

Bounds Green Group Practice

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 Bounds Green Group Practice on 2 December 2015. 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 and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had 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.

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- We found that the practice had not undertaken completed clinical audits.

The areas where the provider should make improvement are:

- Carry out completed clinical audits to improve outcomes for patient .

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.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits were used to identify quality improvement. However the practice were not able to demonstrate completed 2-cycle clinical audit as a means of improving patient outcomes.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice similar to the local Clinical Commissioning Group (CCG) average for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Good



Summary of findings

- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example working with the CCG to create best practice clinical pathways.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Longer appointments were available for older people when needed.
- The practice provided a ward round to a local care home and provided a GP and nurse led drop in clinic for two local sheltered housing facilities.
- It carried out advance care planning for patients with dementia.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Quality and Outcomes Framework (QOF) indicators were higher than average for the care of patients with diabetes. The practice achieved 91.9% compared to the Clinical Commissioning Group (CCG) average of 80% and the national average of 89.2%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.

Good



Summary of findings

- 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.
- The practice's uptake for the cervical screening programme was 78%, which was comparable to the national average of 81.88%. Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice undertook joint working with midwives and health visitors.

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.
- 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.
- The practice offered a 'Commuter's Clinic' on a Saturday morning for working patients who could not attend during normal opening hours.

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

Good



Summary of findings

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).

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89.9% of patients on the mental health register had received an agreed care plan compared to the national average of 86%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia.
- A consultant led service was available within the practice for patients experiencing poor mental health. This was provided in partnership with the local hospital.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on 2 July 2015. The results showed the practice was performing in line with local and national averages. Three hundred and seventy eight survey forms were distributed and 117 were returned. The response rate was 31% which was 0.8% of the patient population.

- 69% found it easy to get through to this surgery by phone compared to a CCG average of 70.2% and a national average of 73.3%.
- 93.9% found the receptionists at this surgery helpful (CCG average 83.6%, national average 86.8%).
- 92.7% were able to get an appointment to see or speak to someone the last time they tried (CCG average 80.6%, national average 85.2%).
- 88.7% said the last appointment they got was convenient (CCG average 88.6%, national average 91.8%).

- 76% described their experience of making an appointment as good (CCG average 68.1%, national average 73.3%).
- 81.5% usually waited 15 minutes or less after their appointment time to be seen (CCG average 59.1%, national average 64.8%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received six comment cards which were all positive about the standard of care received. . The cards stated that patients were happy with the service provided by both clinical and non-clinical staff and that they were getting the best treatment available.

We spoke with six patients and eleven members of the patient participation group (PPG) during the inspection. All seventeen patients said that they were happy with the care they received and thought that staff were approachable, committed and caring.

Areas for improvement

Action the service **SHOULD** take to improve

- Carry out completed clinical audits to improve outcomes for patient .

Bounds Green Group Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead inspector. It included a GP specialist advisor and practice nurse specialist advisor who were granted the same authority to enter the Bounds Green Group Practice as the Care Quality Commission (CQC) inspector.

Background to Bounds Green Group Practice

The Bounds Green Group Practice is a practice located in the London Borough of Haringey. The practice is part of the NHS Haringey Clinical Commissioning Group (CCG) which is made up of 51 practices. It currently holds a General Medical Service (GMS) contract (a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract) to 14581 patients.

The practice serves a diverse population with many patients attending where English is not their first language. The practice has a mixed patient population age demographic with 31.7% under the age of 18 and 15.8% over the age of 65. The Bounds Green Group Practice is situated within a purpose built two storey building. Consulting rooms are situated on both levels of the building with a lift to ensure patients who were not able to use the stairs could access the upper rooms. There are currently five full time GP partners (three male and two female) who undertake between six and seven sessions per week, two salaried GPs (both female) who carry out five sessions per week and five GP registrars (three female and two male) who carry out seven sessions per week offering a

total of 52 sessions a week. Practice staff also included three nurses, two healthcare assistants, a practice manager, assistant practice manager and 15 administration and reception staff.

The practice is a teaching practice.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 8.10am to 11.30am every morning and 2.30pm to 6.30pm daily. Extended hours surgeries are offered at the following times on a Saturday between 8.45am and 12.30pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. The practice opted out of providing an out of hours service and refers patients to the local out of hours service or the '111' service.

The service is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and the treatment of disease, disorder or injury.

The practice provides a range of services including child health and immunisation, minor illness clinic, smoking cessation clinics and clinics for patients with long term conditions. The practice also provides health advice and blood pressure monitoring.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was

Detailed findings

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. The practice had not been previously inspected.

