The Wragby Surgery

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Wragby Surgery on 8 December 2015. Overall the practice is rated as good.

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.
- 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.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- 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.
- The practice was a high achiever in terms of patient satisfaction across a wide range of indicators.

We saw areas of outstanding practice including:

- Effective use of additional funding to care for those patients over 75 which had resulted in a significant decrease in the number of accident and emergency and un-planned admissions to secondary care for patients in this age group.

However there were areas of practice where the provider needs to make improvements.

Importantly the provider should ;

Summary of findings

- Ensure that multi-disciplinary meetings are properly recorded.
- Implement a written policy to instruct staff on how to ensure the security of prescription pads.

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?

Good

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services. Data showed patient outcomes were consistently at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and Lincolnshire Prescribing and Clinical Effectiveness Forum (PACEF) 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 appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed that patients rated the practice significantly higher than others for most 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 the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they found it easy to make an appointment with however if they wanted to see a particular GP then they may have to wait for two to three weeks. 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

Summary of findings

needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. 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 in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. There was a patient participation group in existence. Staff and GPs had received inductions, and all staff received regular supervision and appraisal of their performance.

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

Outstanding ☆

The practice is rated as outstanding 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 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. The practice nurse took a lead role in coordinating and managing manage the health needs of those patients aged 75 and over.

In particular the nurse provided additional support for all over 75 patients in the following groups;

- Those that had been discharged from accident and emergency departments or hospital
- patients referred by a staff member who was concerned
- all patents resident in nursing or care homes
- all patients with a diagnosis of dementia
- any elderly patient who had suffered a significant bereavement
- any patientover 75 who did not attend for a routine review.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions. Nurse Consultants 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 were recalled every six months for a review to check that their health and medication needs were being met. For those people with the most complex needs, the practice worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people. Immunisation rates were relatively high for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Nurses had attended local schools, youth clubs, Young Farmers and other youth groups to promote first aid and health topics.

Summary of findings

Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

Good

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, include on-line booking of appointments and repeat prescriptions to ensure these were accessible, flexible and offered continuity of care. 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.

People whose circumstances may make them vulnerable

Good

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

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. The practice made a room available for the Community Psychiatric Nurse and the nurse had been involved in joint consultations with patients.

It carried out advance care planning for patients with dementia. Health checks for the over 40's included questions to identify patients with concerns about their memory.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. Staff had received training on how to care for people with mental health needs and dementia . All staff had received instruction and were now 'Dementia Friends'.

Summary of findings

What people who use the service say

What people who use the practice say

The national GP patient survey results published in July 2015 showed that in people's opinions, the practice was generally performing above local and national averages. There were 111 responses from 248 surveys that were sent out. This represents a response rate of 45%.

- 95% found it easy to get through to this surgery by phone compared with a CCG average of 61% and a national average of 73%.
- 87% found the receptionists at this surgery helpful compared with a CCG average of 84% and a national average of 87%.
- 67% with a preferred GP usually got to see or speak to that GP compared with a CCG average of 53% and a national average of 60%.
- 87% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 84% and a national average of 85%.
- 96% said the last appointment they got was convenient compared with a CCG average of 92% and a national average of 92%.
- 81% described their experience of making an appointment as good compared with a CCG average of 67% and a national average of 73%.
- 74% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 64% and a national average of 65%.
- 53% felt they don't normally have to wait too long to be seen compared with a CCG average of 59% and a national average of 58%.
- 76% said they would recommend this surgery to someone new to the area, compared with a CCG average of 72% and a national average of 78%.

Healthwatch had carried out a patient survey in December 2015, shortly before our inspection. They interviewed 72 patients of whom 97% said they would recommend the practice to their friends and family. The only adverse comments related to privacy at the reception desk, the need for an electronic prescription service and the wait to see a GP of choice.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. Of the 18 comment cards that had been completed, 17 which were positive about the standard of care received.

Areas for improvement

Action the service SHOULD take to improve

- Ensure that multi-disciplinary meetings are properly recorded.
- Implement a written policy to instruct staff on how to ensure the security of prescription pads.

Outstanding practice

- Effective use of additional funding to care for over those patients over 75 which had resulted in a significant decrease in the number of accident and emergency and emergency admissions to secondary care for patients in this age group.

The Wragby Surgery

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 adviser a practice nurse specialist advisor and a practice manager specialist advisor.

Background to The Wragby Surgery

The Wragby Surgery provides primary medical care for approximately 3,600 patients living in Wragby and the neighbouring villages.

The service is provided under a General Medical Services contract with Lincolnshire East Clinical Commissioning Group.

The area is less deprived than the national average, but there are isolated pockets of deprivation particularly in some of the outlying rural communities. The practice serves a community with a higher than national average of patients over the age of 65.

The practice is a partnership and is staffed by three male GPs, two of whom are partners. There are two nurse practitioners who are also partners, a nurse and a health care assistant. They are supported by dispensers, receptionists and administration staff. Whole time equivalent equates to 1.75 general practitioner, 2.00 nurse practitioner and 1.01 health care assistants. In an average week there were 15 GP sessions and 16 nurse consultant sessions.

