

Dr Noble Phillips

Quality Report

112 Greylands Road
Bilborough
Nottingham
NG8 4FD
Tel: 01159 292358
www.bilboroughsurgery.nhs.uk

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Nobel Phillips practice on 24 March 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety within the practice. Effective systems were in place to report, record and learn from significant events.
- Risks to patients and staff were well managed and reviewed to keep in line with latest guidance.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Training was provided for staff which equipped them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients told us that access to appointments was convenient and easy and that they had never been turned away, in addition 100% of patients who completed the recent GP patients survey said it was easy to get through to the surgery by phone.
- Staff embedded screening as a regular part of patients' healthcare and as a result had a higher number of patients being screened in comparison to the local and national averages.
- 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 the GP and practice manager. 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 to ensure significant events were reported and recorded.
- Lessons learnt were shared internally to make sure action was taken to improve safety in the practice.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- When things went wrong patients received support, information and apologies where appropriate. They were told about any actions to improve processes to prevent the same thing happening again.
- Risks to patients were assessed and managed within the practice. The practice undertook regular reviews of policies to ensure they were in line with latest guidance.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the local average. Data from 2014/15 showed the practice had achieved
- Staff used current evidence based guidance and local guidelines to assess the needs of patients and deliver appropriate care.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was an ongoing programme of clinical audit within the practice. The audits undertaken demonstrated improvements in quality.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. Members of the nursing team held specialist role in conditions such as diabetes or lung disease.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice in line with others for several aspects of care. For example 88% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- Patients said they were treated with compassion, dignity and respect and staff were receptive to their needs.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Views of external stakeholders were positive about the practice and aligned with our findings.
- We found positive examples to demonstrate how patient's choices and preferences were valued and acted on and considerable GP time was given to seeing patients in their own home.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Patients said urgent appointments were always available the same day and reception staff were always accommodating to their needs.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders. The practice liaised with external stakeholders in their efforts to resolve complaints to the satisfaction of the complainant.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.
- Staff were clear about the vision and mission and their responsibilities in relation to it. Staff engaged with the values of the practice.
- There was a clear leadership structure and staff felt supported by the GP and practice manager. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

Good



Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on and was proud of recent Friends and Family results which showed that 90% of patients were likely to recommend the practice rising to 100% on NHS choices website.
- The practice had lost an active patient participation group (PPG) due to ill health of members; however the practice manager realised the importance of re-establishing the group and was advertising for new members.

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.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population. Fortnightly multidisciplinary meetings were held to review frail patients and those at risk of hospital admission to plan and deliver care appropriate to their needs.
- The practice was responsive to the needs of older people and the GP devoted considerable time to home visits and urgent appointments for those with enhanced needs.
- The practice delivered care to patients in a local care home and plans were in place for a regular weekly visit to increase the support to staff, as well as appointments as required.

People with long term conditions

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

Good



- Clinical staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for lung disease related indicators was 98.7% which was 3.3% above the CCG average and 2.7% above the national average.
- Longer appointments and home visits were available when needed.
- All patients had a named GP and were offered a structured annual review to check their health and medicines needs were being met.
- For patients with the most complex needs, practice staff worked with relevant health and care professionals to deliver a multidisciplinary package of care. Fortnightly multidisciplinary meetings were hosted by the practice.
- The practice worked closely with a CCG employed pharmacist to assist in the reviews of patients medications.

Families, children and young people

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

Good



Summary of findings

- 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. The GP lead for safeguarding liaised with other health and care professionals to discuss children at risk.
- Immunisation rates were in line with local averages for all standard childhood immunisations and the practice worked with health visitors to follow up children who did not attend for 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.
- Urgent appointments were available on a daily basis to accommodate children who were unwell.

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.
- Extended hours services were offered one evening per week to facilitate access for working patients. In addition to this there was the provision of weekend or evening appointments through a local scheme for all patients.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. Uptake rates for screening were similar to or above the national average. For example, the uptake rate for breast cancer screening was 73% compared with the national average of 72%.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability and those at risk of a fall.
- The practice offered longer appointments for patients with a learning disability and for those who required it.

Good



Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients. Fortnightly multidisciplinary meetings were hosted by the practice. In addition the practice held meetings every four to six weeks to discuss patients on their palliative care register.
- The practice informed 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)

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

- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 100%, compared to the CCG average of 83.87%
- The percentage of patients with poor mental health who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 100% compared to the CCG average of 83.3%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

We reviewed the results of the national GP patient survey published in January 2016. The results showed the practice was performing in line with local and national averages. A total of 265 survey forms were distributed and 110 were returned. This represented a response rate of 42% and approximately 8% of the total patient list size.

Results showed:

- 100% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 74% and the national average of 73%.
- 96% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 83% and the national average of 85%.