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 2 December 2015. During our visit we:

- Spoke with a range of staff including clinical staff, practice management and administration staff and spoke with patients who used the service.
- Observed how people were being cared for and talked with carers and/or family members
- Reviewed the personal care or treatment records of patients.
- 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 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)

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

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system and in the reception area.
- The practice carried out a thorough analysis of the significant events.
- Incidents were discussed in the weekly management meeting and six weekly administration meeting.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed for the last 12 months. Lessons were shared to make sure action was taken to improve safety in the practice. For example, an incident occurred where a patient returned to the practice following the administration of the flu vaccination with a painful arm. The nurse had been unable to administer the vaccination in the correct place due to the patient not being requested to remove clothing to access the correct site. This was discussed and policy changed to ask patients to remove any clothing that may restrict the administration of injections. The patient was contacted following the event and received a full apology and was informed of the change in procedure.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs and the practice nurse were trained to child protection level 3.
- A notice in the entrance to the practice and within consultation rooms advised patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring service check (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).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. Single use equipment was used and curtains were regularly changed within the consultation rooms. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken by an external company. The latest was dated 2014 and we saw examples of where the practice had followed up on the audit when issues were identified. For example ensuring that the sharps bins were correctly labelled and stored in a safe place. The practice were awaiting the results of the 2015 audit and stated they would follow up on any action identified once received.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. 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 found that one of the three medicine fridges (which was used as a backup fridge), was equipped with three thermometers which showed slightly different readings but only one temperature was being recorded by the nurses. However all fridge temperatures recorded were within the correct temperature range. This was discussed with the practice and the fridge was decommissioned and further guidance on the recording of fridge temperatures was to be given to the nurses.

Are services safe?

- We reviewed five personnel files and found 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.

Monitoring risks to patients

Risks to patients were assessed and well 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. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and legionella.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. In times of staff sickness, staff will agree to provide cover to ensure work is completed.

Arrangements to deal with emergencies and major incidents

The practice had adequate 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. There were also panic buttons located in each room to raise the alarm in an emergency.
- All staff received annual basic life support training and there were emergency medicines available in one of the centrally located treatment rooms.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. Medicines were checked on a weekly basis. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date through the cascading of information by the assistant practice manager. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 94.5% of the total number of points available, with 5.3% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed;

- Performance for diabetes related indicators was better than the CCG and national average. The practice achieved 91.9% compared to the CCG average of 80% and the national average of 97.2%.
- The percentage of patients with hypertension having regular blood pressure tests was higher than the CCG but lower than the national average with the practice achieving 78.2%. This was compared to the CCG average of 76.4% and the national average of 80.4%.
- Performance for mental health related indicators was lower than the CCG and national average with the practice achieving 76.9%. This was compared to the CCG average of 89.9% and the national average of 92.8%. The practice was aware of the figures and stated that they were working to improve these figures by calling patients in for reviews.

- The dementia diagnosis rate was above the CCG and national average achieving 100%, compared to the CCG average of 93.8% and the national average of 94.5%.

Clinical audits demonstrated quality improvement.

- There had been five clinical audits conducted in the last two years, however the practice was not able to provide evidence of completed 2 stage clinical audit used to improve patient outcomes. The audits provided had dates present for the audit to be repeated.
- Findings from the initial audits were used by the practice to improve services. For example, recent action taken as a result included the raising of patient awareness of abdominal aortic aneurysm (AAA) (a swelling () of the – the main blood vessel that leads away from the heart, down through the to the rest of the body) screening with 73 patients being identified and invited for the screening.

Information about patients' outcomes was used to make improvements such as; following an audit of the issuing of safety cards for patients requiring inhaled corticosteroid's which is a medicine used for the treatment of chronic obstructive pulmonary disease (COPD), of the 160 patients identified on these medicines, 70 were not using these medicines frequently. For those patients taking the medicines, a safety card was issued. For those patients who no longer needed the medicines, a consultation was requested to review medicines. The practice planned to repeat the audit in 2016.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. A practice pack was available for clinical and non-clinical staff which outlined the practice procedures to follow.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.

Are services effective?

(for example, treatment is effective)

- The learning needs of staff were identified through a system of appraisals, both administration and clinical meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, and basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. There were regular multi-disciplinary meetings with staff from the care home and palliative care team to review end of life care.

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 the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and those in need of sexual health advice. Patients were then signposted to the relevant service.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 78%, which was comparable to the national average of 81.88%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 81.0% to 96.4% (CCG average range between 76.0% and 100%) and five year olds from 92.8% to 97.9% (CCG average range between 84.7% and 91.6%). Flu vaccination rates for the over 65s were 68.4%, and at risk groups 36.9%. These were also below the national averages (73.2% for patients over 65 and 52.2% for at risk patients).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

Are services effective?

(for example, treatment is effective)

NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Eighty one per-cent of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the

last 12 months. Eighty nine per-cent of patients on the mental health register had received an agreed care plan compared to the national average of 86%. The practice undertook advanced care planning for patients with dementia.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that 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 six patient CQC comment cards we received were very positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We also spoke with eleven members of the patient participation group. They agreed that their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey were positive and showed that patients felt they were treated with compassion, dignity and respect. However, the practice was comparable with CCG and national averages for most of its satisfaction scores on consultations with doctors and nurses. For example:

- 82.3% said the GP was good at listening to them compared to the CCG average of 83.8% and national average of 88.8%.
- 82.4% said the GP gave them enough time (CCG average 83.9%, national average 91.9%).
- 95.1% said they had confidence and trust in the last GP they saw (CCG average 92.8%, national average 95.2%)
- 79.5% said the last GP they spoke to was good at treating them with care and concern (CCG average 80.1%, national average 85.1%).

