

South Ashford Medics

Quality Report

St Stephen Health Centre
St Stephen Walk
Ashford
Kent. TN23 5AQ

Tel: 01233 622474

Website: www.southashfordmedics.co.uk

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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?

Requires improvement



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 South Ashford Medics on 20 August 2015. Overall the practice is rated as good.

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

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, and appropriately reviewed.
- Risks to patients were assessed and well managed, with the exception of one incident in relation to the storage of vaccines.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. The

majority of staff had received training appropriate to their roles, although safeguarding training was required for some staff. Where further training needs had been identified, this had been planned.

- Patients said they were treated with compassion, dignity and respect.
- Information about services and how to complain was available and easy to understand.
- Patients said they generally found it easy to make an appointment and that urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management.
- There was an active patient participation group (PPG) and feedback received within the practice from patients was acted on, although feedback from external sources, for example, responses from the 2015 national GP patient survey, had not been routinely reviewed to improve patient satisfaction.

There were areas where the provider needs to make improvements.

Summary of findings

Importantly the provider should:

- Monitor significant events in relation to the storage of vaccines to help ensure staff are aware of the appropriate actions to take.
- Review the arrangements for ensuring all emergency equipment is checked regularly.
- Review the training arrangements for staff in relation to safeguarding.
- Review the feedback available from external sources to consider and identify ways of improving patient satisfaction.

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 requires improvement for providing safe services as there are areas where it should make improvements. Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, follow-up actions had not always been undertaken to implement and support improvements, for example, in relation to the storage of vaccines. Risks to patients were assessed and well managed, although training in relation to safeguarding had not been undertaken by all staff. The arrangements for checks of emergency equipment also required improvement.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and the training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multi-disciplinary teams.

Good



Are services caring?

The practice is rated as 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 also saw that staff treated patients with kindness and respect, and maintained confidentiality. Staff helped people and those close to them to cope emotionally with their care and treatment. However, data from the national GP patient survey published in July 2015 showed that patients rated the practice lower than others for several aspects of care, compared to local and national averages.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the clinical commissioning group (CCG) to secure improvements to services where these were identified. Patients said they generally found it easy to make an appointment, with urgent appointments available the same day. The practice had good facilities and was

Good



Summary of findings

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.

Are services well-led?

The practice is rated as good for being well-led. It had clearly defined aims and objectives and staff were clear about their responsibilities in relation to these. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on and the patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings. The practice was aware of future challenges and worked closely with the area clinical commissioning group (CCG) to develop services that reflected the demands of the local patient population.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multi-disciplinary 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 to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children subject to child protection plans. Immunisation rates were relatively high for all standard childhood immunisations. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to help ensure these were accessible and flexible. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs of this age group.

Good



Summary of findings

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, for example, those patients with a learning disability. It had carried out annual health checks and offered longer appointments for people with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. This included co-ordinating and undertaking health care assessments for unaccompanied asylum seeking children for the area. It provided information to 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 and were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.

The practice provided information to patients experiencing poor mental health about how to access various support groups and voluntary organisations, such as counselling services. It had systems to refer patients to specialist community mental health and crisis intervention services and offered longer appointments to patients experiencing mental health problems. The practice also participated in a scheme to provide primary health care services to patients who had been excluded from other GP practices, due to violence and aggression.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in January 2015 showed that the practice was generally comparable with local and national averages, although the results indicated that improvements could be made in some areas. There were 108 responses which represented 1.27% of the practice population. The results showed;

- 72% of respondents were able to get an appointment to see or speak to someone the last time they tried compared with the CCG average of 89% and national average of 85%.
- 68% of respondents found the receptionists at the practice helpful compared with the CCG average of 89% and national average of 86%
- 81% of respondents said the last appointment they received was convenient compared to the CCG average of 92% and national average of 91%

As part of our inspection process, we also reviewed CQC comment cards that had been completed by patients

prior to our inspection. We received 28 in total, all of which were positive about the standard of care received. They also expressed satisfaction about the staff and being treated with care and consideration.

