

# Dr's Abbatt, Coghill & Wade

## 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 Drs Abbatt, Coghill and Wade on 1 December 2015. Overall the practice is rated as good.

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

- There were systems in place to mitigate safety risks including analysing significant events and safeguarding however they were not consistently applied. The premises were clean and tidy. Systems were in place to ensure medicines were safely dispensed and vaccines stored appropriately and in date.
- Patients had their needs assessed in line with current guidance and clinical staff had a holistic approach to patient care. All GP appointments were 15 minutes to enable them to provide comprehensive care. Staff promoted health education to empower patients to live healthier lives.

- Feedback from patients and observations throughout our inspection showed that staff were kind caring and helpful.
- Practice staff worked closely with other organisations and external professionals in planning how services were provided to ensure that they meet people's needs. People with complex needs had care plans in place that were regularly reviewed.
- There was a system in place to respond to and act on feedback and complaints.
- Staff worked together as a team. There was a clear leadership structure and staff felt supported by management. It was evident that there was a strongly motivated staff team.

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

The provider should:

- Protect patients from the risk of heat discomfort or burns from unguarded exposed hot bulbs in

# Summary of findings

examination lighting. Ensure the five locations where patients could collect their dispensed medicines are risk assessed to assure themselves that adequate safety measures are in place.

- Review the clinical audit programme to ensure continuous improvements are made to patient care.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. When things went wrong investigations were carried out and actions taken and lessons learnt communicated to staff to minimise similar recurrences. There was a recruitment policy and procedure in place to ensure patients safety was protected. There were enough staff to keep people safe.

Good



### Are services effective?

The practice is rated as good for providing effective services. Staff referred to guidance from National Institute for Health and Care Excellence (NICE) and used it routinely. Patient's needs were assessed and care was planned and delivered in line with current legislation. Staff had received training appropriate to their roles. There was evidence of appraisals and personal development plans for all staff.

Good



### Are services caring?

The practice is rated as good for providing caring services. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. There was supporting information available to help patients understand and access the local services available. We also saw that staff treated patients with kindness and respect and their confidentiality and privacy were maintained.

Good



### Are services responsive to people's needs?

The practice is rated as good for providing responsive services. Clinical staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to implement improvements to services where these were identified. For example, the practice had signed up to a CCG led service to reduce patient attendance rates at the Accident and Emergency department at the local hospital. The practice had an active Patient Participation Group (PPG). The PPG were proactive in representing patients and assisting the practice in making improvements.

Good



### Are services well-led?

The practice is rated as good for being well-led. Staff were clear about the values of the practice being patient centred. There were governance systems in place to monitor, review and drive improvement within the practice. There were formal clinical

Good



# Summary of findings

meetings, governance meetings and full team meetings to share best practice or lessons learnt. The practice had a number of policies and procedures to govern activity. Practice staff proactively sought feedback from patients, which it acted on.

# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated good for the care of older people. There was a higher than average number of older patients registered at the practice. The practice offered personalised care to meet the needs of the older people in its population and offered home visits to those who were unable to access the practice. Rapid access appointments were provided for those with enhanced or complex needs. The practice had regular contact with district nurses and other professionals in meetings to discuss any concerns or changes that were needed to patient care. Older patients were offered annual health checks and where necessary, care, treatment and support arrangements were implemented.

Good



### People with long term conditions

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

Good



### Families, children and young people

The practice is rated good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. A health visitor was invited to the regular multidisciplinary meetings to discuss any safeguarding issues as well as those children who had long term conditions. There were extended opening hours until 7pm each Monday and patients could hold a telephone conversation with a GP to receive advice. Children were given same day appointments and there was emphasis on children receiving their required vaccinations.

Good



### Working age people (including those recently retired and students)

The practice is rated good for the care of working-age people (including those recently retired and students). The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible. The practice

Good



# Summary of findings

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. All eligible patients had been given contraceptive advice, treatment and cervical screening.

## **People whose circumstances may make them vulnerable**

The practice is rated good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with a learning disability. Annual health checks for all people with a learning disability were carried out and health action plans updated. Staff had been trained to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding the actions they should take if they had concerns and how to contact relevant agencies who were responsible for carrying out investigations.

**Good**



## **People experiencing poor mental health (including people with dementia)**

The practice is rated good for the care of people experiencing poor mental health (including people with dementia). Staff were trained to recognise patients presenting with mental health conditions and to carry out comprehensive assessments. Practice staff regularly worked with multidisciplinary teams in the case management of patients who experienced poor mental health and a mental health nurse attended the regular meetings. Patients who had dementia were also discussed in these meetings. Clinical staff carried out care planning for patients with dementia and those experiencing mental health illness. Referral mechanisms were in place for when staff identified deterioration in patient's mental health. An NHS counsellor visited the practice weekly and provided advice and support to patients who experienced depression.

