

The Baldock Surgery

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

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10

Detailed findings from this inspection

Our inspection team	11
Background to The Baldock Surgery	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Baldock Surgery on 25 February 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 the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were happy with the care they received and thought staff were caring and treated them with dignity and respect.
- Information about services and how to complain was available and easy to understand.
- The practice worked well with the patient participation group (PPG) and responded positively to concerns raised.

- Links with the local community had been established this included the local secondary school. The practice nurses supported the school matron.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The practice had developed a teaching and training environment and supported learners of all levels from work experience students to GP trainees.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider should improvements are:

- Consider additional training for the infection control lead to complete their role.
- Update the health and safety policy with the name of the current health and safety representative.

Summary of findings

- Continue to review the access to the practice via the telephone in response to the GP national patient survey results.

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 learnt were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received support, information, a verbal and 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.
- There were lead GPs identified for safeguarding children and vulnerable adults.
- Risks to patients were assessed and well managed.
- Emergency equipment and medicines were available and all staff knew of their location.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- 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.
- The nursing staff were trained to treat and review patients with long term conditions.
- There was evidence of appraisals and personal development plans for most staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.
- The practice hosted visiting health care professionals including a dietician and a counsellor.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the National GP Patient Survey, published in January 2016, showed patients rated the practice average or above 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 saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice identified patients who were also carers and had an identified carer's lead. There was a carer's information board in the patient waiting area.

Are services responsive to people's needs?

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.
- 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.
- The practice offered extended opening hours for those who could not attend during normal opening hours.
- Longer appointment times were available for patients with complex needs.
- The practice provided weekly visits to three local care homes in addition to home visits when required.

Good



Are services well-led?

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

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

Good



Summary of findings

- 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 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 practice demonstrated through their significant events and complaints management that they were aware of and complied with the requirements of the Duty of Candour.
- 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

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice worked with three local care homes and provided training for their staff in areas such as diabetes and wound care.
- Annual health checks were available for these patients.
- All of these patients had a named GP.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was better than the CCG and national average. The practice achieved 92% of available points compared to the CCG average of 89% and the national average of 89%.
- 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

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 A&E attendances and those not attending for immunisations.
- Immunisation rates were relatively high for all standard childhood immunisations.

Summary of findings

- The practice's uptake for the cervical screening programme was 89% which was better than the CCG average of 83% and the national average of 82%.
- Appointments were available outside of school hours.
- The premises were suitable for children and babies. Baby changing facilities were available
- We saw positive examples of joint working with midwives and the health visitors.
- The practice nurses worked with the matron of the local secondary school to reduce accident and emergency attendances.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Telephone appointments and extended hours appointments were available for those that could not attend during normal working hours.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. They were offered annual health checks and 74% of these had been completed in the last year.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Good



Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- 88% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was better than the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- A counsellor was available at the practice one day a week.
- 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.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing above the local and national averages in most areas although they were below average in others. There were 277 survey forms distributed and 124 were returned. This represented 1% of the practice's patient list.

- 57% found it easy to get through to this surgery by phone compared to a CCG average of 63% and a national average of 73%.
- 92% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 91% described the overall experience of their GP surgery as fairly good or very good (CCG average 82%, national average 85%).

- 88% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 75%, 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 77 comment cards which were all positive about the standard of care received. All levels of staff were commented on and described as polite and caring. Many comments described the care received as excellent. In addition to positive comments there was one comment that stated there was sometimes difficulty getting an appointment with the GP of choice.

We spoke with six patients during the inspection. All six patients said they were happy with the care they received and thought staff were caring and treated them with dignity and respect. The patients said they were given enough time during consultations and felt involved in decisions regarding their care and treatment options.

The Baldock Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

Background to The Baldock Surgery

The Baldock Surgery provides a range of primary medical services to the residents of Baldock and the surrounding area. The practice has been at its current purpose built location of Astonia House, High Street, Baldock, Hertfordshire, SG7 6BP since 1987.

The practice population is predominantly White British with a higher than average 40-54 year age range. National data indicates the area is one of low deprivation. The practice has approximately 13,000 patients and services are provided under a general medical services (GMS) contract.

The practice is led by eight GP partners, four male and four female and they employ one salaried male GP. The nursing team consists of four practice nurses and one health care assistant, all female. There is a practice manager who leads a team of reception and administrative staff.

