Dunsville Medical Centre

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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dunsville Medical Centre on 5 July 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety 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 been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and 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.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw one area of outstanding practice:

- The practice reduced the number of addictive medicines it prescribed by introducing protocols within the patient record system for some high risk medicines. By completing the protocol a full assessment of the patient was undertaken and it ensured appropriate prescribing.

The areas where the provider should make improvement are:

Summary of findings

- Review the quality outcomes framework exception reporting rates to ensure patients excluded meet the practice criteria.
- Report and investigate all types of incident as part of the incident reporting process.

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.

- 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 things went wrong patients received reasonable support, truthful information, and a written apology. They were 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 patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- The practice reduced the number of addictive medicines it prescribed by introducing protocols within the patient record system for some high risk medicines. By completing the protocol a full assessment of the patient was undertaken and it ensured appropriate prescribing.
- 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 other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.

Summary of findings

- 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 saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example the practice was a clinical placement area for the new associate clinician role within general practice.
- Patients said they found it easy to make an appointment with a named GP and 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 the practice responded quickly to issues 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.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- 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.

Summary of findings

- 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 notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

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.

- All older patients had a named GP.
- 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.
- A named GP took the lead for the nursing and residential homes allocated to the practice. They held a weekly clinic at the home incorporating medication and long term condition reviews along with regular appointments. They used laptops to record the consultations directly onto the patient record.

People with long term conditions

Good

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

- Practice nursing staff had lead roles in long term condition review and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was 4% above the CCG average and 11% above the national average.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients 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 accident and emergency attendances. Immunisation rates were relatively high for all standard childhood immunisations.

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 79%, which was below the CCG average of 82% and the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive 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 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 those with a learning disability.
- The practice offered longer appointments for those who needed them.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed people how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good

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

Summary of findings

- Of those experiencing severe poor mental health 92% had a comprehensive care plan in place which was higher than the CCG average of 89% and the national average of 88%.
- 90% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is above the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice carried out advance care planning for patients living with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice 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 patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published on 7 January 2016 showed the practice was performing above local and national averages. 275 survey forms were distributed and 122 were returned. This represented 2% of the practice's patient list.

- 89% found it easy to get through to this surgery by phone compared to a CCG average of 69% and a national average of 73%.
- 89% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 98% described the overall experience of their GP surgery as fairly good or very good (CCG average 83%, national average 85%).
- 90% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 76%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 42 comment cards which were positive about the standard of care received. Comments included 'brilliant practice', 'staff very caring' and 'staff listen and treat me with dignity and respect'.

We spoke with nine patients during the inspection. Feedback from patients about their care was positive. All patients said they were very happy with the care they received and thought staff were approachable, committed and caring.

Dunsville Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC lead inspector a GP specialist adviser and an expert by experience.

Background to Dunsville Medical Centre

Dunsville Medical Centre is located in Dunsville on the outskirts of Doncaster. The practice provides services for 5,267 patients under the terms of the NHS Personal Medical Services contract. The practice catchment area is classed as within the group of the fifth less deprived areas in England. The age profile of the practice population is similar to other GP practices in the Doncaster Clinical Commissioning Group (CCG)

The practice has three GP partners, two male and one female. They are supported by a two practice nurses, a healthcare assistant a practice manager and a team of reception and administrative staff.

The practice is open between 8am to 6pm Monday to Friday. Early morning appointments are available from 8am with GPs three mornings a week. Appointments with GPs, practice nursing staff and the healthcare assistants are available during the opening hours. A phlebotomy service with the healthcare assistant is available daily. In addition to pre-bookable appointments that could be booked up to two weeks in advance with a GP and six weeks in advance with a practice nurse, urgent appointments were also available for people that needed them.

When the practice is closed calls were answered by the out-of-hours service which is accessed via the surgery telephone number or by calling the NHS 111 service.

As part of the Care Quality Commission (Registration) Regulations 2009: Regulation 15 we noted GP partners registered with the Care Quality Commission as the partnership did not reflect the GP partners currently at the practice. We were told this would be addressed following the inspection and the appropriate applications and notifications submitted.

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 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 we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 5 July 2016. During our visit we:

Detailed findings

- Spoke with a range of staff (GPs, practice nurses, practice manager, assistant practice manager, data manager and administrative and reception staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

Good

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 a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we were told how the procedure to share sensitive information with patients was reviewed following an incident. The incident record contained the investigations undertaken and reported how to avoid the situation happening again. We saw this was discussed at the practice meeting and shared with staff who attended. Minutes of the meeting were kept on the practice intranet system which all staff could access.

We noted all clinical incidents were reported but the practice did not report other types of incident. For example a recent security issue had not been formally reported and investigated. The registered manager told us this would be reviewed to capture all types of incident.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. 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 on safeguarding children and vulnerable adults relevant to their role. GPs were trained child safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse, who was new in post, was the infection prevention and 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. Monthly audits of areas cleaned were undertaken. We asked to see an annual infection prevention and control audit and told it was in the process of being completed. We were shown evidence of cleaning schedules for equipment had been introduced and checks of staff hand washing had been completed. We noted most soap dispensers were wall mounted, taps were operated by elbow leavers and there were no plugs in the sinks. In addition staff told us they had access to adequate supplies of personal protective equipment. We noted there were no gloves available for staff in reception when handling specimens and staff told us they would get them from the treatment room if required.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines

audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow practice nurses to administer medicines in line with legislation.

- We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

Risks to patients were assessed and managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. 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 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. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

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.
- 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. We noted the a paediatric airway had expired in April 2016 and we were told another was on order. A first aid kit and accident book were 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 stored securely.

