Dr Boteju and Partners

Quality Report

Dr Boteju and Partners
Woodview Medical Centre
Holmecross Road
Northampton
NN3 8AW
Tel: 01604670780
Website: www.woodviewmedicalcentre.co.uk

Date of inspection visit: 27 October 2015
Date of publication: 28/01/2016

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Woodview Medical Practice on 27 October 2015. Overall the practice is rated as good.

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

- The practice had good facilities including disabled access. All consulting rooms were situated on the ground floor with offices on the lower ground floor. The practice had installed an electric automated door to give better accessibility to patients.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. The practice sought patient views about improvements that could be made to the service including having a patient participation group (PPG).
- 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.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

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

Are services effective?

Good

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. It acted on suggestions for improvements and changed the way it delivered services in response to population need.

Patients with mental health needs were provided with an individual care plan giving details of their condition, medication and support available both within the practice and in the local area The practice had developed a care plan for patients with mental health needs which gave detailed information regarding prescribed medicines along with a self-assessment form for patients to complete to enable patients to understand their condition and triggers better.

Summary of findings

There were also patient specific, healthy lifestyle advice. The care plan included a list of local statutory and voluntary organisations with contact details and an explanation of what each organisation could provide.

Patients told us it was easy to get an appointment with a named GP or a GP of their choice, there was continuity of care and urgent appointments available on 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 the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The practice had a very active patient participation group (PPG) which influenced practice development.

Staff had received inductions, regular performance reviews and attended staff meetings and events.

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

Good

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication 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.

Families, children and young people

Good

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. 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. We saw good examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered

Summary of findings

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.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. It had carried out annual health checks for people with a learning disability and 95% of these patients had received a follow-up. 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. The practice had good communication and relationships with the health visitors based at the practice.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health including people with dementia). They had developed individual care plans for patients with mental health needs which contained comprehensive details to help them to manage their condition. The practice provided a consulting room for a mental health nurse and a counsellor to see patients.

Summary of findings

What people who use the service say

The national GP patient survey results published on 4 July 2015 showed the practice was overall performing in line with local and national averages. There were 113 responses and a response rate of 33.7%.

- 38.7% found it easy to get through to this surgery by phone compared with a CCG average of 71.4% and a national average of 74.4%.

The practice had worked with the PPG and had installed an additional four telephone lines to address the issues raised in the survey. The patients we spoke said that it was easier to telephone the surgery now.

- 80.0% found the receptionists at this surgery helpful compared with a CCG average of 84.9% and a national average of 86.9%.
- 24.5% with a preferred GP usually got to see or speak to that GP compared with a CCG average of 54.7% and a national average of 60.5%.
- 74.4% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 85.3% and a national average of 85.4%.
- 83.9% said the last appointment they got was convenient compared with a CCG average of 92.0% and a national average of 91.8%.
- 51.3% described their experience of making an appointment as good compared with a CCG average of 71.9% and a national average of 73.8%.
- 57.4% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 66.6% and a national average of 65.2%.
- 48.5% felt they did not normally have to wait too long to be seen compared with a CCG average of 58.6% and a national average of 57.8%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 10 comment cards which were all positive about the standard of care received. We also spoke with five patients as well as two members of the patient participation group. Comments frequently referred to the excellent service patients received by caring and compassionate staff. Patients commented on how all the doctors and nurses took time to listen and explain their condition and the tests and treatment required. They also commented on the friendly and helpful approach of all staff and that the practice always maintained high standards of cleanliness.

Dr Boteju and Partners

Detailed findings

Our inspection team

Our inspection team was led by:

Our Inspection Team was led by a CQC Lead Inspector. The team included an additional CQC Inspector, a GP Specialist Advisor and Specialist Practice Manager.

Background to Dr Boteju and Partners

Dr Boteju and Partners have since 1990 provided Primary Medical Services from Woodview Medical Centre from a single storey, purpose built premises, to 9637 patients in the Northampton East and South area. The practice comprises of 10 consulting rooms, and additional rooms for the Wellbeing team counsellor, phlebotomist and the nurse treatment room . There are additional rooms assigned to health visitors and district nurses who support the practice.

