

# Dr Sally Johnston

## 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 the practice of Dr Sally Johnston on 3 March 2017. Overall the practice is now rated as good.

The practice had been previously inspected on 20 April 2016. Following that inspection the practice was rated as requires improvement overall, with the following domain ratings:

Safe – inadequate

Effective – Good

Caring – Good

Responsive – Good

Well led – Requires improvement

The practice provided us with an action plan detailing how they were going to make the required improvements.

The inspection on 3 March 2017 was to confirm the required actions had been completed and award a new rating if appropriate.

Following this re-inspection on 3 March 2017, our key findings across all the areas we inspected were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed, including those relating to recruitment checks.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Data showed patient outcomes were at or above those locally and nationally.
- Feedback from patients about their care was strongly positive.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

# Summary of findings

- The practice implemented suggestions for improvements and made changes to the way it delivered services as a result of feedback from patients.
- 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 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.
- 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.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events. Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed. These now included new systems to ensure fire safety checks were completed and all appropriate checks would be carried when recruiting staff.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data showed patient outcomes were at or above those locally.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patient's needs.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- We observed a strong patient-centred culture
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this.
- Data showed that patients rated the practice above others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about services available was easy to understand and accessible.

# Summary of findings

- 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.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patient's needs.
- Patients could access appointments and services in a way and at a time that suited them.
- Telephone consultations were readily available and home visits, including the phlebotomy service provided to house bound patients.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a result of feedback from patients.
- 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. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- There was a strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the practice vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice now had a number of policies and procedures to govern activity and held regular governance meetings.
- 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 proactively sought feedback from staff and patients, which it acted on.

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.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice provided routine vaccinations for older patients and had a good uptake of seasonal flu vaccination (82%) which was above the national average.
- The practice embraced the Gold Standards Framework for end of life care which included supporting patients' choice to receive end of life care at home.

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.
- Where appropriate, patients with more than one long-term condition were able to access a joint review to prevent them having to make multiple appointments.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For patients with complex needs, a named GP and practice nurse worked with relevant community and healthcare professionals to deliver multidisciplinary support and care. Multidisciplinary meetings were held to review patients' needs and to avoid hospital admissions.
- Patients with COPD and asthma had self-management plans and those with chronic conditions were provided with care plans.
- Patients who were diagnosed with a long term conditions such as diabetes were directed to a structured education programme.

Good



# Summary of findings

## Families, children and young people

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

There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were average 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.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Same day appointments are offered to parents should they be concerned about a child.
- The practice reception area was welcoming to children and included a range of children's books including "Going To See The Doctor Books"
- We saw good examples of joint working with midwives and health visitors.

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 ensure these were accessible, flexible and offered continuity of care.

- Appointments with a GP were available daily from 9am to 12noon and 3:30pm to 6pm. Extended hours were available on Tuesday 6:30pm – 8pm. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- The practice participated in a Trafford Council scheme to increase uptake of cervical smears. By identifying patients who were overdue a smear, sending out a letter and then telephoning those who had still not booked in, the practice saw an increased attendance and had a take up rate of 91%.

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.

Good



# Summary of findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice was aware of those patients who required an interpreter and alerts were placed within patients' notes to enable staff to pre book interpreters and arrange longer appointments.
- The practice was proactive in monitoring those patients identified as vulnerable or at risk. This included, monitoring A&E attendances, monitoring missed appointments from those known to be vulnerable and working with other services to ensure, where appropriate, information was shared to keep patients safe.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice had told vulnerable patients 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.

## 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).

- 74% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. We noted the practice did not exception report any patients compared to a national average of 7%.
- 100% of patients with poor mental health had a comprehensive care plan documented in the record agreed between individuals, their family and/or carers as appropriate. We noted the practice had exception reported 20% (3 patients) of patients, compared to a national average of 13%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- It carried out advance care planning for patients with dementia.
- One GP had a postgraduate diploma in Cognitive Behavioural Therapy. They told us they would regularly use the skills learnt with patients with mild/moderate mental health problems such

Good





# Summary of findings

as anxiety and depression. Patients are also offered referral to a wide variety of services where required. The practice also promoted peer reviewed self-help books where appropriate to support patients.

- Staff had a good understanding of how to support people with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results published in July 2016 showed the practice had better results compared to the local and national averages. There were 102 responses and a response rate of 47%, representing 3% of the practice population.