- 91% of patients described the overall experience of this GP practice as good compared to CCG average of 84% and the national average of 85%.
- 80% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 76% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 23 comment cards which were all positive about the standard of care received. Patients highlighted the caring and helpful staff and praised the level of compassion shown to them.

We spoke with 7 patients during the inspection. All of the patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Dr Noble Phillips

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 and an Expert by Experience (an Expert by Experience is someone with experience of using GP services).

Background to Dr Noble Phillips

Dr Noble Phillips is a single handed GP who owns Bilborough Surgery providing primary medical services to approximately 1,443 patients through a general medical services contract (GMS). The practice is located in purpose built premises which underwent significant improvements in 2001 to increase capacity and patient facilities. The practice is accessible by public transport.

The level of deprivation within the practice population is significantly above the national average. Income deprivation affecting children and older people is also above the national average.

The clinical team comprises of one male GP and two part time practice nurses. The clinical team is supported by a part time practice manager and a team of reception and administrative staff.

The main surgery opens from 8am to 6.30pm Monday to Friday, with the exception of Thursday afternoon when the practice is closed at 1.30pm. Consulting times are from 9am until 11.45am in the morning and 4pm until 6.30pm in the afternoon, with no afternoon appointments available on a Thursday. Extended hours appointments are offered from 6.30pm to 7.30pm on Tuesdays.

The practice has opted out of providing out-of-hours services to its own patients. This service is provided by Nottingham Emergency Medical Service (NEMS) and is accessed via 111.

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. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations, including Healthwatch, to share what they knew. We carried out an announced visit on 24 March 2016. During our visit we:

- Spoke with a range of staff (including GPs, nursing staff, the practice manager and a range of reception and administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.

Detailed findings

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

The practice had systems and processes in place to report and record incidents and significant events.

- Staff told us they would inform the manager or GP of any incidents in the first instance. There was a recording form available on the practice's computer system. Reported events and incidents were logged and tracked until the incident was closed.
- When things went wrong with care and treatment, patients were informed of what had happened and offered support, information and an apology.
- Incidents and significant events were discussed between the practice manager and GP informally on a regular basis and analysed to ensure any themes or trends were identified. All significant events were included at the practice meeting every three months for review with all staff.
- Information relating to significant events was shared with external stakeholders. For example, where incidents involved a local pharmacy the practice ensured that this was shared and followed up.

We reviewed safety records, incident reports, MHRA safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons learnt were shared and action was taken to improve safety in the practice.

Overview of safety systems and processes

Robust and well embedded systems, processes and practices were in place to help keep patients safe and safeguarded from abuse. These included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse which reflected local requirements and relevant legislation. Policies were accessible to all staff and identified who staff should contact if they were concerned about a patient's welfare. The GP was the lead for child and adult safeguarding. The GP attended safeguarding meetings when possible and provided reports where necessary for other agencies. Meetings to discuss children at risk were held regularly within the practice and were attended by community based staff including health

visitors and midwives. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. The GP was trained to the appropriate level to manage child safeguarding; level 3.

- Notices were displayed in the waiting area and in the consulting rooms to advise patients that chaperones were available if required. Male and female chaperones were offered by the practice. All staff who acted as chaperones had been trained for the role and had received a Disclosure and Barring Service (DBS) check. (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).
- We observed the practice to be clean and tidy and saw evidence that systems were in place to maintain appropriate standards of hygiene. The practice had cleaning schedules in place and notices were displayed in each room detailing cleaning instructions. The senior practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There were infection control policies and protocols in place. Staff received annual training in infection control and it formed part of the induction for new members of staff. Regular infection control audits were undertaken by an external company and we saw evidence that action was taken to address any improvements identified as a result.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed two of the most recently recruited staff personnel files and found 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.

Monitoring risks to patients

Are services safe?

Risks to patients were assessed and managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified the practice's health and safety lead. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked within the last six months 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 (COSHH), legionella and infection control. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings)
- Arrangements were in place for planning and monitoring the number of staff and skill mix of staff needed to meet patients' needs. There was a rota system in place for the different staffing groups to ensure that enough staff were on duty

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to 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 which were in date and stored securely.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- 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 and suppliers and a copy was kept at the GPs home.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinical staff within the practice assessed the needs of patients and delivered care in line with relevant and current evidence based guidance and standards. This included National Institute for Health and Care Excellence (NICE) best practice guidelines and local guidelines.