**Good**



# Summary of findings

## What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was performing above local and national averages. There were 114 responses, this equated to 45% of the questionnaires that had been sent out.

- 85% found the receptionists at this surgery helpful compared with a CCG average of 85% and a national average of 87%.
- 77% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 67% and a national average of 65%.
- 63% felt they did not normally have to wait too long to be seen compared with a CCG average of 59% and a national average of 58%.
- 90% said last time they spoke with a GP they were good at giving them enough time compared with a CCG average of 85% and a national average of 87%.

- 94% found it easy to get through to this surgery by phone compared with a CCG average of 71% and a national average of 73%.
- 94% said the last appointment they got was convenient compared with a CCG average of 92% and a national average of 92%.

During our inspection we spoke with five patients. All patients told us they were satisfied with the service they received. As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 136 comment cards the majority of which were positive about the standard of care they received. Two comments were made were neither positive or negative and one requested improved appointment access for their children.

## Areas for improvement

### Action the service **SHOULD** take to improve

- Protect patients from the risk of heat discomfort or burns from unguarded exposed hot bulbs in

examination lighting. Ensure the five locations where patients could collect their dispensed medicines are risk assessed to assure themselves that adequate safety measures are in place.

- Review the clinical audit programme to ensure continuous improvements are made to patient care.



# Dr's Abbatt, Coghill & Wade

## 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 CQC pharmacist.

## Background to Dr's Abbatt, Coghill & Wade

Drs Abbatt, Coghill and Wade are located in the village of Denton, Northampton and serves approximately 6,050 patients. Patients are registered at the practice from 14 surrounding villages. The practice holds a General Medical Services contract and provides GP services commissioned by NHS England.

The practice is managed by three GP partners (two male, one female) and there are two salaried GPs who between them provide 29 clinical sessions per week. They are supported by a nurse prescriber who works 30 hours per week and assists with reviews of patients who have long term conditions such as, diabetes. They also provide cervical screening and contraceptive advice. There is part time practice nurse and a vacancy for a practice nurse and senior staff are trying to recruit to the position. There is a health care assistant (HCA) who spends part of her time carrying out duties such as, phlebotomy, health checks and dressings. The practice employs a practice manager, an assistant manager six receptionist/administrators and three receptionists.

Patients who live in excess of one mile from a pharmacy are eligible to have their prescribed medicines dispensed from the practice. This equates to 99% of registered patients. Medicines can be collected from the practice or any of five

designated outlets. The dispensary has a dispensary manager, five dispensers and an apprentice who work varying hours. There is a prescription administrator based at the practice.

The practice is open from 8am until 6.30pm each day and closes at 7pm every Monday. Appointments are available from 8.15am until 11.15am and from 3pm until 5.45pm each day and 6.45pm on Mondays. Extra appointments are available if needed. Urgent appointments are available on the day. Routine appointments can be pre-booked in advance in person, by telephone or online. Telephone advice is also available for patients who are unsure if they need an appointment and for provision of advice for children.

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

## Why we carried out this inspection

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

# Detailed findings

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

## How we carried out this inspection

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

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

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

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

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

Before 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 1 December 2015. During our visit we spoke with a range of staff including two GPs, the nurse prescriber, the health care assistant, practice manager, assistant manager and two reception staff. We spoke with the dispensary manager, four dispensing staff and the prescription administrator. We spoke with five patients who used the service and two members of the Patient Participation Group (PPG). PPG's work with practice staff in an effective way that may lead to improved services. We observed how people were being cared for and talked with family members and reviewed the personal care or treatment records of patients. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

# Are services safe?

## Our findings

### Safe track record

There was a system in place for reporting and recording significant events. The practice had a significant event monitoring policy and a significant event recording form which was accessible to all staff via computer. Records and discussions with GPs and the practice manager confirmed that there was consistency in how significant events were recorded, analysed, reflected on and actions taken to improve the quality and safety of service provision. For example, we saw one significant event that occurred and had been documented clearly and there was evidence it had been discussed and action had been taken to prevent a similar occurrence. There was evidence that all staff had reflected upon the learning points that had been identified.