- 100% found it easy to get through to this surgery by phone compared with a CCG average of 79% and a national average of 73%.
- 97% found the receptionists at this surgery helpful compared with a CCG average of 89% and a national average of 87%.
- 99% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG and a national average of 85%.

- 99% described their experience of making an appointment as good compared with a CCG average of 76% and a national average of 73%.
- 93% would recommend this surgery to someone new to the area compared with a CCG average of 81% and a national average of 78%

We noted that these results ranked the practice in the top 100 (78th) nationally.

The three patients we spoke with were complimentary of the staff, care and treatment they received.

# Dr Sally Johnston

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Inspector. The team included a GP specialist advisor.

### Background to Dr Sally Johnston

Dr Sally Johnston provides primary medical services in Timperley, Trafford from Monday to Friday. The surgery is open Monday to Friday 8:00am – 6:30pm.

Appointments with a GP are available daily from 9am to 12noon and 3:30pm to 6pm. Extended hours are available on Tuesday 6:30pm – 8pm.

Timperley is situated within the geographical area of Trafford Clinical Commissioning Group (CCG).

The practice has a Primary Medical Services (PMS) contract. The PMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

Dr Sally Johnston is responsible for providing care to 3400 patients, an increase of approximately 600 patients in the past 12 months following the closure of other practices locally.

The practice consists of two GPs, one full time lead GP (female) and a part time GP (male). The practice also has a part time practice nurse. The practice is supported by a practice manager, receptionists and administrators.

When the practice is closed patients are directed to the out of hours service.

### Why we carried out this inspection

We inspected this service as part of our 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.

A previous inspection had been carried out 20 April 2016 and as a result requirement notices had been issued to the practice. This inspection was also to check the required improvements had been made.

### How we carried out this inspection

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

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

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

- Older people
- People with long-term conditions
- Families, children and young people

# Detailed findings

- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Before visiting, we reviewed a range of information about the practice. We asked the practice to give us information in advance of the site visit and asked other organisations to share their information about the service.

We carried out an announced visit on the 3 March 2017. We reviewed information provided on the day by the practice and observed how patients were being cared for.

We spoke with three patients and three members of staff, including the lead GP and practice manager.

# Are services safe?

## Our findings

### Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events and clinical events. Patients affected by significant events received a timely and sincere apology and were told about actions taken to improve care. The practice had introduced a central means of recording significant incident and events, which were then discussed during team meetings, with actions and outcomes documented. As a practice they encouraged open dialogue and had a no blame culture which enabled them as a team to look for solutions. Speaking with staff they were positive about the approach to significant events.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. We noted significant events were reviewed to ensure actions implemented were effective.

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

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies which had recently been reviewed clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a named GP lead for safeguarding adults and children. The lead attended local safeguarding meetings and attended where and when possible case conferences and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all now received training relevant to their role and GPs had received level 3 child protection training.
- A notice was displayed in the waiting room advising patients that a chaperone was available, if required. Within the practice only clinically qualified staff acted as

chaperones and had received a disclosure and barring check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- There were procedures in place for monitoring and managing risks to patients and staff safety. There was a health and safety policy available. Following our previous inspection the practice conducted a fire risk assessment which included updating the fire safety policy and the fire alarm system was now tested weekly, with fire drills quarterly.
- All of the electrical equipment was checked to ensure it was safe to use and clinical equipment was checked and calibrated to ensure it was working properly.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. There was an infection control protocol in place and staff had received up to date training. An infection control audit had been carried out by the CCG infection control lead and all actions identified had been completed by the practice and re audited by the CCG.
- The arrangements for managing medicines, including emergency drugs and vaccines in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out. Prescription pads were securely stored.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- Since our last inspection the practice had not recruited any new staff, however the policy and procedure for recruitment was in line with best practice and showed appropriate recruitment checks would be undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.

## Are services safe?

### **Arrangements to deal with emergencies and major incidents**

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training and there were emergency medicines available. The practice had risk assessed the need for a defibrillator on site and due to facilities in the local area felt a defibrillator on the premises was not required and this would not put patients at risk. Oxygen with adult and

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

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

# Are services effective?

## (for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with 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.
- The practice monitored that these guidelines were followed through risk assessments, audits and discussion during practice meetings.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 99.4% of the total number of points available, with 4.3% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets and were in line with or above the national average in a number of clinical outcomes. Data from 2015/16 showed;

- Performance for diabetes related indicators were above the CCG and national average at 97%. (6% above the CCG average and 7% above the national average).
- The percentage of patients with hypertension having regular blood pressure tests was comparable to the CCG and national average at 90.1% (2% above the CCG average and 4% above the national average.)
- Performance for chronic obstructive pulmonary disease (COPD) related indicators were above the CCG and national average at 100% (1% above the CCG average, and 4% above the national average.)