The practice is a dispensing practice and dispenses to 95% of its patients..

The practice is open between 8am and 6.30pm Monday to Friday, excepting Thursday when the surgery is open until 8.30pm. Appointments are from 8.30am to 12.30 pm and 3.30pm to 6pm daily, excepting Thursday when appointments are available until 8pm.

When the surgery is closed GP out-of hours services are provided by Lincolnshire Community Health Services NHS Trust which is accessed via NHS111.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Please note that references to the Quality and Outcomes Framework data in this report relate to the most recent information available to CQC at the time of the inspection.

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?

Detailed findings

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

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 8 December 2015.

During our visit we spoke with a range of staff including GPs, nurses, dispensers, administration and reception staff. We spoke with four patients who used the service and the Chair of the patient participation group. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Good

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.
- People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.
- We looked at the records of 18 significant events that had occurred. We found them to have been well recorded with good evidence gathering and analysis. Any actions or learning was clearly defined and had been cascaded to relevant staff and GPs through meetings and minutes of meetings. For example we saw how the practice had identified an issue with the sending of referrals to secondary care by facsimile. The practice had been instrumental in ensuring that the secondary care provider set up email accounts for their medical secretaries to enable electronic referrals to be made.
- Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements 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. A GP was the lead for safeguarding.
- Staff demonstrated they understood their responsibilities and all had received training relevant to their role. We were provided with a good example of a concern relating to a young child that had been identified by a member of staff and brought to the attention of the safeguarding lead GP. This identified physical child abuse and a subsequent Police investigation.
- A notice was displayed in the waiting room, advising patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role 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 patient and staff safety. The practice had up to date fire risk assessments and regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. A practice nurse was the infection prevention and control clinical lead. There was an infection control protocol in place and staff had received up to date training. We looked at the two latest infection prevention and control audits and saw evidence that action had been taken to address any improvements identified as a result.
- The process for obtaining, prescribing, recording, handling, disposal and security of medicines including controlled drugs was well documented and provided assurance that patients were adequately protected. Unwanted medicines, including controlled drugs were disposed of correctly.
- Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored. Dispensary staff were appropriately trained and their competency assessed annually by a GP. We did however find that the practice had no written policy to instruct staff in ensuring the security of unused prescription pads.

Good

Are services safe?

- Recruitment checks were carried out and appropriate recruitment checks had been undertaken prior to employment.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

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. The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- Two GPs were specifically trained in pre-hospital emergency medicine.
- All the medicines we checked were in date and fit for use.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

- The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.
- An assigned GP or nurse identified the action required and its urgency and immediate action was taken where necessary. The practice had systems in place to ensure all clinical staff were kept up to date. They were circulated to staff.
- The practice made use of SystmOne restriction functionability to not allow prescribingif it was contravening Prescribing and Clinical Effectiveness Forum bulletins unless it was deemed an exception by a clinician.

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 100% of the total number of points available, This was 5.2% above the CCG average and 6.5% above the national average. Results were consistently high across all of the indicators, they all being above or comparable to other practices.
- Clinical audits were carried out to demonstrate quality improvement. These included audits of minor surgery histology, clopidogrel prescribing and the quality of cervical smears. One of these had been subject to re-audit. The GP we spoke with acknowledged the need for more clinical audit.
- Nurse consultants led on the management of patients with long term conditions such as diabetes, chronic pulmonary obstructive disease, asthma and dementia. Patients were recalled for review every six months.
- The practice nurse took a lead role in coordinating and managing manage the health needs of those patients aged 75 and over. In particular the nurse provided additional support for all over 75 patients in the following groups;
  - Those that had been discharged from accident and emergency departments or hospital
  - patients referred by a staff member who was concerned
  - all patents resident in nursing or care homes,
  - all patients with a diagnosis of dementia
  - any elderly patient who had suffered a significant bereavement
  - any patientover 75 who did not attend for a routine review.
- We saw evidence that this approach had contributed to a 28.8% decrease in accident and emergency attendances for this age group, far exceeding the CCG target of a 5% reduction.
- The practice had also reduced the rate of emergency admissions for this age group by 1%, one of only five practices within the CCG to achieve a reduction.

Effective staffing

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

- The practice had an induction programme for newly appointed members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- Clinicians had a varied mix of special interests including emergency medicine and minor surgery.
- The learning needs of staff were identified through a system of meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, coaching and clinical supervision. Nurses told us that GPs were always approachable for guidance and advice and time was set aside for nurses and GPs to reflect upon their practice.

Good

Are services effective?

(for example, treatment is effective)

- There was a formal system of staff supervision and appraisal.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to 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 test results.
- Incoming mail and pathology results was all dealt with by a GP. A 'buddy' system was in operation to ensure that results for GPs who were not in the surgery, for example on holiday, were not missed.
- Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.
- Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. Although we were assured and accepted that such multi-disciplinary meetings took place the practice could not produce any notes as they had been recorded by another agency.