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

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements. The policies were appropriate and accessible to all staff. They included contact details of external professionals if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and provided reports for other agencies. Clinical staff kept a register of all patients that they considered to be at risk and regularly reviewed it. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. Patients we spoke with told us they felt safe when visiting the practice.
- A notice was displayed in the waiting room and in each consulting room, advising patients of their right to have a chaperone. All staff who acted as chaperones were trained for the role and had undergone a disclosure and barring check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Some patients we spoke with were aware that they could request a chaperone. Staff we spoke with demonstrated that they had good knowledge about the role of chaperoning.
- 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 had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, clinical waste and legionella.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be visibly clean and tidy. The practice nurse was the infection control clinical lead. They had recently taken on the role and acknowledged that they needed to attend a relevant training course to improve their knowledge and skills and to keep up to date with best practice. We were shown the monthly audit recordings of each clinical room. The audit forms required extending to cover all aspects and any actions that would be required. The designated lead and practice manager gave us assurance that the work would be carried out promptly.
- Two consulting rooms had examination lights which were unguarded and exposed hot light bulbs that may cause discomfort or burn.
- Recruitment checks were carried out and we were shown these for all staff. They showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. There was staff induction programmes and these were tailored to the staff roles.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The number of patients

# Are services safe?

registered at the practice in 2006 was 5,300 and had steadily increased to 6,050. All staff absences were covered by other staff working extra shifts and patients' appointments were arranged accordingly.

## Medicines Management

- Regular medication audits were carried out and the local CCG pharmacist visited the practice annually or when requested by a GP to ensure the GPs were prescribing within the recommended parameters of best practice.
- The practice had appropriate written procedures in place for the production of prescriptions and dispensing of medicines that had recently been reviewed and accurately reflected current practice. Systems were in place to ensure both acute and repeat prescriptions were signed before the medicines were dispensed and given to patients. We observed this working in practice. Checks were made on the expiry dates of dispensary stock and all medicines we checked were within their expiry dates. Repeat prescription requests were accepted on the telephone, two members of experienced dispensary staff were dedicated to picking up these requests. There was a process in place to ensure patients were advised of review dates and reauthorisation of repeat medications was only actioned by clinicians. Systems were in place to deal with high risk medicines, to help ensure necessary monitoring and tests had been done and were up to date. This system was demonstrated within the dispensary.
- Practice staff completed a dispensary audit annually as part of the Dispensing Service Quality Scheme and were

able to describe changes to practise as a result of these audits to improve the accuracy of the dispensing process. A second audit cycle following changes last year is currently being undertaken.

- There were suitable arrangements in place for the storage, recording and destruction of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse).
- The practice offered five separate sites outside of the practice where patients could collect their prescribed medicines. We could not be assured of the safety, security or the maintenance of patient confidentiality at these sites. Practice staff confirmed that no risk assessment had been undertaken for any of the sites.

## 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 in the treatment room. The practice had a defibrillator available on the premises and oxygen. There was a formal medical emergency protocol in place and when we discussed medical emergencies with staff, they were aware of what to do.

There was a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. A copy of this was held off site to ensure that appropriate response would be instigated in the event of eventualities such as loss of computer and essential utilities.

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

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Once patients were registered with the practice, they had a full health check which included information about the patient's individual lifestyle, their medical conditions and any prescribed medicines. All GPs had 15 minute appointments and nursing staff provided longer appointments to fully discuss patients need. Referrals were made when necessary.

The GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. The practice used a system of coding and alerts within the clinical record system to ensure that patients with specific needs were highlighted to staff on opening the clinical record. For example, patients on the 'at risk' register, for those with a learning disability and palliative care register. The practice took part in the avoiding unplanned admissions scheme. The clinicians reviewed their individual patients and discussed patient needs at informal meetings to ensure care plans were in place and regularly reviewed.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. QOF data for 2014-2015 showed;

- The dementia review rate of 100% was 2.8% above the CCG and 5.5% above the national average.
- The mental health review rate of 92.3% was 3.5% below the CCG average 0.5% below the national average.
- Performance for asthma related indicators was 86.7% which was 11.93 below the CCG average and 10.7% below the national average.

- Performance for patients with a learning disability was 100% which was the same as the CCG average and 0.2% above the national average.
- Performance for diabetes related indicators was 91.9% which was 0.5% below the CCG average and 2.7% below the national average.
- Performance for chronic obstructive pulmonary disease (COPD) related indicators were 91.4% which was 6.4% below the CCG average and 4.6% below the national average.
- The percentage of patients with hypertension having regular blood pressure tests was 100% which was 2.3% above the CCG average and 2.2% above the national average.

The practice had exception reporting of 7.7%, which was 3.0% less than the local Clinical Commissioning Group (CCG) average and 1.5% less the national average. Exception reporting is the exclusion of patients from the list who meet specific criteria. For example, patients who choose not to engage in screening processes.