Patients spoken with during the inspection informed us that they were treated with dignity and respect, and felt involved in decisions about their care and treatment. We also spoke with members of the patient participation group (PPG) who told us the practice supported patients to express their views and encouraged regular feedback and comments to help improve the services provided. They said that the practice was aware that some areas of feedback had identified where improvements could be made and had worked with the PPG to develop and implement an action plan to reflect patient views and make changes to the way it delivered services as a result. For example, the introduction of evening appointments to offer flexible services to patients who found it difficult to attend the practice during core working hours.

Areas for improvement

Action the service **SHOULD** take to improve

- Monitor significant events in relation to the storage of vaccines to help ensure staff are aware of the appropriate actions to take.
- Review the arrangements for ensuring all emergency equipment is checked regularly.

- Review the training arrangements for staff in relation to safeguarding.
- Review the feedback available from external sources to consider and identify ways of improving patient satisfaction.

South Ashford Medics

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 practice manager specialist advisor.

Background to South Ashford Medics

South Ashford Medics provides medical care from 8.00am to 6.30pm each week day and offers later / evening appointments until 8.30pm on alternative Tuesday and Thursday evenings. The practice is situated in the town of Ashford in Kent and provides a service to approximately 8,500 patients in the locality.

Routine health care and clinical services are offered at the practice, led and provided by the GPs and nursing team. The practice has significantly more patients registered under the age of 65 than the local and national averages. There are far fewer patients registered over the age of 65 when compared to the local and national averages. The number of patients recognised as suffering deprivation for this practice, including income deprivation affecting children, is higher than the national average and significantly higher than the local average for the clinical commissioning group (CCG) area.

The practice has three male GP partners, supported by one long-term female GP locum, as well as two part-time female practice nurses and a female health care assistant. There are a number of reception, secretarial and administration staff, as well as a practice manager.

The practice does not provide out of hours services to its patients and there are arrangements with another provider (111/IC24) to deliver services to patients when the practice is closed. The practice has an alternative provider medical services (APMS) contract with NHS England for delivering primary care services to local communities.

Services are delivered from:

St Stephen Health Centre

St Stephen Walk

Ashford

Kent. TN23 5AQ.

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. 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.

This provider had not received a comprehensive inspection before and that was why we included them.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 20 August 2015. During our visit we spoke with a range of staff including two GP partners, the GP locum, a practice nurse, the health care assistant and four members of the administration staff team. We spoke with patients who used the services at the practice and we reviewed comment cards where patients shared their views and experiences of the service. We also spoke with members of the patient participation group (PPG).

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

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

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

Are services safe?

Our findings

Safe track record and learning

The practice had a system for reporting and recording significant events. There was a written protocol that provided guidance in relation to incident reporting and staff told us they were aware of how to report incidents. Staff said they would inform the practice manager of any incidents in the first instance and there was also a recording form available on the practice's computer system. We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared with staff to make sure actions were taken to improve safety in the practice. For example, the procedure for uncollected prescriptions was reviewed and updated, following an incident when an out of date prescription was issued to a patient in error.

The practice offered an apology to patients when things went wrong and also carried out an analysis of significant events to identify any further actions that would help prevent similar incidents happening again.

National patient safety alerts were dealt with by the practice manager. They were forwarded to the GPs and nurses for clinical matters and other staff as necessary, who took any required action. These were also discussed at practice meetings to help ensure information was shared amongst relevant staff.

Overview of safety systems and processes

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

- There were arrangements to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare and there was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports and information to other agencies where necessary. Staff demonstrated they understood their responsibilities and the majority of staff had received training relevant

to their role. Records showed that the health care assistant and some of the administration staff had not undertaken safeguarding training, although this had been identified and the training was planned.