Consent to care and treatment

- Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- We were provided with a very good example of a young patient being deemed Gillick competent and how this was managed with that young person's parents.

Health promotion and prevention

- The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 85.6% which was 2.4% above the CCG average and 3.8% above the national average . The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.
- Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under one year olds ranged from 94.3% to 97.1% and five year olds from 80.8% to 100%.
- Flu vaccination rates for the over 65s were 76.3% and at risk groups 52.3% These were comparable to CCG and national 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.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

- We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect.
- Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Of the 18 comments cards we received 17 were positive. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. The one commentthat was not positive related to the perceived attitude of a member of staff.
- We spoke with the Chair of the patient participation group (PPG) on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.
- Results from the latest national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was well above average for its satisfaction scores on consultations with doctors and nurses. For example:
- 95% said the GP was good at listening to them compared to the CCG average of 85% and national average of 89%.
- 92% said the GP gave them enough time compared to the CCG average of 84% and national average of 87%.
- 99% said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and national average of 95%
- 96% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and national average of 85%.
- 87% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 90%.
- 87% patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and national average of 87%.

Care planning and involvement in decisions about care and treatment

- Patients said that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also said 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.
- Translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Results from the national GP patient survey we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were significantly better than local and national averages. For example:
- 90% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and national average of 86%.
- 84% 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%.

Patient and carer support to cope emotionally with care and treatment

- Notices in the patient waiting room told patients how to access a number of support groups and organisations.
- The practice's computer system alerted GPs if a patient was also a carer. Written information was available for carers to ensure they understood the various avenues of support available to them. The practice website contained relevant and easily accessible information for carers that covered a range of issues such as caring for relatives as well as finance and benefits advice.

Good

Are services caring?

- GPs told us that they followed the Gold Standard Framework guidelines for palliative care and held palliative care meetings with nurses and other healthcare professionals. Although we were told the content of the meetings were recorded the practice could not produce any notes as they had been recorded by another agency. We were informed that the details were recorded directly onto he patients notes by the GP in attendance.
- Staff and GPs told us that if families had suffered bereavement, the practice nurse contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.
- The practice website contained good information to help people cope with bereavement.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- There were longer appointments available for people with a need for one, for example patients with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were good disabled facilities and translation services available.
- The practice had taken advantage of additional CCG funding to facilitate a nurse to take special responsibility for persons aged 75 and over. They routinely visited them at their home if necessary or in residential care homes to meet the needs of this particular patient group.

Access to the service

- The practice was open between 8am and 6.30pm Monday to Friday, excepting Thursdays when it was open until 8.30pm. Appointments were from 8.30am to 12.30 every morning and 3.30pm to 6pm daily, excepting Thursday when appointments were available until 8pm. Urgent appointments were available on the same day for people that needed them. Requests for urgent appointments were triaged by the nurse practitioners.
- The practice aspired to offering all patients an appointment with a GP within two working days or with a nurse practitioner within 24 hours. On the day of our visit we saw that the next available routine GP appointment was in 3 days' time, but urgent appointments and consultations with nurse consultants were readily available.
- Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages For example:
- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and national average of 75%.
- 95% patients said they could get through easily to the surgery by phone compared to the CCG average of 61% and national average of 73%.
- 81% patients described their experience of making an appointment as good compared to the CCG average of 67% and national average of 73%.
- 74% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 64% and national average of 65%.

Listening and learning from concerns and complaints

- The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The practice manager was the designated responsible person who handled all complaints in the practice. We saw that information was available to help patients understand the complaints system for example through posters displayed in the surgery and in the practice information leaflet. The practice website contained good information and advice on complaints. It also contained advice on contacting advocacy services.

We looked at 12 complaints received in the last 18 months and found these were satisfactorily handled, dealt with in a timely way and with openness and transparency with dealing with the complainant. None needed to be referred to the Parliamentary and Health Service Ombudsman. Where lessons needed to be learned as result the matter had been discussed, for example at practice meetings.

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 robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. The partners had identified the fiscal threat to the practice posed by a pharmacy soon to open in the village and were actively seeking new ways of working to ensure the practice continued to function and deliver high quality healthcare.
- The partners were proud of what they termed as 'old fashioned ' healthcare where the needs of the patient always came first.
- Comments we received about the practice indicated that patients held both the clinical staff and support staff in very high regard and received a very good service.

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
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice
- A programme of continuous audit which is used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

- We found the partners we spoke with to be open and honest with a desire to improve the practice and patient outcomes.
- The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care.
- The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff and encouraged a culture of openness and honesty.
- Staff told us and we saw evidence that regular team meetings were held. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. Staff said they felt respected, valued and supported.

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

- The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. We met with the Chair of the patient participation group.
- The latest patient survey carried out by the PPG showed that 94% of respondents rated their overall satisfaction with the practice as Good, Very Good or Excellent.