- The practice had systems in place to keep all clinical staff up to date. The practice manager received all email alerts and updates which were printed out and the GP would review. If relevant the GP would alert the nurses and a copy was circulated.
- The practice monitored that these guidelines were followed through risk assessments, audits and checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 92.4% of the total number of points available, which was one point above the CCG average.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- 77% of patients with diabetes had received a recent blood test to confirm cholesterol levels were in the recommended range compared to a CCG average of 76% and a national average of 80%
- The percentage of patients with a diagnosis of hypertension who had undergone a blood pressure test in the past 12 months was 89.3% which was 6.7% above the CCG and 5.7% above the national average. The exception reporting rate for mental hypertension related indicators was 2.5% which was below the CCG average of 3.7% and the national average of 3.8%.
- Performance for mental health related indicators was 100% which was 3.1% above the CCG average and 7.2%

above the national average. The exception reporting rate for mental health related indicators was 0% which was below the CCG average of 9.2% and the national average of 9%.

- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was 16% above the CCG average and 16% above the national average. This was achieved with an exception reporting rate of 25% which was 16% above the CCG average and 16% above the national average, however represented two patients being exempted from the group.

Discussions with practice staff and a review of records demonstrated that the practice was following guidance in line with exempting patients; for example in relation to patients not attending for reviews in spite of three invitations being issued. Additionally we saw evidence that the practice was aware of areas where their exception reporting rate was above local and national averages and was seeking to address this. In order to reduce exception reporting rates for patients who had failed to attend, the practice had identified the patients early in the year to ensure that these patients were contacted from the start of the year to increase the chances of them attending for a review.

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits undertaken in the last year, both of these were completed audits where the improvements made were implemented and monitored. Records showed that a range of full cycle and spot audits had been undertaken and where initial cycles of audits had been undertaken there were planned dates for follow up cycles.
- For example, an audit on a medicine was undertaken and showed a majority of patients were being prescribed in line with latest guidance, those that were not were contacted and followed up and a second audit confirmed almost complete compliance.

Effective staffing

We saw that staff had the skills, knowledge and experience to deliver effective care and treatment.

Are services effective?

(for example, treatment is effective)

- The practice had a role specific, induction programme for all newly appointed staff. Inductions covered a range of topics such as safeguarding, infection control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and support within the CCG.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to training to meet their learning needs and to cover the scope of their work. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

- Information needed to plan and deliver care was available to 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. The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice worked with external community teams in co-ordinating patient care. Multidisciplinary meetings with other health and social care professionals were held on a monthly basis and attended by the GP. The practice reviewed the notes of patients who have been recently discharged or admitted to secondary care.
- Patients who moved between services, including when they were referred, or after they were discharged from

hospital were reviewed by the GP and care plans updated accordingly. Appropriate home visits were organised and further care planned to aid in recovery at home with support from community teams.

- For patients on the practice's palliative care register we saw that their care was reviewed regularly and in a holistic and comprehensive manner. Meetings were held monthly and attended by the GP along with palliative care nurses, the community matron and practice and district nurse representatives. The practice worked with the local care home staff to support patients nearing the end of their lives.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear clinical staff undertook assessments of capacity.
- The process for seeking consent was monitored through records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 91%, which was higher than the CCG average of 81% and the national average of 82%. The practice prided itself on establishing professional relationships with patients which enabled them to support and encourage screening to be a regular part of a patient's healthcare. There were failsafe systems in

Are services effective?

(for example, treatment is effective)

place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening and screening rates were comparable to local and national averages. For example,
- the practice uptake rate for breast cancer screening was 73% compared with the CCG average of 70% and the national average of 72%,
- the practice uptake for patients for bowel cancer was 54% against a local average of 54%.
- Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds was 92% against a local average of 93% and five year olds averaged 88% against a local average of 92%
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74 years. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During the inspection we saw that members of staff were polite, friendly and helpful towards patients.

Measures were in place within the practice to maintain the privacy and dignity of patients and to ensure they felt at ease. These included:

- Curtains were provided in consulting rooms to maintain dignity during examinations, investigations and treatments.
- 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.

All of the 23 patient completed CQC comment cards we received were positive about the service experienced. Patients said they felt the practice staff were caring and helpful. Patients also said staff were receptive to their needs and proactive in providing convenient and supportive care. Comment cards highlighted that staff responded compassionately when they needed help and took time to explain options when required. We spoke with 7 patients on the day of our inspection. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was in line with local and national average for its satisfaction scores on consultations with GPs and nurses. For example:

- 85% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 91% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.

- 86% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 85%.
- 96% of patients said the nurse gave them enough time compared to the CCG average of 93% and the national average of 92%.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.

Satisfaction scores for interactions with reception staff were in line with local and national averages:

- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Feedback from patients demonstrated that they felt involved in decision making about the care and treatment they received. Patients told us they felt listened to and were not rushed during consultations. They felt they had a good level of explanation concerning their options which enabled them to make informed decisions around their care.