- Notices were displayed advising patients that staff would act as chaperones, if required. All staff who acted as chaperones 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 processes for monitoring and managing risks to patients and staff. The practice had a health and safety policy available for staff guidance and details were displayed in the reception area and in the staff handbook. A fire risk assessment had been completed, as well as fire drills and training carried out for staff. Other risk assessments had been undertaken in relation to the premises, for example, legionella. There was a system governing security of the premises and visitors were required to sign in and out using a dedicated book in reception. Secure areas of the building were only accessible to staff and entry to these areas was controlled by coded access only. All electrical equipment was checked to ensure it was safe to use and clinical equipment was checked to ensure it was working properly.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy and the practice had a lead for infection control who had undertaken further training to keep up-to-date with best practice. Other staff had received infection control training and regular updates were identified and planned. The practice had an infection control policy, which included protocols and procedures to guide staff. Cleaning schedules and records were kept of all cleaning activity in all areas of the practice and any identified issues were addressed. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control.
- There were arrangements for managing medicines, including emergency drugs and vaccinations. Medicines were stored securely and were only accessible to authorised staff. Regular medicine prescribing reviews were carried out with the clinical commissioning group (CCG) medicines management team, to help ensure

Are services safe?

medicines were prescribed in line with best practice. Prescription pads were securely stored and there were systems to monitor their use. Temperature checks for refrigerators used to store medicines and vaccines had been carried out and records were kept to monitor that the cold chain had been maintained. Following an incident where the temperature of the vaccines refrigerator had exceeded the safe range, the practice had undertaken a significant event investigation. However, the significant event record did not identify the actions taken by staff to deal with the vaccines that may have been exposed to higher temperatures. Although there was written guidance available for staff on the monitoring of refrigerator temperatures, this did not include the specific actions to be taken in relation to dealing with stored vaccines in the event of temperature failures. The practice took immediate action to review their procedures. Following the inspection, we received evidence to demonstrate that the practice had addressed these concerns and follow-up actions had been taken to help keep patients safe. A revised policy had been developed and implemented and specific guidance issued to all relevant staff.

- The practice had a policy that set out the arrangements for recruiting staff. Records showed that appropriate recruitment checks had been undertaken prior to employment. We looked at staff files and saw that there was proof of identification, qualifications, and registration with the appropriate professional body and criminal records checks via the Disclosure and Barring Service (DBS).

- The practice had arrangements 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. This included the cover arrangements for staff taking annual leave.

Arrangements to deal with emergencies and major incidents

Staff received regular basic life support training and there were emergency medicines available in the treatment rooms. Emergency medicines we looked at were in date, checked regularly and fit for use. The practice had medical oxygen with adult and children's masks, as well as a defibrillator, although the annual service check by a specialist contractor was overdue for the defibrillator. There was also a first aid kit and an accident book. The practice had arrangements for alerting staff to emergency situations, including a messaging system on the computers.

The practice had a disaster policy and a business continuity plan to deal with a range of emergencies such as power failure, adverse weather and access to the building. The plan contained the contact numbers for the various agencies who may need to be contacted in the event of an emergency.

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 to help ensure all clinical staff were kept up to date. The practice used this information to develop how care and treatment was delivered to meet patient needs. For example, NICE guidance was followed for patients undergoing treatment for hypertension (raised blood pressure).

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). The system is intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF to monitor outcomes for patients. The results for the year ending March 2014 showed that the practice had achieved a total QOF score of 98% compared to the national average of 94%. Data from 2013-2014 showed;

- Performance for diabetes was higher than the national average in the majority of indicators. For example, 97% of patients had received an influenza vaccination in the last year, compared to the national average of 93%.
- The percentage of patients with hypertension having regular blood pressure tests was better than the national average of 83%, as the data showed 87%.
- Performance for mental health related indicators was better than the national average in all areas. For example, 89% of patients experiencing mental health issues had a care plan recorded in their records, compared to the national average of 86%.
- The percentage of patients with dementia who had received a face to face review in the past year was 91%, which was higher than the national average of 83%.