The practice is a registered training practice and currently has two GP trainees. They have two accredited trainers and receive GP trainees from Health Education East of England (HEEoE). They have one nurse mentor to offer placements to undergraduate nursing students and another nurse who is a nurse tutor. They also provide work experience for local school children.

The practice is open between 8.15am and 6.30pm Monday to Friday. Extended surgery hours are offered from 6.30pm to 8pm on Tuesdays and Thursdays except the last week of the month when they are on a Wednesday from 6.30pm to 8pm and a Saturday from 8.30am to 9.45am.

When the practice is closed the out-of-hours services are provided by Herts Urgent Care and can be accessed via the NHS 111 service.

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 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 inspection on 25 February 2016. During our visit we:

- Spoke with a range of staff including GPs, nurses, the practice manager and reception and administrative staff. We also spoke with patients who used the service and members of the patient participation group (PPG).

Detailed findings

- Observed how staff interacted with patients during their visit to the practice.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- There was a significant event policy available on the practice computer system for all staff to access.
- There was a recording form available for staff to complete and pass to the practice manager for investigation.
- There was a lead GP for managing significant events.
- Significant events were discussed at the weekly clinical meetings that were attended by the GP partners, senior nurse, practice manager and trainee GPs.
- The practice carried out a thorough analysis of the significant events and an annual review of all events to identify any trends.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons learnt were shared to make sure action was taken to improve safety in the practice. For example, the practice had reviewed its process for issuing repeat prescriptions following an analysis of significant events. They used a smaller number of identified reception staff trained to perform this role to reduce the number of errors.

When there were unintended or unexpected safety incidents, patients received support, an explanation, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The practice had identified a lead GP for safeguarding children and another for

safeguarding vulnerable adults. These GPs deputised for each other to cover for leave and absences. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. Five of the GP partners, the salaried GP and the two GP trainees were trained to an appropriate level in children's safeguarding (level 3). The remaining three GPs had a planned date in March 2016 to complete their training.

- 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 check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. One of the nurses was the infection control clinical lead who carried out annual infection control audits. We saw evidence that action was taken to address any improvements identified as a result. There was an infection control protocol in place and staff had received up to date training. The infection control lead had not received any additional training for this role.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescriptions were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions for the nurses to administer travel vaccinations.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to

Are services safe?

employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

- 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.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the staff room. We noted that the identified local health and safety representatives had not been updated following staff changes. 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 that enough staff were on duty. There were agreements in place for staff to cover each other's leave and absences.

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. 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 found to be in date.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line 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 peoples' needs. New NICE guidelines were discussed at the weekly clinical meetings.

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 98% of the total number of points available, with 8% exception reporting. (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). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was better than the CCG and national average. The practice achieved 92% of available points compared to the CCG average of 89% and the national average of 89%.
- Performance for hypertension related indicators was better than the CCG and national average. The practice achieved 100% of available points, with 4% exception reporting, compared to the CCG average of 98% and the national average of 98%.
- Performance for mental health related indicators was better than the CCG and national average. The practice achieved 100% of available points, with 12% exception reporting, compared to the CCG average of 96% and the national average of 93%.

Clinical audits demonstrated quality improvement.

- There had been six clinical audits completed in the last year, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included the review of patients prescribed combined oral contraceptives. Patient's weight and smoking status were documented in their electronic record to highlight the potential complications of taking this type of medicine.
- We saw the practice had a schedule of audits it planned to complete in the coming year.

Effective staffing

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

- The practice had an induction policy and a programme for all newly appointed staff. It 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 vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations 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 during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nursing

Are services effective?

(for example, treatment is effective)

staff. All staff had had an appraisal within the last 12 months with the exception of the senior practice nurse. We were informed by the practice that this would be completed imminently.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

Staff worked together and 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, including when they were referred to, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

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.

- Written consent forms were used for minor surgical procedures.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then referred or signposted to the relevant service.
- The practice had hosted a Saturday drop in session for patients with diabetes in November 2015. This was attended by Diabetes UK, Herts Healthy Walks and a weight management company to give life style advice to this group of patients.
- The practice used a C-card system that enabled patients to hand a card in at reception which allowed them to discreetly request free condoms. Chlamydia screening was available.
- A dietician visited the practice every two weeks to give dietary advice to patients.
- A counsellor visited the practice every week to see patients experiencing poor mental health.