Patient feedback from the comment cards we received was also positive and aligned with these views. We saw evidence that care plans were personalised to account of the individual needs and wishes of patients.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line or above with local and national averages. For example:

- 77% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 76% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 82%.

Are services caring?

- 97% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and the national average of 90%.
- 93% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care. There was access to language line if required to assist in providing care for patients whose first language wasn't English, this was advertised in the waiting area.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 26 patients as carers. This was equivalent to 1.3% of the practice list. The practice had a range of information available in the waiting area and on the website to support carers, and carers were identified during appointments or conversations with reception staff on registration.

Staff told us that if families had experienced bereavement, the GP contacted them where this was considered appropriate. 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. Information about local bereavement support organisations was displayed in the waiting area.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice 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. For example, the practice had made improvements to premises including internal refurbishment and new windows and doors.

In addition:

- Extended hours services were offered one evening a week to facilitate access for working age patients.
- There were longer appointments available for patients with a learning disability and for those who needed them.
- There were disabled facilities including; disabled access and disabled toilets. Corridors and doors were accessible to patients using wheelchairs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Reception staff were able to extend appointments and add in further slots depending on demand and to suit the needs of the patient's.
- Translation and interpretation services were available for those who required them and longer appointments were provided to facilitate communication.

Access to the service

The main surgery opened from 8am to 6.30pm Monday to Friday, with the exception of Thursday afternoon when the practice closed at 1.30pm. Consulting times were from 9am until 11.45am in the morning and 4pm until 6.30pm in the afternoon, with no afternoon appointments available on a Thursday. Extended hours appointments were offered from 6.30pm to 7.30pm on Tuesdays. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above local and national averages.

- 94% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group average of 77% and the national average of 75%.
- 100% of patients said they could get through easily to the practice by phone compared to the CCG average of 74% and the national average of 73%.

All patients we spoke to told us they had good experiences accessing appointments at the practice. Of the 23 comment cards we received there was overall satisfaction with the number of GP appointments although some patients stated they would like have more options in days they could see a nurse.

Listening and learning from concerns and complaints

The practice systems in place to handle 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 including leaflets and posters.
- Staff we spoke with were aware of the complaints procedures within the practice and told us they would direct patients to practice manager if required.

The practice had logged three complaints and concerns in the last 12 months. We reviewed these complaints and found that these were dealt with in a timely manner in accordance with the practice's policy on handling complaints. The practice provided people making complaints with explanations and apologies where appropriate as well as informing them about learning identified as a result of the complaint.

There were formal meetings held every three months to review complaints received and to identify any themes or trends. Lessons learnt from complaints and concerns and from trend analysis were used to improve the quality of care. For example, a complaint was received relating to a lost repeat prescription, this had been investigated and it

Are services responsive to people's needs?

(for example, to feedback?)

was identified that the prescription had been sent to the pharmacist by way of a new electronic system. The patient

had opted into to use this service and had not realised how effective the system was. The practice realised that an alert would be useful on a patient's record if they were using the electronic system to help identify such issues in the future.

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 ethos which centred on:

- Communicating effectively with patient's in an appropriate and convenient manner.
- To provide a variety of ways in which patients can access services.
- Promote a culture of dignity and respect for patients amongst staff.

Staff were aware and understood the values of the practice and engaged with delivering these.

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 was maintained, for example QOF performance was monitored and reviewed by the practice manager and QOF co-ordinator.
- There were arrangements in place to identify, record and manage most risks within the practice and to ensure that mitigating actions were implemented. The practice manager was the health and safety lead within the practice.
- Weekly management meetings were held within the practice.

Leadership and culture

The GP and practice manager demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. Staff told us they prioritised safe, high quality and compassionate care. Staff told us the GP and practice manager were approachable and always took the time to listen to all members of staff.

- Staff told us the practice held regular meetings

- As a small practice the staff told us they had to work closely to ensure the service to the patients was maximised and remained appropriate to the needs of the community.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at meetings and felt confident and supported in doing so.
- Staff said they felt respected, by the GP and manager within the practice. Staff felt involved in discussions about how to run and develop the practice.
- The GP had not taken any leave in two years due to the collapse of a local agreement which was in place between some other single handed GP practices to cover each other's appointments on an annual basis allowing for some time off.

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). A culture of openness and honesty was encouraged. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people support, information and apologies where appropriate.
- The practice kept records of written correspondence.

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.

- Feedback was gathered from patients through surveys and complaints received. The practice had previously had a Patient Participation Group (PPG) which had been an active part of the practice, however due to deteriorating health of the members leading to reduced mobility the group had stopped meeting. The practice had advertised for new members and the practice manager had taken the lead on re-establishing the group as they realised the benefit it brought to the practice.

Are services well-led?

Good 

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

- The practice gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.