The practice carried out clinical audits to demonstrate quality improvement and all relevant staff were involved to improve care and treatment outcomes for patients. We looked at two audits undertaken in the last year and saw that the results had been analysed to identify where improvements were required and re-audits undertaken to demonstrate that improvements were sustained. For example, audits were undertaken to monitor the outcomes of minor surgery. Other audits had been undertaken, which

had been well planned, the results reviewed and improvement actions implemented. Further audits were planned to check whether the improvements had been maintained.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. The practice had an overall training plan and mandatory training such as basic life support and infection prevention and control had been completed by all staff. The majority of staff had completed safeguarding training and where any training needs had been identified, the practice was aware and was addressing them, to help ensure training was kept up-to-date. This included safeguarding training for administration staff and the health care assistant. The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.

All GPs were up-to-date with their yearly continuing professional development requirements and had undergone annual appraisals. There was a system of annual appraisal for other members of staff. All the staff we spoke with about their appraisal said that they had found the process useful and it had helped to identify training needs and provided an opportunity for them to discuss problems with their manager.

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 the practice intranet system. This included care and risk assessments, care plans, medical records and test results. All relevant information was shared with other services in a timely way, for example, when people were referred to other services. Information such as NHS patient information leaflets were also available.

Staff worked together and with other health and social care services to meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. There were regular multi-disciplinary meetings with other providers that took place at least every three months. The meetings were attended by community nurses, social workers, and health

Are services effective?

(for example, treatment is effective)

visitors who attended to review any child protection concerns or risks. Patient care plans were routinely reviewed and updated to identify decisions taken about care and treatment pathways.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. The practice had a consent policy that governed the process of consent and provided guidance for staff. The policy described the various ways patients were able to give their consent to examination, care and treatment, as well as how consent should be recorded. For example, consent forms for surgical procedures were used and scanned into the computerised patient records.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients who were at risk of unplanned hospital admissions, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. The practice provided comprehensive information to signpost patients to local support groups and advice services, including sexual health support and advice.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 74%, which was below the national average of 81%. The practice GPs were aware and told us that this was an area for improvement and had considered ways to improve attendance, including an audit to review and implement improvements in how patients were reminded about their appointments, as well as the follow-up actions taken when patients did not attend. The GPs also told us the practice had a transient patient population and they felt that this accounted for some of the difficulties in non-attendance. The practice also encouraged its patients to attend national screening programmes, for example, bowel cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to the local clinical commissioning group (CCG) averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 98% to 84% and five year olds from 96% to 83%. Influenza vaccination rates for the over 65s were 72%, and at risk groups 52%. These were also comparable to CCG averages.

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 or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We spoke with five patients on the day of our inspection, who told us they were satisfied with the care provided and that the practice was caring and understanding of their needs. They also told us the staff were helpful, and treated them with dignity and respect. We observed throughout the inspection that reception staff were welcoming to patients, were respectful in their manner and showed a willingness to help and support them with their requests. Patients were offered a separate room to discuss sensitive issues or if they wished to speak to staff privately and a notice was displayed informing patients of this.

Patients had completed comment cards prior to our inspection, to tell us what they thought about the practice. We received 28 completed cards, the majority of which contained positive comments and indicated that patients felt the practice offered an excellent service, that they were treated with dignity and respect and that the staff were efficient and helpful. Comment cards also highlighted that staff responded compassionately when patients needed help and provided support when required.

We also spoke with members of the patient participation group (PPG) on the day of the inspection. They told us they were satisfied with the care provided by the practice and said that patients' dignity and privacy was always respected and that the feedback they collected reflected this. They also said that the practice staff worked closely with PPG members to agree and implement improvements to reflect patient views.

All consultations and treatments were carried out in the privacy of a consulting room. Curtains were provided in consultation and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation / treatment room doors were closed during consultations and conversations could not be overheard.