- 84.5% said the last nurse they spoke to was good at treating them with care and concern (CCG average 82.8%, national average 90.4%).
- 93.9% said they found the receptionists at the practice helpful (CCG average 83.6%, national average 86.9%)

Care planning and involvement in decisions about care and treatment

Patients told us that 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.

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; however results were comparable to local and national averages. For example:

- 79.6% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82.1% and national average of 86%.
- 75.9% said the last GP they saw was good at involving them in decisions about their care (CCG average 77.2%, national average 81.4%)

Staff told us that interpreting services were available for patients who did not have English as a first language, this included interpreting by staff members and professional services. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. The practice also provided space in the waiting area for voluntary support groups to provide social advice to patients.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified carers through a first appointment questionnaire and within consultations. Written information was available to direct carers to the various avenues of support available to them.

Are services caring?

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and by giving them advice on how to find a support service.

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 through working with the CCG to develop care pathways and best practice.

- The practice offered a 'Commuter's Clinic' on a Saturday morning for working patients who could not attend during normal opening hours. This included working with local practices to provide more appointments and improve access for patients. The nurse and healthcare assistants were also available at the Saturday morning clinic to provide new patient assessments, childhood immunisations, long term condition management and family planning.
- There were longer appointments available for people with a learning disability or those with multiple health concerns.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients over the age of 75 or those with mental health or learning difficulties were provided with a named GP.
- There were disabled facilities, hearing loop and interpreting services available.
- The practice had a lift to enable ease of access to the second floor consulting rooms.
- The practice ran a ward round of a local nursing home which also included a GP and nurse led drop in centre based in the home for residents of two local sheltered housing facilities.
- The practice has a text messaging service that reminded patients of their appointment time two days before the appointment is due.
- The practice provided home assessments in connection with the community matron service for patients over the age of 75 and on multiple medications.
- The practice works with health visitors to support children under the age of five through weekly joint health clinics.

- A consultant led service was available within the practice for patients experiencing poor mental health. This was provided in partnership with the local hospital.
- The practice patient participation group (PPG) ran health and support groups for patients, for example a walking group, a music therapy group and an art group.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.10am to 11.30am every morning and 2.30pm to 6.30pm daily. Extended hours surgeries were offered on a Saturday between 8.45am and 12.30pm. In addition to pre-bookable appointments that could be booked up to six 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 comparable to local and national averages. People told us on the day that they were able to get appointments when they needed them.

- 72.2% of patients were satisfied with the practice's opening hours compared to the CCG average of 70.3% and national average of 74.9%.
- 69% patients said they could get through easily to the surgery by phone (CCG average 70.2%, national average 73.3%).
- 76% patients described their experience of making an appointment as good (CCG average 68.1%, national average 73.3%).
- 81.5% patients said they usually waited 15 minutes or less after their appointment time (CCG average 59.1%, national average 64.8%).

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

Are services responsive to people's needs?

(for example, to feedback?)

- We saw that information was available to help patients understand the complaints system. For example, information was provided in the practice leaflet and posters were visible in the waiting area and within consultation rooms.

We looked at the 21 complaints received in the last 12 months and found they were dealt with in a timely way as per the practice policy. Lessons were learnt from concerns

and complaints and action was taken to as a result to improve the quality of care. For example, a complaint was received regarding the timeliness of issuing of a death certificate. The practice reviewed the complaint and organised further training in conjunction with the coroner's office. A full explanation was given to the family of the patient involved.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values. The vision included delivering care in partnership with the patient and constantly striving to provide the best access to care.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

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 both within the administration office and on the shared computer network.
- A comprehensive understanding of the performance of the practice
- A programme of continuous clinical and internal audit although no full cycle audits were available at the time of inspection and the practice could not demonstrate how they had been used to improve patient outcomes.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions with the exception of those relating to monitoring fridge temperatures.

Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents. Events would be discussed in meetings and a response given to patients involved including the process taken to resolve any issue.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.

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

- Staff told us that the practice held regular meetings such as monthly partner meetings, clinical meetings and administration meetings but that it was difficult to have full team meetings due to the number of staff at the practice. Bi monthly meetings were being proposed. Information was shared between the meetings and we were provided with copies of meeting minutes which demonstrated this.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. 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.

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.

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient

Are services well-led?

Good 

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

surveys, organised fitness activities and submitted proposals for improvements to the practice management team. For example, the installation of a new telephone appointment system.

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

colleagues and management especially when discussing significant events and how systems could be improved following an event. Staff told us they felt involved and engaged to improve how the practice was run. For example through discussions regarding the improvement of the appointments system and the redesigning of the practice website.