We asked a GP about the few areas where they had not achieved the maximum QOF target. The GP told us the data had not been discussed, explained or any action agreed for improvement.

One GP carries out minor surgical procedures (joint injections) in line with their registration and NICE guidance. The staff were appropriately trained and kept up to date. They also regularly carried out clinical audits on their results and use that in their learning.

There were limited examples of clinical audits by the GPs, with just one comprehensive audit seen. It concerned atrial fibrillation (irregular heart beat). The audit had identified where improvements to patients care were to be made. The changes in treatments led to improved patient care. The audit indicated that it would be repeated to ensure that the changes made had been sustained.

### Effective staffing

The practice had an induction programme for newly appointed members of staff that covered such topics as fire safety, health and safety and confidentiality. Staff received training that included safeguarding vulnerable children and adults, basic life support and information

# Are services effective?

## (for example, treatment is effective)

governance awareness. There was a training schedule in place to demonstrate that staff had annually repeated nine training courses such as; the Mental Capacity Act (2005) and dementia awareness. The practice was closed for half a day a month to accommodate training that was organised by senior staff. The practice staff attended monthly practice meeting to share and obtain knowledge and information about training events.

All GPs were up to date with their yearly continuing professional development requirements and they had been or were in the process of being revalidated. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation

has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England). There was an annual appraisal system in place to ensure that all members of staff had formal appraisals.

### **Coordinating patient care and information sharing**

Staff had information they needed to deliver effective care and treatment to patients who used services and put systems in place to capture medication review dates. Staff were able to access all the information they needed to plan and deliver care and treatment in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records, hospital information and test results.

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

### **Consent to care and treatment**

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Where a patient's mental capacity to consent to care

or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. When consent was obtained it was recorded in the patient's medical records in line with legislation and relevant national guidance.

All clinical staff knew how to assess the competency of children and young people about their capability to make decisions about their own treatments. Staff understood the key parts of legislation of the Children's and Families Act 2014. GPs demonstrated a clear understanding of Gillick competencies. (These help clinicians to identify children aged under 16 years of age who have the legal capacity to consent to medical examination and treatment). A patient we spoke with described how a GP spoke with and treated their child in an appropriate way.

Patients we spoke with told us they were consulted and their care needs were explained to them so that they understood and agreed with their treatment needs. Consent had been sought before patients had their joint injection.

### **Health promotion and prevention**

The practice had a variety of patient information available to help patients manage and improve their health. There were health promotion and prevention advice leaflets available in the waiting rooms for the practice including information on dementia.

The practice staff sign posted patients to additional services such as lifestyle management and smoking cessation clinics.

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 two year olds were 90% and five year olds 90% was achieved.

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 years. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities were identified or suspected.

Patients who experienced depression were referred to an NHS counsellor who visited the practice every week to see patients. They offered patients advice and support



## Are services effective?

(for example, treatment is effective)

mechanisms for dealing with their depressions. We spoke with the counsellor who told us they entered consultations in patient's records. They told us they shared information with a GP if they had concerns about a patient.

Regular newsletters were developed and given to patients. These included developments and clinical services within the practice such as; encouraging patients to have their flu vaccination.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

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

Positive comments were made by 131 patients in the comment cards from a total of 136 cards. Some comments named a GP and stated how pleased they were with the care they received. For example, excellent, great, very efficient and how helpful staff were. The five patients we spoke with told us they were happy with the services they received. We spoke with two members of the Patient Participation Group (PPG) on the day of our inspection. They told us they were satisfied with the care provided by practice staff and said their dignity and privacy were always respected.

Results from the national GP patient survey dated July 2015 showed patients were happy with how they were treated. The practice was in line with or above the CCG and national average for its satisfaction scores on consultations with doctors and nurses. For example:

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

- 99% said the last nurse they spoke with or saw was good at treating them with care and concern compared to the CCG average of 90% and national average of 90%.
- 99% of patients said they had confidence and trust in the last nurse they saw or spoke with compared to the CCG average of 96% and national average of 97%.

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

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

Data from the National GP Patient Survey July 2015 information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were above the line with local and national averages. For example:

- 89% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 96% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 90%.
- 86% 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%.

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

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

There was supporting information to help patients who were carers on a notice board in the waiting room. The practice also kept a list of patients who were carers and



## Are services caring?

alerts were on these patients' records to help identify patients who may require extra support. Clinical staff offered carers advice and signposted them to support organisations.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice had an established patient participation group (PPG). Adverts encouraging patients to join the PPG were available on the practice's website. The PPG met quarterly and patient surveys were sent out annually. We spoke with two members of the group who told us the practice had been responsive to their concerns. For example, replacement of chairs with ones that could be wiped clean.