Data from the July 2015 national GP patient survey showed from 108 responses that performance in some areas was lower than local and national averages. For example;

- 71% said the GP was good at listening to them, compared to the local clinical commissioning group (CCG) average of 88% and national average of 89%

- 71% said the GP gave them enough time, compared to the CCG average of 86% and national average of 87%
- 81% said they had trust and confidence in the last GP they saw or spoke to, compared to the CCG average of 94% and national average of 95%

However, the data showed that responses in relation to the nurses in the practice were in line with local and national averages. For example;

- 97% of respondents said they had trust and confidence in the last nurse they saw or spoke to, compared to the CCG average of 98% and national average of 97%
- 92% said the last nurse they saw or spoke to was good at listening to them, compared to the CCG average of 92% and the national average of 91%

The practice had identified where improvements could be made and had implemented an action plan to introduce changes to the way it delivered services. For example, additional training for reception staff in customer care skills and keeping patients informed if there were delays in appointment times.

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, supported by staff and had sufficient time during consultations to make informed decisions 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 July 2015 national GP patient survey showed mixed responses in relation to the GPs and nurses in these areas, as the results were either in line or below the local and national averages. For example;

- 61% 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%
- 78% said the last nurse they saw or spoke to was good at involving them in decisions about their care, compared to the CCG average of 84% and national average of 84%

Are services caring?

- 87% said the last nurse they saw or spoke to was good at explaining tests and treatments, compared to the CCG average of 90% and national average of 89%.

Patient/carers support to cope emotionally with care and treatment

Information leaflets, posters and notices were displayed in the patient waiting areas that provided contact details for specialist groups offering emotional and confidential support to patients and carers. For example, counselling services and bereavement support groups. The comment cards completed by patients prior to the inspection also highlighted that staff responded compassionately when they needed help and provided support when required.

Staff told us that if families had suffered bereavement, their usual GP contacted them to offer support and advice, and a consultation was offered at a flexible time and location to meet the family's needs.

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

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 clinical commissioning group (CCG) to improve outcomes for patients in the area and was responsive to patient's needs. For example, the practice had signed-up to the 'special allocation scheme' which offered services to people who were not registered / had been de-registered from other GP practices, due to their violence / aggression. The practice had also contracted with the CCG to provide assessment and health care services to unaccompanied asylum seeking children for the area.

Services were planned and delivered to take into account the needs of different patient population groups. This included;

- Longer appointments were available for patients who needed them, for example, patients with complex needs.
- Home visits were available for older patients and those who were housebound.
- Urgent access appointments were available for children and those with serious medical conditions.
- Patients with mobility issues were accommodated at the practice, including wheelchair and step-free access to the building, accessible toilet facilities and disabled parking.
- A hearing loop was available for patients with hearing problems and translation services were available and used regularly for patients who did not speak English.

The practice had implemented suggestions for improvements and made changes to the way it delivered services in response to feedback from patients. The practice had an active patient participation group (PPG), which met on a regular basis, and carried out patient surveys and collated feedback for submission to the practice management team. Changes had been made as a result, for example, the introduction of evening appointments and additional customer care training for reception staff.

Access to the service

The practice offered appointments from 8.00am to 6.30pm each week day and offered later / evening appointments until 8.30pm on alternative Tuesday and Thursday

evenings. Pre-bookable appointments were offered and urgent or emergency appointments were available each day. Telephone consultations were also offered on a daily basis.

Results from the July 2015 national GP patient survey showed that patient's satisfaction with how they could access appointments was comparable or slightly below local and national averages. For example;

- 65% of patients were satisfied with the practice's opening hours compared to the local clinical commissioning group (CCG) average of 74% and the national average of 75%
- 81% of patients said the last appointment they got was convenient, compared to the local CCG average of 92% and national average of 91%
- 74% of patients described their experience of making an appointment as good, compared to the CCG average of 78% and national average of 73%.

