

Dr Makram Mossad

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Makram Mossad on 10 November 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.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Patients said they found it easy to make an appointment. Urgent appointments were available for the same day as requested. Appointments with the GP of their choice were also available.
- The practice worked closely with other organisations, such as Leeds South and East Clinical Commissioning Group, in planning how services were provided to ensure that they meet people's needs.
- There was a clear leadership structure and staff felt supported.
- The provider was aware of and complied with the requirements of the Duty of Candour.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to ensure action was taken to improve safety in the practice.
- Risks to patients were assessed and well managed.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- There were effective processes in place for safe medicines management.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data showed patient outcomes were comparable for the locality
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- 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, such as the district nursing team, to understand and meet the range and complexity of people's needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- National GP patient survey data showed that patients rated the practice higher than other local practices 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. They all spoke very highly of the practice.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness, respect and maintained confidentiality

Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- 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. The practice had recently joined a GP federation within the CCG to improve provision of local primary care services to patients. (A Federation is a group of practices and primary care teams working together and sharing responsibility to improve provision of primary care services to patients.)
- Patients said they found it easy to make an appointment. Urgent appointments were available for the same day as requested. Appointments were available with the GP of choice.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was an accessible complaints system. We were informed there were very few complaints made, however evidence showed the practice responded quickly to issues raised and learning was shared with staff.

Are services well-led?

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

Good



- There was a clear vision and strategy in place to deliver high quality care and promote good outcomes for patients. Staff were clear about 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. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. (This is a legal duty on hospital, community and mental health trusts to inform and apologise to patients if there have been mistakes in their care that have led to significant harm.) The GP and practice manager encouraged a culture of openness and honesty. The practice had systems in place for being aware of notifiable safety incidents.
- Staff were encouraged to raise concerns, provide feedback or suggest ideas regarding the delivery of services.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice provided proactive, responsive and personalised care to meet the needs of the older people in its population. Home visits and urgent appointments were available for those patients with enhanced needs.
- The practice worked closely with other health and social care professionals, such as the district nursing team and community matron, to ensure housebound patients received the care they needed.

People with long term conditions

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

Good



- All the patients had a named GP and a structured annual review to check that their health and medicines needs were being met. The GP and practice nurses had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The House of Care model was used with all patients who had diabetes and chronic obstructive pulmonary disease (a disease of the lungs). (The House of Care model is a proactive, holistic and patient centred care approach for people with long term conditions.) This approach enabled patients to have a more active part in determining their own care and support needs in partnership with clinicians.
- Longer appointments and home visits were available when needed.

Families, children and young people

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

Good



- 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 accident and emergency (A&E) attendances.
- Patients and staff told us children and young people were treated in an age-appropriate way and were recognised as individuals.

Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Childhood immunisation and cervical screening uptake rates were comparable to other practices in the locality.
- Pre and post-natal care was provided by the GP, in conjunction with the midwifery and health visiting teams.
- All children who required an urgent appointment were seen on the same day as requested

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 these patients 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 earlier morning and late evening appointments as needed.

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.
- Longer appointments were available for patients as needed.
- The practice regularly worked with multidisciplinary teams in the case management of vulnerable people. Information was provided on how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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



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).

Good



Summary of findings

- Annual health checks and individualised care plans were offered for these patients and data showed 70% had received one in the last twelve months; which was below the CCG average of 82%. The practice were aware of this and had taken steps to address the issue.
- The practice regularly worked with multidisciplinary teams, such as the local mental health team, in the case management of people in this population group. Patients and/or their carer were given information how to access various support groups and voluntary organisations.
- Advance care planning was undertaken with patients who had dementia.
- There was a system in place to follow up those patients who had attended accident and emergency where they may have experienced poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published 2 July 2015 showed Dr Makram Mossad's performance was above average compared to other practices located within Leeds South and East Clinical Commissioning Group (CCG) and nationally. There were 361 survey forms distributed and 102 were returned. This was a response rate of 28.3%, which represents 5.04% of the practice population.