The NHS England Area Team and Clinical Commissioning Group (CCG) told us that the practice engaged regularly with them and other practices to discuss local needs and service improvements that needed to be prioritised. We saw minutes of meetings where this had been discussed and actions agreed to implement service improvements. For example the practice had signed up to a CCG initiative to reduce the numbers of unplanned admissions. All patients who had been admitted were assessed by a GP after their discharge from hospital and care plans put in place to prevent unnecessary admissions.

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

- Telephone advice was provided for patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Home visits were available for elderly patients and those who were unable to access the practice.
- Urgent access appointments were available for children and those with serious or complex medical conditions.
- All GP appointments were 15 minutes rather than the usual 10 minutes. This ensured that clinical staff could capture all of a patient's needs.

### Access to the service

The practice was open from 8am until 6.30pm each day and closed at 7pm every Monday. Appointments were available from 8.15am until 11.15am and from 3pm until 5.45pm each day and 6.45pm on Mondays. Extra appointments were available if needed. Urgent

appointments were available on the day and GPs saw patients even if there were no appointments left in their session. Routine appointments could be pre-booked in advance in person, by telephone or online. Telephone advice was also available for patients who were unsure if they need an appointment and for provision of advice for children.

There was a nearby static caravan park and the occupants were registered with the practice. They may be seen by GPs from another practice when the park was closed each year for a period of one month.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment were above or the same as local and national averages and people we spoke to on the day were able to get appointments when they needed them. For example:

- 94% patients said they could get through easily to the surgery by phone compared to the CCG average of 71% and national average of 73%.
- 86% patients described their experience of making an appointment as positive compared to the CCG average of 72% and national average of 73%.
- 75% reported they were satisfied with the opening hours compared to the CCG average of 75% and national average of 75%.

### Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England.

Information about how to make a complaint was available on the practice's website and in the reception. The complaints policy clearly outlined a time framework for when the complaint would be acknowledged and responded to. In addition, the complaints policy outlined who the patient should contact if they were unhappy with the outcome of their complaint.

The practice kept a complaints log and there had been very few formal complaints received over the past 12 months. We noted that one complaint was about the attitude of a member of staff and the practice manager had arranged for staff to attend communication training.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

Senior staff had a clear vision to deliver high quality care and promote good outcomes for patients. There was a written practice development plan for 2015-2020. It included a mission statement for the promotion and delivery of an effective service of the highest possible standard.

Various issues were being reviewed, for example:

- Staff were aware of the poor public transport for accessing the practice and were considering ways to improve it.
- Senior staff were in the process of developing a delivery service for all patients who used the dispensary for their medicines.
- Staff were reviewing the social isolation and how it could be addressed especially for those patients who were experiencing depression.
- The premises had been extended in 2005 but since then the patient list had grown by 700. The premises were being looked at with a view to further expansion.

### Governance arrangements

The practice had policies and procedures to support governance arrangements which were available to all staff on the practice's computer system. Systems to support the quality and safety of the service provided were embedded. For example, the analysis of significant events and complaints.

The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for this practice showed it was performing in line with the CCG and national standards. QOF data was discussed and action plans monitored effectively to maintain or improve outcomes.

The practice held monthly governance meetings to discuss performance, quality and identified risks.

### Leadership, openness and transparency

Staff had specific lead roles within the practice for example safeguarding and infection control for effective day to day running of the practice.

The partners had the experience, capacity and capability to run the practice effectively and identify where improvements were needed. They prioritised safe and high quality patient care. The partners were visible in the practice and staff told us that they were approachable and they felt well supported. The partners encouraged a culture of openness and honesty.

Staff told us that regular team meetings were held and there was an open culture within the practice and they had the opportunity to raise any issues and report concerns. Staff said they felt respected and valued by senior staff. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

There was a patient participation group (PPG) in place and minutes from meetings and results of surveys demonstrated actions were taken when necessary. We spoke with two members of the PPG who told us they felt that the practice was responsive to any issues raised by the group. They told us that the practice was very patient centred and had involved them in any proposed changes to the service.

The practice was in the process of conducting a staff survey to obtain the views of staff about how the practice worked. Staff we spoke with displayed motivation to make changes and told us there was a strong team and every staff member was approachable. There was evidence that clinical and non-clinical staff had learnt from some incidents and complaints and improvements made were discussed during meetings.