The practice were also monitoring and improving their performance in relation to prescribing medications such as antibiotics and hypnotics. We noted the practice was amongst the lowest prescribers of high risk antibiotics such as Cephalosporins or Quinolones, prescribing only 4.44% compared to a local average of 8.13%.

Clinical audits demonstrated quality improvement.

- There had been a range of full cycle and single cycle clinical and non-clinical audits completed in the last two years. Audits had been identified from clinical events, CCG data and review of new clinical guidance. We were provided with examples of completed audits, including an audit of diabetes care, looking at the achievement of good, moderate or poor diabetic control, using the HbA1c targets as set out nationally as a bench mark. Following the first audit the practice improved the recall system, attended specialist education sessions and compiled information for clinicians on current best practice around diabetes prescribing. As a result the practice saw improved outcomes for patients.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services.
- The practice used data to effectively monitor and improve outcomes for patients.
- A pharmacist provided weekly support to the practice. They ran weekly prescribing safety checks and audits, where any issues were highlighted these were passed to a GP to act on. Outcomes of audits were discussed routinely during clinical meetings.

### Effective staffing

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

- The practice had an induction programme for newly appointed members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could now 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 manager held a central training matrix which ensured all staff had received mandatory training as required and alerted the practice when staff were due updates.
- The learning needs of staff were identified through meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included on-going support during clinical sessions, one-to-one meetings, appraisals, facilitation and support for the revalidation of doctors and nurses.

# Are services effective?

## (for example, treatment is effective)

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

### 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 patients to other services.
- The practice worked closely with the Integrated Neighbourhood Team to provide care and treatment to patients in the community.
- Staff worked together and with other health and social care services to understand and 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. We saw evidence that multi-disciplinary team discussions/meetings took place and were minuted or noted in patient's records.

### 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 (MCA) 2005.
- The GPs were fully aware of their responsibilities in relation to patients who had Deprivation of Liberty Safeguards (DoLS) in place.

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

### Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition, patients with poor mental health and those requiring advice on their diet and smoking and alcohol cessation.

We noted a number of examples of how the practice worked with patients to lead healthier lifestyles.

The practice had a comprehensive screening programme. The practice uptake for the cervical screening programme was 91% above the national average of 82%. There was a policy to offer telephone 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 in line with the CCG averages. For example, NHS England figures showed that in 2015 91% of children aged 5 years had received the full measles, mumps and rubella (MMR) vaccination similar to the national average of 88%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients, annual health checks for carers and NHS health checks for patients aged 40–74. Appropriate follow-up for 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 observed members of staff were courteous and helpful to patients and treated them with dignity and respect. We saw a strong patient-centred culture:

- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this.
- Screens or 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; 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.

The three patients spoken to highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect.

The practice scores on consultations with doctors and nurses were above the national and CCG scores. For example:

- 97% said the GP was good at listening to them compared to the CCG and national average of 89%.
- 99% said the GP gave them enough time compared to the CCG and national average of 87%.
- 99% said they had confidence and trust in the last GP they saw compared to the CCG and national average of 95%.
- 92% said the last GP they spoke to was good at treating them with care and concern compared to the CCG and national average of 85%.
- 99% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.
- 100% of respondents had confidence and trust in the last nurse they saw or spoke to compared to the CCG average of 98% and national average of 97%.

### Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Results from the national GP patient survey we reviewed showed patient's responses were positive in relation to questions about their involvement in planning and making decisions about their care and treatment. These results were above the local and national averages. For example:

- 91% said the last GP they saw was good at explaining tests and treatments compared to the CCG and national average of 86%.
- 91% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average and national average of 82%.

Staff told us that translation services were available for patients who did not have English as a first language and an extended appointment would be booked if an interpreter was required.

The practice used care plans to understand and meet the emotional, social and physical needs of patients, including those at high risk of hospital admission.

### Patient and carer support to cope emotionally with care and treatment

Notices in the patients' waiting room advised 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 held a register of patients who had carers or were carers. We noted 20 patients were carers which represented 0.6% of patients. Written information and a dedicated display board were available to direct carers to the various avenues of support available to them.