- 94% said they could get through easily to the surgery by phone compared to the CCG average of 71% and national average of 73%.
- 94% found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%
- 78% said they usually get to see or speak with their preferred GP compared to the CCG average of 56% and the national average of 60%
- 85% said they were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 83% and the national average of 85%
- 99% said the last appointment they got was convenient compared to the CCG average of 91% and the national average of 92%
- 91% described their experience of making an appointment as good compared to the CCG average of 71% and national average of 74%.
- 79% said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 71% and national average of 65%.
- 71% feel they didn't have to wait too long to be seen compared to the CCG average of 60% and the national average of 58%
- As part of the inspection process we asked for CQC comment cards to be completed by patients. We received 15 comment cards, which were all positive about the service they received. They commented on how caring Dr Mossad was and how helpful and respectful the staff were.
- During the inspection we spoke with nine patients, two of whom were also members of the patient participation group. All the patients we spoke with had been offered appointments which were convenient. They told us they didn't usually wait more than 15 minutes after their appointment time before they were seen by a clinician. They felt they were involved in decisions made about their care and treatment and spoke highly of Dr Mossad and the practice.

Dr Makram Mossad

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP advisor and a practice manager advisor.

Background to Dr Makram Mossad

Dr Makram Mossad's practice is located within a dense housing estate, in the Whinmoor area of Leeds. They have a higher than national average of patients who are aged 35 years and under.

Dr Mossad set up the practice in 1992, originally working from a portacabin. He subsequently purchased and extended the premises the practice currently operates from, increasing his patient list size to the current figure of 2022. The consulting and treatment rooms are all on the ground floor. There is disabled access to the premises and a separate room for privacy should patients require it.

It is a single handed GP practice. There is one male GP and a female practice nurse. There is also access to a second female practice nurse. The management and administration team consists of a practice manager and two receptionist/administration staff.

Dr Makram Mossad's practice is open between 8.30am to 6pm on Monday to Friday. On Wednesday the practice closes at 1pm. Morning appointments are available from 9am to 11am on Monday to Friday and afternoon appointments from 3pm to 5pm Monday, Tuesday, Thursday and Friday.

Out of hours care is provided by Local Care Direct and is accessed via the surgery telephone number or by calling the NHS 111 service.

The practice sits within Leeds South and East Clinical Commissioning Group and provides services under the terms of the locally agreed NHS Personal Medical Services (PMS) contract. They are registered with the Care Quality Commission (CQC) to provide the following regulated activities; maternity and midwifery services, surgical procedures, diagnostic and screening procedures and treatment of disease, disorder or injury. They also offer a range of enhanced services such as influenza, pneumococcal and childhood immunisations.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations, such as NHS England and Leeds South and East CCG, to share what they knew about the practice. We reviewed the latest 2014/15 data from the Quality and Outcomes

Detailed findings

Framework (QOF) and the latest national GP patient survey results (July 2015). We also reviewed policies, procedures and other relevant information the practice provided before and during the day of inspection.

We carried out an announced inspection at Dr Makram Mossad, Whinmoor Surgery, White Laithe Approach, Leeds LS14 2EH on the 10 November 2015. During our visit we:

- Spoke with a range of staff, which included the GP, the practice manager, the practice nurse and the two reception/administration staff.
- Spoke with patients who used the service and two members of the patient participation group.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Observed the interactions between patients/carers and reception staff.
- Looked at templates and information the practice used to deliver patient care and treatment plans.

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.
- The practice carried out an analysis of the significant events. However, they had not undertaken any analysis around themes and trends.

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, an incident had occurred involving an 'angry' patient. This had resulted in the practice manager organising conflict resolution training for the whole team. Staff reported the training it had been positive and useful.

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 and were accessible to all staff. The policies clearly outlined contact details for staff to obtain further guidance if they had concerns about a patient's welfare. The GP acted in the capacity of safeguarding lead and had been trained to the appropriate level. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A notice was displayed in the waiting room, advising patients that a chaperone was available if required. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure.) All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS). These 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 GP recorded in the patient's records when a chaperone had been in attendance.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. We saw up to date cleaning schedules in place. The GP and practice manager were the infection prevention and control (IPC) leads who liaised with the local IPC teams to keep up to date with best practice. There was an IPC protocol in place and staff had received up to date training. Annual infection prevention and control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- There were arrangements in place for managing medicines, including emergency drugs and vaccinations, to keep patients safe. These included obtaining, prescribing, recording, handling, storage and security. Prescription pads and blank prescriptions were securely stored and there were systems in place to monitor their use. 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.

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. 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. Staff worked flexibly to cover any changes in demand, for example annual leave, sickness or seasonal.

Arrangements to deal with emergencies and major incidents

Are services safe?

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.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- There was a defibrillator available on the premises and oxygen with both adult and children's masks.

- 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.