The Practice provides general medical services under a General Medical Services (GMS) agreement. GMS agreements are locally agreed contracts between NHS England and a GP practice.

There are five GPs, three male partners and two salaried GPs one male, one female, a practice nurse, a nurse prescriber and a health care assistant (HCA); several community nurses support the practice along with the practice manger and the administrative and reception staff. We were told that a female locum would be joining the practice in November 2015.

Woodview Medical Centre was approved as a training practice in 2014 and has two trainees based at the practice. The practice employs a nurse who specialises in mental health and the external service of a counsellor.

The practice population has a higher number of patients in the 50 to 64 years and a lower number of patients in the 70 to 80 years and data indicates there is a moderate level of deprivation in the area.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 8 am until 1pm and 2pm until 6.30pm daily. Extended hours surgeries are offered on the second Saturday of the month from 8.30am until 12pm. When the practice is closed out-of-hours services are provided by Derbyshire Health United (DHU) and can be accessed via the NHS 111 service.

The practice had been served a breach notice on 16 October 2015 by NHS England, for a lapse in registration for a member of the nursing staff. The practice informed the CQC prior to the inspection and we saw evidence that the member of staff was no longer employed by the practice. The practice had put in place a new process to ensure that all registrations have been checked and that all registrations were checked in future. This process is a combination of a spreadsheet identifying renewal dates, calendar reminders in the practice manager's calendar and a notification reminder in the office. The practice will submit the action plan that we saw to NHS England.

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

Detailed findings

part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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

How we carried out this inspection

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

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

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

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 27 October 2015. During our visit we spoke with a range of staff including GPs, nurses, the practice manager, administration and reception staff. We also spoke with patients who used the service and two members of the patient participation group (PPG).We observed how people were being cared for and talked with carers and family members and reviewed the personal care or treatment records of patients. We reviewed comment cards where patients and members of the public shared their views and experiences of the service. We looked at staff records and a variety of policies and procedures.

Good

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form used. All complaints received by the practice were entered onto the system when identified as a significant event. The practice carried out an analysis of the significant events; however the template used did not evidence which individuals were part of the discussions of the event, who was responsible for implementing changes or a completion date. Following the inspection the practice provided documentary evidence of a new template that included these additional elements.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a patient rang the practice with a medication query and requested that the GP telephone later that day. The patient rang again the next day as he had not been contacted by the GP. This was discussed at the clinical meeting and a system was implemented that allocated telephone slots to each GP to call patients when required.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. Risks were discussed at weekly meetings however the practice did not have a robust procedure to log the alerts and re run searches at quarterly intervals.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. One of the GPs was the lead for safeguarding and all staff were aware of this. The practice had a notification flag on the patient's record for those who were on the vulnerable persons register. The GPs attended safeguarding meetings when possible and worked closely with the health visitors based at the practice providing good communication for children at risk. Reports and information was shared with other agencies including the police and the accident and emergency department. Staff demonstrated they understood their responsibilities and all had received training relevant to their role and told us of a number of agencies that they would signpost patients to who may be at risk.
- There were notices in the reception area and consulting rooms, advising patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- There were procedures in place for monitoring and managing risks to patient and staff safety. 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 regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.
- We observed a high standard of cleanliness and hygiene throughout the practice and the premises was 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. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits had been undertaken and in addition, spot checks were carried out by the infection control lead and we saw evidence that action was taken to address any improvements identified as a result.

Good

Are services safe?

- The arrangements for managing medicines, including emergency medicines and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Prescriptions not collected within two months of issue were destroyed and this was noted on the patient record.
- Recruitment checks were carried out and the four files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

There was an instant messaging alert system on the computers in all the consultation and treatment rooms which alerted staff to any emergency and emergency call buttons in all consulting rooms. All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a defibrillator available on the premises and oxygen 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. 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.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment 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 ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet 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 participated in the Quality and Outcomes Framework (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 92.8% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013/2014 showed;

- Performance for diabetes related indicators was 12.2% below the CCG average and 9.0% below the national average.
- The percentage of patients with hypertension having regular blood pressure tests was 2.3% above the CCG and 2.2% above the national average.
- Performance for mental health related and hypertension indicators was similar to the CCG and 3.4% above the national average
- The dementia diagnosis rate was 8.7% below the CCG and 6.0% below the national average.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. There had been 9 clinical audits completed in the last two years, 4 of these were completed audits where the improvements made were implemented and monitored. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services.