The practice embraced Gold Standards for end of life care. Staff told us that if families had suffered bereavement, arrangements were made for a bereavement visit or consultation with the GP involved in the patients care and staff from the practice often attended funerals. Information was also available guiding patients to local bereavement support.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, attending locality meetings and working with other health and social care professionals, this included neighbourhood teams.

Patients' individual needs and preferences were central in providing services which were flexible and gave patients choice. The practice involved other organisations and patients in their planning to meet needs. We saw a range of approaches to providing integrated person-centred care. For example:

- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Appointments were available as part of an open surgery between 8:30am and 10:00am. Patients were given an approximate time for their appointment to enable them to leave and return. The practice was also aligned to an extended hours hub in which patients could access an appointment with a GP at evenings and weekends.
- There were longer appointments available for patients with a learning disability or those who required them.
- Home visits were readily available for older patients and patients who would benefit from these, this included visits from GPs and nurses.
- There were facilities for people with disabilities and translation services available. Patients requiring a translator were provided with extended appointments.
- Patients were able to receive travel vaccinations which were available on the NHS and patients were referred to other clinics for vaccines only available privately.
- The practice offered minor surgery for patients.

### Access to the service

Appointments with a GP were available daily as part of an open surgery between 8:30am and 10:00am. On the day and pre bookable appointments were also available between 2:30pm and 5:50pm. The practice was also aligned to an extended hours hub in which patients could access an appointment with a GP at evenings and weekends. The three patients we spoke with were positive about access and liked the open surgery. They did not always like the length of wait during open surgery but accepted this as a preferred option to an appointment only system.

The practice regularly monitored the demand on the service and the number of appointments available. The appointment system had evolved following feedback from patients and continued to be discussed at patient participation group meetings.

Results from the national GP patient survey showed that patient satisfaction with how they could access care and treatment was higher compared to the local and national averages. For example the GP survey results showed:

- 96% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 76%.
- 100% of patients said they could get through easily to the surgery by phone compared to the CCG average of 72% and national average of 73%.
- 99% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG and a national average of 85%.
- 95% of patients describe their overall experience of this surgery as good compared to the CCG average of 86% and national average of 85%.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

This was achieved by the GP triage, in which a GP would telephone the patient or carer in advance to gather information to allow an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

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

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

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

The practice kept a complaints log for written and verbal complaints. We looked at an overall summary of complaints received and noted only verbal complaints had

been received. We found these were satisfactorily handled, dealt with in a timely way with openness and transparency. Compliments and complaints were also discussed routinely within practice meetings. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care.

# Are services well-led?

Good 

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

## Our findings

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

- The practice had a mission statement and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Speaking with staff and observations on the day of the inspection showed staff understood the practice vision and values and demonstrated how they incorporated these values in their work.

### 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 that staff were aware of their own roles and responsibilities.
- The practice had staff in lead roles and teams to support them to achieve good patient outcomes.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained. The GPs met regularly with staff and reviewed performance and looked at ways to make improvements.
- Clinical and internal audits were used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The clinical and management team met formally and these meetings were minuted. We noted standard agenda items included safeguarding, significant events, new guidance, safety alerts and patients feedback.

### Leadership and culture

On the day of inspection the GPs, with support from the practice manager, demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the GPs were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular formal and informal meetings to allow open discussion and information sharing.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners. All staff were involved in discussions about how to run and develop the practice, and the GPs and managers 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 had gathered feedback from patients through surveys and complaints received.
- A new suggestions box had been placed in the waiting area as a means of gathering on-going feedback from patients and this was monitored by the practice manager.
- The practice has an established patient participation group (PPG) with eight active members. The group met formally on a quarterly basis and included specialist speakers.

# Are services well-led?

Good 

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

- The practice carried out in their own internal patient satisfaction survey and the results and actions plans were discussed with the PPG. We noted from the survey carried out in October 2016 patients were encouraged to give feedback on areas for improvement and these were discussed with the PPG and an action plan developed.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and worked in partnership with the CCG and other local services to improve outcomes for patients in the area. The practice embraced learning and professional development and used audits effectively to monitor and improve outcomes for patients. The practice were engaging in an organisation wide change management programme. Speaking with the management team and staff they were already all engaged in the programme and benefiting from the modules already undertaken.