Are services effective?

(for example, treatment is effective)

Our findings

The practice assessed needs and delivered care in line with 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. Staff had access to NICE guidelines and used this information to deliver care and treatment that met patients' needs. This was monitored through the use of risk assessments, audits and patient reviews.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice.) The most recent published results were 86.4% of the total number of points available, with 3.4% exception reporting. (Exception reporting rates allows for patients who do not attend for reviews or where certain medicines cannot be prescribed due to a side effect, to be excluded from the figures collected for QOF.) The latest QOF data showed:

- Performance for diabetes related indicators was 66.3%, which was lower than the local CCG average of 84.1% and the national average of 89.2%
- Performance for hypertension related indicators was 100%, which was higher than the local CCG average of 97.7% and the national average of 97.8%
- Performance for mental health related indicators was 100%, which was higher than the local CCG average of 93% and the national average of 92.8%.
- Performance for dementia related indicators was 76.9%, which was below the local CCG average of 90.5% and the national average of 94.5%.

We were informed by the GP that they had identified some issues regarding how information and diagnosis had been coded in patient records. This had resulted in some figures being lower than anticipated. We were shown examples of where this had occurred and what action the practice was taking.

Clinical audits demonstrated quality improvement. We saw evidence of two completed clinical audits where improvements had been made. For example, an audit regarding management of diabetes patients had reported a 29% improvement rate in uptake of reviews. The practice also participated in local audits, for example antibiotic prescribing.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. Evidence reviewed showed:

- There was an induction programme for newly appointed non-clinical members of staff, which covered topics such as health and safety, infection prevention and control, fire safety, confidentiality and safeguarding.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff told us they were supported by the practice to undertake any training and development as befits their role. We saw evidence that all staff had received an appraisal in October 2015 and were up to date with mandatory training. For example, safeguarding, fire safety and basic life support.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to clinical staff in a timely and accessible way through the practice's patient record system and their intranet system. This included risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available.

Staff worked with other health and social care services to understand and meet the range and complexity of patients' needs, and to assess and plan ongoing care and treatment. This included when patients moved between services, such as when they were referred or after a hospital discharge. We saw evidence that multidisciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

Staff understood the relevant consent and decision-making requirements of legislation and guidance, such as the Mental Capacity Act 2005. Patients' consent to care and

Are services effective?

(for example, treatment is effective)

treatment was sought in line with these. Where a patient's mental capacity to provide consent was unclear, the GP or nurse assessed this and, where appropriate, recorded the outcome of the assessment.

When providing care and treatment for children 16 years or younger, assessments of capacity to consent were also carried out in line with relevant guidance, such as Gillick competency. (This is used in medical law to decide whether a child is able to consent to his or her own medical treatment, without the need for parental permission or knowledge.)

Health promotion and prevention

The practice identified patients who may be in need of extra support and signposted them to relevant services. These included patients:

- in the last 12 months of their lives
- at risk of developing a long term condition
- requiring healthy lifestyle advice, such as dietary, smoking and alcohol cessation
- who act in the capacity of a carer and may require additional support

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer. Cervical screening was offered by the practice and their patient uptake was 82%, which aligned with the national average of 82%. The practice actively reminded patients who did not attend for their cervical screening test.

The practice carried out immunisations in line with the childhood vaccination programme. Uptake rates were comparable to the national averages. For example, children aged 24 months and under ranged from 83% to 96% and for five year olds they ranged from 75% to 100%.

The practice offered seasonal flu vaccinations for eligible patients. The uptake rate for patients aged 65 and over was 79%. Uptake for those patients who were in a defined clinical risk group was 57%. These were both comparable to the 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 to 74. Where abnormalities or risk factors were identified, appropriate follow-ups were undertaken.

Are services caring?

Our findings

During our inspection we observed that:

- Members of staff were courteous and helpful to patients and treated them with dignity and respect.
- Curtains were provided in consulting and treatment rooms to maintain the patient's dignity during examinations, investigations and treatment.
- Doors to consulting and treatment rooms were closed during patient consultations and that we could not hear any conversations that may have been taking place.
- There was a private room should patients want to discuss sensitive issues or appeared distressed.

During the inspection we spoke with nine patients, two of whom were also members of the patient participation group. All the patients we spoke with told us they were satisfied with the care they received and they were treated with dignity and respect. We heard many positive examples where patients had been cared for and supported by the practice staff.

