staff turnover and individuals who joined the practice received a specific induction to meet their individual needs. The induction covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme. The practice nurse told us of how she attended a number of training forums to keep her skills current and relevant.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice

Are services effective?

(for example, treatment is effective)

development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, appraisals and clinical supervision. All staff had received an appraisal within the last 12 months.

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

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on an individual basis relating to patient specific needs. The last two meetings were held in April 2015 and September 2015 where they reviewed care for patient who was regularly admitted to hospital.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance such as Gillick competency.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant local service.

The practice's uptake for the cervical screening programme was 77.22%, which was comparable to the national average of 81.83%. The practice offered reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 86.8% to 100% and five year olds from 83.3% to 91.7%. Flu vaccination rates for the over 65s were 70.97% slightly below the national average of 73.24%, and at risk groups 54.25%, above the national average of 46.46%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people over 75years. The practice had audited their performance in respect of NHS health checks for patients over 75years. They found they had a low uptake amongst their patients and followed up with patients. Where abnormalities or risk factors were identified these were actioned as a priority.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

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

All of the 12 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We also spoke with four members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the National GP Patient Survey, published in July 2015 showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 100% of respondents said the GP was good at listening to them compared to the CCG average of 83.6% and national average of 88.6%.
- 100% of respondents said the GP gave them enough time (CCG average 83.1%, national average 86.6%).
- 97.2% of respondents said they had confidence and trust in the last GP they saw (CCG average 92.7%, national average 95.2%).
- 97.2% of respondents said the last GP they spoke to was good at treating them with care and concern (CCG average 79.3, national average 85.1%).

- 91.8% of respondents said the last nurse they spoke to was good at treating them with care and concern (CCG average 90.7%, national average 90.4%).
- 94.3% of respondents said they found the receptionists at the practice helpful (CCG average 84.8%, national average 86.8%).

Care planning and involvement in decisions about care and treatment

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

Results from the National GP Patient Survey, published in July 2015 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 100% of respondents said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and national average of 86%.
- 97% of respondents said the last GP they saw was good at involving them in decisions about their care (CCG average 74.9%, national average 81.4%).

Staff told us that translation services were available for patients who did not have English as a first language. The practice told us they did not currently need the service as all of their patients spoke English. The practice told us they did have patients with sight and hearing impairments and worked with them regarding their preferred method of communicating.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 22 carers. The practice notified carers of support and advice services available to them. For example, their entitlement to free seasonal flu vaccinations.

Are services caring?

Staff told us that if families had suffered bereavement, the GP contacted them and sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood and met the needs of their local population. The practice engaged well with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered extended opening hours, providing consultations until 7.30pm one day a week.
- There were longer appointments available for people with a learning disability and for patients with chronic disease management and those requiring asthma monitoring.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, with ramp access, lowered reception desk, text relay system for patients with hearing impairments and a translation services available.
- The practice had children changing facilities and a room available should women wish to breast feed.
- The practice used electronic prescribing so patients could collect their prescription at their preferred pharmacy.
- Weekly prescriptions were provided for patients at risk of abusing medication.
- Patients had access to an automatic BP machine within the practice waiting room to encourage patients to monitor their conditions.
- The practice provided individualised care to children and young people looked after by the local authority. They review their health assessments and ensured there were no outstanding health issues to action. All data relating to the children or young person and their foster carers had been read coded.

The practice had below average number of emergency admissions for ambulatory care sensitive conditions per 1000 population at 9.33 as opposed to the national rate of 12.2. Ambulatory care sensitive conditions are those which it is possible to prevent acute exacerbations and reduce the need for hospital admission through active management, such as vaccination; better self-management, disease management or case management; or lifestyle

interventions. Examples include congestive heart failure, diabetes, asthma, angina, epilepsy and hypertension. The practice told us they believed this was due to providing a personalised and accessible service. They told us of how they supported their patients and encouraged them to learn and feel confident about managing their conditions.

Access to the service

The practice is open and appointments are available all day between 8am and 6.30pm Monday to Friday, with extended opening on a Wednesday evening till 7.30pm. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. However, the practice did not have a website and patients could not book appointments online.

Results from the National GP Patient Survey, published in July 2015 showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages. People told us on the day that they were able to get appointments when they needed them.

- 94.06% of respondents were satisfied with the practice's opening hours compared to the national average of 78.53%.
- 97.8% of respondents said they could get through easily to the surgery by phone (CCG average 72.4%, national average 73.3%).
- 95.8% of respondents described their experience of making an appointment as good (CCG average 71.6%, national average 73.3%).
- 73.6% of respondents said they usually waited 15 minutes or less after their appointment time (CCG average 65.6%, national average 64.8%).

The practice monitored the number of patients who failed to attend appointments. They found their non-attendance rates were low with patients failing to attend 8% of their appointments in September 2015 and 7% in December 2015.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

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

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system.

The practice had no records of written complaints in the previous five years. However, the practice had recorded a number of patients raising concerns relating to a temporary member of staff. The practice addressed the concerns raised and action was taken to improve the quality of care.

Patients we spoke to said they would all speak to the practice manager or a member of the practice team should they have concerns. They were confident issues brought to their attention would be addressed sensitively and appropriately.

The practice maintained a record of all compliments received including gifts from their patients showing appreciation for the care and treatment they had received.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had shared objectives which were known to the staff and they demonstrated them within their role.
- The practice had no documented business strategy, but a good strategic understanding of the evolving complex health landscape they were operating within. They showed a good knowledge of their patient demographic and the growing needs and expectations of their patients.
- The practice forecast a growth in their patient numbers with increasing investment and residential development in the local area.
- The practice had a skilled workforce with staff having specialisms in prescribing and consulting. Thereby, presenting opportunities for the practice to expansion services in the future to meet growing patient numbers.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. Staff were also trained and confident in undertaking colleague's roles in their absence.
- Practice specific policies were implemented and were available to all staff.
- The practice team had an understanding of the performance of the practice.
- The practice conducted regular clinical and internal audit which is used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

The GP and the practice manager worked closely providing a strong management team that was accessible and

supportive to both staff and patients. They had a wealth of experience and the capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care.

The GP was aware of and complied with the requirements of the Duty of Candour. They encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents. The practice team were committed to the practice and patients and responsive to issues brought to their attention. Staff spoke with each other to resolve issues in a timely and appropriate manner. However, we found not all discussions and decisions were consistently recorded and reviewed to ensure where remedial actions are taken these were evidenced appropriately.

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

- Staff told us that the practice management cared about them and regularly spoke with the staff and ensured they were supported.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues directly with the GP or practice manager and were confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, by all the staff but particularly the GP and the practice manager in the practice. All staff were involved in discussions about how to run and develop the practice, and the GP and practice manager encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. The practice provided a personalised service something valued by the five patients we spoke to and members of the Patient Participation Group (PPG). A patient participation group is a group of patients registered with the practice who work with the practice to improve services and the quality of care. The PPG was in their infancy and the practice were in the process of agreeing

Are services well-led?

Good 

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

terms of reference with them regarding how they wished to operate. However, all parties were in agreement that the practice provided consistently good, accessible and compassionate care especially at times of greatest need.

The practice gathered views from their staff through regular informal discussions. The GP, practice manager and a practice nurse had worked together for over 19years and

other staff members had worked for the practice for 6years of more. They all told us they enjoyed their work, felt a commitment to the patients and each other and would not hesitate to give feedback and discuss any concerns or issues with one another. Staff told us they felt involved and engaged to improve how the practice was run.