Patients we spoke with told us they were able to get appointments when they needed them and the comments received from the patient comment cards aligned with these views.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns. There was a complaints policy and a procedure that was in line with NHS guidance for GPs and there was a designated responsible person who handled all complaints in the practice. Information about how to make a complaint was available in the waiting room and in the practice information leaflet.

The practice kept a complaints log for written complaints and we looked at three complaints that had been received in the last year. We found that these had been satisfactorily investigated and dealt with in a timely way and in accordance with the practice policy. The outcomes had been clearly documented and follow-up response letters sent to the complainants, including details about who to contact if they were unhappy with the outcome of their complaint. The practice reviewed complaints and discussed them regularly in practice meetings with staff, to identify ways to help avoid similar incidents happening again. Lessons were learnt from concerns and complaints

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

and action taken as a result to improve patient care. For example, a change to the protocol and procedure for issuing patient sick notes, following an administration error.

Patients we spoke with told us that they had never had cause to complain but knew there was information available about how and who to complain to, should they wish to do so.

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 a statement of purpose and a patient charter that was included in the patient information leaflet, that set out the practice aims and objectives. When speaking with staff, it was clear that they understood their roles and responsibilities in helping to ensure the practice achieved its aims and objectives and felt they contributed to the overall quality of care that patients received.

Governance arrangements

The practice had an overarching leadership structure that governed activity and supported the delivery of good quality care and treatment for patients. This included;

- A clear staffing structure and staff awareness of their own roles and responsibilities.
- Practice specific policies that had been implemented and were accessible to all staff.
- A system to demonstrate and monitor the performance of the practice and to provide comparisons to both local and national performance indicators.
- A system of reporting and analysing incidents and learning from these.
- GPs were up-to-date with their professional development needs for revalidation and there was a system of appraisal for all staff.
- A system of continuous clinical and internal audit which was used to monitor quality and safety and to make improvements in relation to patient outcomes.
- Structured meetings to promote clear methods of communication that involved the whole staff team and other health care professionals to disseminate best practice guidelines and other information.
- Arrangements for identifying, recording and managing risks and implementing mitigating actions.

Leadership, openness and transparency

The GP partners in the practice advocated and encouraged an open and transparent approach in managing the practice and leading the staff team. Staff we spoke with told us they felt there was an 'open door' culture, that

management and the GP partners were approachable and that they felt supported and able to raise any concerns they had. They said there was a good sense of team work within the practice and communication worked well.

There were regular staff meetings and all staff were involved in discussions about how to run and develop the practice. The partners encouraged all members of staff to identify opportunities to improve the services offered to patients.

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

The practice encouraged and valued feedback from patients and was proactive in gaining feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through practice surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. Where feedback received into the practice had been less positive, the practice was aware and had developed an action plan to identify improvements. This was monitored on a regular basis by the PPG and practice staff and priorities were identified each year. For example, priorities from recent feedback included extended opening times during some week-day evenings and this had been implemented. Other feedback included improved availability of a permanent female GP and we were told by staff that a new female GP was due to start at the practice within the next two months. However, external feedback from the July 2015 national GP patient survey had not been reviewed by the practice to consider further improvements that may be required.

The practice had gathered feedback from staff generally through meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management and said they felt involved and engaged to improve how the practice was run.

For example, staff had been involved in decisions about counselling arrangements for patients prior to contraceptive treatments.

Innovation

Are services well-led?

Good 

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

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and were able to describe the future direction of the practice, including the growth and development of enhanced services to support and engage the local patient population. This included the special allocation scheme for violent patients and the development of easy access appointments and health assessments for unaccompanied asylum seeking children. This had recently become a key focus for the practice, given the increased numbers in the migrant population.

The practice also promoted a strong emphasis on training and development, especially in relation to becoming a training practice to support and develop new trainee GPs. One of the GP partners was undergoing specific training to become a GP trainer. Other staff benefitted from learning and development opportunities, including support for administration staff to achieve customer care qualifications.