We also reviewed the CQC comment cards which patients had completed. All the comments were positive about their experiences at the practice. Many patients commented on how caring Dr Mossad was and how helpful and respectful the staff were.

Results from the national GP patient survey showed respondents rated the practice higher than the local CCG and national averages to questions regarding how they were treated by the GPs, nurses and reception staff. For example:

- 94% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%
- 93% said the GP gave them enough time compared to the CCG average of 85% and national average of 87%
- 98% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%
- 92% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%

- 87% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 90%
- 94% said they found the receptionists at the practice helpful compared to the CCG average of 85% and national average of 87%

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and had sufficient time during a consultation to make an informed decision about the choices available to them. Patient feedback on the comment cards we received aligned with these views.

Results from the national GP patient survey showed respondents rated the practice above the local CCG and national averages to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 95% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 92% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 81%

The patients we spoke with on the day of our inspection, and comments on the CQC cards we received, aligned with the survey responses. Patients told us they felt they were involved in decisions made about their care and treatment and spoke very highly of Dr Mossad and the services the practice provided.

Staff told us translation services were available for patients who did not have English as a first language. We saw leaflets and information in other languages were displayed in the patient waiting area.

Patient and carer support to cope emotionally with care and treatment

We saw there was a 'carers board' in the patient waiting area which displayed a variety of notices informing patients

Are services caring?

and carers how to access further support through several groups and organisations. The practice had a carers' register in place. Patients who acted in a capacity of a carer had an alert on their electronic record to notify clinicians.

We were informed that if a patient had experienced a recent bereavement, additional support was offered by the GP as needed.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Leeds South and East CCG, to secure improvements to services where these were identified. For example:

- The practice offered appointments outside of the usual appointment times for patients who found it difficult to attend during normal opening hours.
- There were longer appointments available for people who had complex needs.
- Home visits were available for patients who could not physically access the practice.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.

Patients gave us many examples where the GP had visited them at home. They felt the GP understood and responded to their needs, especially in times of crisis or concern, where extra support may be required.

Access to the service

The practice was open from 8.30am to 6pm Monday to Friday and closed at 1pm on Wednesday. Morning appointments are available from 9am to 11am on Monday to Friday and afternoon appointments from 3pm to 5pm Monday, Tuesday, Thursday and Friday. Urgent appointments were available for patients who were in need of them.

Results from the national GP patient survey showed that respondents' satisfaction with how they could access care and treatment was above the CCG and national averages. For example:

- 84% were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 75%.
- 94% said they could get through easily to the surgery by phone compared to the CCG average of 71% and national average of 73%.
- 91% described their experience of making an appointment as good compared to the CCG average of 71% and national average of 73%.
- 79% said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 71% and national average of 65%.

All of the patients we spoke with on the day had made their appointment either that morning or no more than 48 hours previously.

Listening and learning from concerns and complaints

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

- There was a designated responsible person who handled all complaints in the practice.
- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was information displayed in the waiting area to help patients understand the complaints system.

The practice kept a register for all written complaints. There had been one complaint over the last 12 months. We found it had been satisfactorily dealt with, identifying any actions, the outcome and any learning which had been disseminated to staff.

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. There was a mission statement in place which identified the practice values. All the staff we spoke with knew and understood the practice vision and values.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of good quality care and safety to patients. This outlined the structures and procedures in place and ensured that there was:

- A clear staffing structure and staff were aware of their own roles and responsibilities
- Practice specific policies in place, up to date and available to all staff
- A comprehensive understanding of practice performance
- A programme of continuous clinical and internal audit which was used to monitor quality and drive improvements
- Robust arrangements for identifying, recording and managing risks
- Priority in providing high quality care

Leadership, openness and transparency

We were informed there was an open and honest culture within the practice. Staff told us the GP and practice manager were visible, approachable and took the time to listen. Systems were in place to encourage and support staff to raise concerns and a 'no blame' culture was evident.

Regular meetings were held where staff had the opportunity to raise any issues, felt confident in doing so and were supported if they did. Staff said they felt respected, valued and appreciated. It was apparent that the GP and practice staff cared about their patients and had a good knowledge and understanding of the needs of their practice population.

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

The practice had gathered feedback from patients through the patient participation group, patient surveys, the NHS Friend and Family Test, comments and complaints received.

The practice also gathered feedback from staff through meetings, discussion and the appraisal process. Staff told us they felt involved and engaged in the practice to improve service delivery and outcomes for patients.