Effective staffing

Staff we spoke to had the skills, knowledge and experience to deliver effective care and treatment. The practice had a comprehensive induction programme for all newly appointed members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality. A recently appointed member of staff told us that in addition to the practice induction all the clinical competencies were checked and witnessed by either a GP or practice nurse prior to sign off.

The learning needs of staff were identified through a system of appraisals, 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 continuous 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.

We observed that staff took different lead roles within the practice; for example the health care assistant was responsible for checking and ordering vaccines and the practice nurse was the infection control lead.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that

Good

Are services effective?

(for example, treatment is effective)

multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. The practice also invited the Macmillan nurses to attend these meetings. Staff told us that they also signposted patients to a local domestic violence organisation if appropriate.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Staff told us that where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and patients who were at the end of their life or those with a long term health condition were visited regularly by their named GP and did not have to wait for routine appointments. Patients who may be in need of extra support were identified by the practice and were also signposted to other the relevant services and organisations.

The practice carried out cervical screening. The practice's uptake for the cervical screening programme was 95.0%, which was comparable to the CCG average of 98.2% and the national average of 97.6%. 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 and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92.1% to 99.3% and five year olds from 92.1% to 95.6%. Flu vaccination rates for the over 65s were 71.62%, and at risk groups 46.08%. These were also comparable to the CCG and national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone.. Patients told us that they we treated with dignity and respect by all clinical staff. Ninety four percent of patients said the last nurse they spoke to was good at treating them with care and concern above the CCG average of 90.0% and national average of 90.4%.

Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff told us that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room away from reception to discuss their needs.

All of the ten patient CQC comment cards we received were 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. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Practice had an active patient participation group (PPG), a PPG is a group of patients registered with a practice who represent the views of patients and work with the practice to improve services and the quality of care. On the day of our inspection we spoke to two members of the group who told us that the PPG have a virtual membership but also meet quarterly, we were shown the minutes of these meetings which are also attended by at least one GP and other practice staff. The practice had sought advice from the PPG on how best to deal with abuse of staff at the practice. The PPG worked with the practice in drawing up a code of conduct for patients. The PPG had reported to the practice difficulties in accessing the building through a heavy door, the practice responded by fitting an automatic door to give easier access to patients.

We observed a patient being helped by the receptionist in obtaining an urgent repeat prescription and explaining what would happen at a first appointment to a newly diagnosed patient with a long term health condition. We also observed a nurse demonstrating a very caring attitude by showing concern for a patient with a long term health condition

Results from the national GP patient survey published in July 2015 showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was slightly below for its satisfaction scores on consultations with doctors and nurses. For example:

- 87% said the GP was good at listening to them in line with the CCG average of 87.4% and comparable to the national average of 88.6%.
- 79.1% said the GP gave them enough time below the CCG average of 84.8% and below the national average of 86.8%.
- 93.4% said they had confidence and trust in the last GP they saw below the CCG average of 94.4% and the national average of 95.3%
- 80% said the last GP they spoke to was good at treating them with care and concern below the CCG average of 83.4% and below the national average of 85.1%.
- 80% of patients said they found the receptionists at the practice helpful below the CCG average of 84.9% and below the national average of 86.9%.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were below local and national averages. For example:

Good

Are services caring?

- 78% said the last GP they saw was good at explaining tests and treatments below the CCG average of 84.1% and national average of 86.3%.
- 73.3% said the last GP they saw was good at involving them in decisions about their care below the CCG average of 79.4% and national average of 81.5%

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

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 including sexual health services and the physical disabilities team.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carer. There were 152 carers on the register, which equates to 1.5 % of the practice list had been identified as carers and were being supported, for example, by offering health checks and referral for social services support. Written information was available and there was also an information board in the reception area to ensure they understood the various avenues of support available to them.