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 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 guidelines from NICE and used this information to deliver care and treatment that met patients' 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 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 99.4% of the total number of points available with 15.4% exception reporting which is 7% above the CCG average and 6% above the national average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Data from 2014/15 showed:

- Performance for diabetes related indicators was 4% above the CCG average and 11% above the national average.
- Performance for mental health related indicators was 7% below the CCG average and 4% below the national average.
- The number of patients with a long term condition being admitted to hospital was 2% lower than the CCG average of 18% and comparable to the national average of 15%.

The practice explained to us the lower overall outcome for mental health related indicators was due to having no patients at the practice receiving lithium therapy. Of those experiencing severe poor mental health 92% had a comprehensive care plan in place which was higher than the CCG average of 89% and the national average of 88%. The registered manager told us they would review the above average exception reporting.

There was evidence of quality improvement including clinical audit. There had been three clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored. Findings were used by the practice to improve services. For example, recent action taken as a result included review of those patients who were diagnosed as having problems with their arteries. The practice reviewed the guidelines for the assessment and treatment of these patients to ensure appropriate management of their condition and to ensure they were prescribed the correct medicines.

The practice had introduced some medicine protocols with the patient record system which the prescriber would complete in order to prescribe the medicine. Protocols were currently being used for medicines which can become addictive. Staff told us by working through the protocol it ensure a complete assessment was completed and the medicines only prescribed in for clinically indicated symptoms. We were told how the prescribing of these medicines had significantly reduced.

The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could

demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- 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 their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- The practice was a placement area for GP trainees and medical students.

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.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals 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, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

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, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

- Patients receiving palliative care , carers, those at risk of developing a long term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Smoking cessation advice was available from a local support group.
- A counsellor held a weekly clinic offering talking therapies to patients. Staff told us the service was popular with patients particularly to assist them to make healthy life choices. Patient's who used the service explained how it had helped them to review their situations and look at support strategies.
- Staff also referred patients to the social prescribing project in Doncaster. They had the option to prescribe non-medical support to patients. This included support for loneliness and social isolation, to provide information regarding housing issues or advice on debt.

The practice's uptake for the cervical screening programme was 79%, which was below the CCG average of 82% and the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer and followed up those who did not attend.

Good

Are services effective?

(for example, treatment is effective)

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 91% to 98% and five year olds from 92% to 97%.

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

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in treatment rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they would arrange to speak with them in private.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 42 comment cards which were positive about the standard of care received. We spoke with six members of the patient participation group and three patients. They also told us they were also very satisfied with the care provided by the practice and said 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 showed patients felt they were treated with much compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and practice nurses. For example:

- 90% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 94% said the GP gave them enough time (CCG average 85%, national average 87%).
- 99% said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%).
- 90% said the last GP they spoke to was good at treating them with care and concern (CCG average 84%, national average 85%).
- 95% said the last nurse they spoke to was good at treating them with care and concern (CCG and national average 91%).
- 94% said they found the receptionists at the practice helpful (CCG and national average 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 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. Results were above local and national averages. For example:

- 90% 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%.
- 87% said the last GP they saw was good at involving them in decisions about their care (CCG average 79%, national average 82%).
- 93% said the last nurse they saw was good at involving them in decisions about their care (CCG average 86%, national average 85%).

Staff told us interpretation 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 in different languages.

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's computer system alerted GPs if a patient was also a carer. The practice had identified 1.9% of the patient population as a carer and 0.9% as being cared for. All new patients were asked if they were a carer when registering at the practice.

We were shown the written information sent to carers to direct them to the various avenues of support available. It included details of local carer's support groups, community organisations offering support and guidance. Following a suggestion from the patient reference group the practice had installed a media display screen in the waiting area to enable patients to watch television whilst waiting for their appointment and also provide details of other health and community services.

Good

Are services caring?

Staff told us if families experienced bereavement, their usual GP contacted them. This call was either followed by a meeting at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example the practice was a clinical placement area for the new associate clinician role within general practice.

- The practice offered appointments with a GP from 8am on three mornings a week.
- An afternoons appointments with GPs were available daily for children after school.
- There were longer appointments available for those who required them.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- A named GP took the lead for the nursing and residential homes allocated to the practice. They held a weekly clinic at the home incorporating medication and long term condition reviews along with regular appointments. They used laptops to record the consultations directly onto the patient record. We were told how this reduced the number of resident's admitted to hospital in an emergency.
- People requesting same day appointments symptoms were triaged by the GP and offered a face to face appointment if required.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and interpretation services available.
- The practice was planning to install a lift to the practice to improve access.

Access to the service

The practice was open between 8am to 6pm Monday to Friday. Appointments were available throughout the day with staff. Appointments with a GP were available from 8am on three mornings a week. In addition to pre-bookable appointments that could be booked up to two weeks in advance the a GP and six weeks in advance with a practice nurse, urgent appointments were also available for people that needed them.

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

- 84% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 89% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

At the time of inspection 924 patients had registered and used online services at the practice. This was 18% of the practice population. People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

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.
- We saw that information was available to help patients understand the complaints system

We looked at three complaints received in the last 12 months and found lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, staff reviewing their consultations feedback from patients and identifying areas for improvement.

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 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.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty.

The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- 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.

The practice had gathered feedback from patients through the patient reference group (PRG) and through surveys and complaints received. The PRG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the disabled parking bay in the practice car park was altered following feedback from the PRG to promote better access to the practice for those with mobility needs.

The practice had gathered feedback from staff through 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.

Are services well-led?

Good

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

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice were contributing to exploring new ways of working with other practices in the area.