Staff told us that when families have suffered a bereavement, if appropriate they will make a telephone call or contact the family to offer support/express condolences. Relatives of the bereaved were treated with sympathy and respect and given the option of support should they need it.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example,

The practice had developed a care plan for adults experiencing poor mental health which gave detailed information regarding prescribed medicines along with a self assessment form for patients to complete to enable patients to understand their condition and triggers better. There was also patient specific, healthy lifestyle advice. The care plan included a list of local statutory and voluntary organisations with contact details and an explanation of what each organisation provides. The practice had a specific mental health nurse and had provided rooms within the practice for the nurse and a counsellor to see patients. All staff had received training on how to care for people with mental health needs and dementia. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health

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

- There were longer appointments and an extensive care plan put in place available for people with a learning disability or mental health issues.
- The practice held a palliative care register and meetings were held regularly to identify patient needs and discuss care plans at an early stage.
- We saw evidence of proactive care provided for patients who needed greater multidisciplinary input.
- There was collaborative care in place to support patients by integrating social care identifying needs and signposting appropriately
- Home visits were available for older patients / patients who would benefit from these. These visits were undertaken regularly and not only when required
- Urgent access, same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available. The practice had installed an automatic door to give easier access to patients with plans to add additional automatic doors within the practice.
- Patients suffering from dementia were given extended appointments and clinicians made sure that those with caring responsibilities understood the package of care being provided.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8 am until 1pm and 2pm until 6.30pm daily. Extended hours surgeries were offered on the second Saturday of the month from 8.30am until 12.00pm. 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 published in July 2015 showed that patients' satisfaction with how they could access care and treatment was generally below or comparable to the local and national averages.

- 70.1% of patients were satisfied with the practice's opening hours below the CCG average of 74.9% and national average of 75.7%.
- 38.7% of patients said they could get through easily to the surgery by phone below the CCG average of 71.4% and national average of 74.4%.
- 51.3% of patients described their experience of making an appointment as good below the CCG average of 71.9% and national average of 73.8%.
- 57.4% of patients said they usually waited 15 minutes or less after their appointment time below the CCG average of 66.6% and national average of 65.2%.

However people we spoke with on the day were able to get appointments when they needed them. The practice had worked with the PPG to improve the telephone system and the reception staff training. Patients told us that although the appointments run late they always have enough time with the GP.

Listening and learning from concerns and complaints

Good

Are services responsive to people's needs?

(for example, to feedback?)

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

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

We looked at 26 complaints received in the last 12 months and found that there was a comprehensive log kept. All complaints were discussed at practice meetings, they were dealt with in a timely manner with a record of when a response was sent to the complainant, who dealt with it and details of further actions to be taken. For example a patient complained about the attitude of a receptionist, this was reviewed at the practice meeting and specific telephone skill straining was arranged for the next protected learning time. There was also a record of learning outcomes from each complaint. These were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint.

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

Governance arrangements

We saw the practice overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership, openness and transparency

Following discussions with the partners in the practice we saw they had the experience, capacity and capability to run the practice and ensure high quality care. They demonstrated enthusiasm and commitment to prioritise safe, high quality and compassionate care and were inclusive in this, sharing vision and direction with staff. 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. We saw evidence that the partners encouraged a culture of openness and honesty and all staff we spoke with confirmed this.Staff told us that regular team meetings were held, weekly practice meetings and monthly multi-disciplinary team (MDT) meetings. 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, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had a suggestions/comments box situated in the reception area and actively gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active, virtual PPG which also met on a quarterly basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had reported to the practice difficulties for patients in accessing the building through a heavy door; the practice responded by fitting an automatic door to give easier access to patients.

The practice had sought advice from the PPG on how best to deal with abuse of staff at the practice. The PPG worked with the practice in drawing up a code of conduct for patients. The PPG and the practice were working together to improve the 'did not attend' (DNA) rates for the practice by both sending text messages before an appointment, after a DNA and following up with a letter. The DNA figures are shown through the digital screen in reception.

The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Innovation

There was a strong focus on continuous learning and improvement at all levels within the practice. GP trainees were given longer appointment times and the GP held feedback/reflection meetings with all trainees following surgery.