The practice's uptake for the cervical screening programme was 89% which was higher than the CCG average of 83% and the national average of 82%. 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 averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96% to 98% and five year olds from 93% to 97%.

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 years. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services effective?

(for example, treatment is effective)

Annual health checks were offered to patients with learning disabilities. Of the patients identified 74% had received a health check in the past year.

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 consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- When patients wanted to discuss sensitive issues or appeared distressed the reception staff could offer them a private room to discuss their needs.

We received 77 comment cards which were all positive about the standard of care received. All levels of staff were commented on and described as polite and caring. Many comments described the care received as excellent. In addition to positive comments there was one comment that stated there was sometimes difficulty getting an appointment with the GP of choice. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with three members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey published in January 2016, showed patients felt they were treated with compassion, dignity and respect. The practice was average or above for its satisfaction scores on consultations with GPs and nurses. For example:

- 98% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 92% said the GP gave them enough time (CCG average 85%, national average 87%).
- 98% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%).

- 88% said the last GP they spoke to was good at treating them with care and concern (CCG average 83%, national average 85%).
- 88% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 91%).
- 93% said they found the receptionists at the practice helpful (CCG average 84%, 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 the local and national averages in most areas. For example:

- 90% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 89% said the last GP they saw was good at involving them in decisions about their care (CCG average 78%, national average 82%).
- 84% said the last nurse they saw was good at involving them in decisions about their care (CCG average 84%, national average 85%).

The practice used telephone translation services for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access support groups and organisations. There were a number of health information leaflets for patients to take away. Health information advice was available on the practice website with links to other services.

The practice identified patients who were also carers and placed an alert on the electronic patient record. There was

Are services caring?

a carer's information board in the waiting area. The practice had identified approximately 2% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them. The practice had a carers' champion and all carers were offered an annual flu vaccination. The practice were working with the patient participation group (PPG) to hold a carers drop in day to provide information and support for this group of patients.

We were informed that if families had suffered bereavement, their usual GP contacted them. This call was followed by a patient consultation at a flexible time and location to meet the family's needs if required. Patients were also given advice on how to contact bereavement support services.

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.

- The practice offered extended opening hours from 6.30pm to 8pm on Tuesdays and Thursdays except the last week of the month when they were on a Wednesday from 6.30pm to 8pm and a Saturday from 8.30am to 9.45am. This was especially useful for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and those with complex needs.
- Home visits were available for older patients and patients who would benefit from these.
- The practice did regular weekly visits to three local care homes. There was a named GP for each home and a deputy to attend if the named GP was on leave. This provided continuity of care for these patients.
- Urgent same day appointments were available for children and those with serious medical conditions.
- Telephone triage was available by the duty GP each afternoon for patients requesting an urgent appointment.
- Appointments for children were available outside of school hours.
- Telephone appointments were available. This was useful for patients who could not attend the practice.
- On line services were available for appointment booking and repeat prescription requests.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- A hearing loop and translation services were available.
- The waiting area and corridors had enough space to manoeuvre mobility aids and pushchairs.
- Disabled facilities including wide doors and access enabled toilets were available.
- The nursing team within the practice worked with the matron of the local secondary school to provide telephone advice for pupils who were taken ill during the school day. This helped to reduce accident and emergency attendances as often the practice were able to treat them.

Access to the service

The practice was open between 8.15am and 6.30pm Monday to Friday. Extended surgery hours were offered from 6.30pm to 8pm on Tuesdays and Thursdays except the last week of the month when they were on a Wednesday from 6.30pm to 8pm and a Saturday from 8.30am to 9.45am. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them.

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

- 74% of patients were satisfied with the practice's opening hours compared to the CCG average of 69% and national average of 75%.
- 79% patients said they always or almost always see or speak to the GP they prefer (CCG average 54%, national average 59%).

The practice was below local and national averages in one area. For example,

- 57% patients said they could get through easily to the surgery by phone (CCG average 63%, national average 73%).

In the previous national GP patient survey published in July 2015 the practice had only scored 45% in this area. The practice had already installed a new telephone system so they used this to identify when calls were queuing in the system and increased the amount of reception staff working at peak times. They also reduced the length of the message and introduced options for patients so their call was answered appropriately. The current results have shown some improvement but the practice informed us they would continue to look at this area to make on going improvements.

People told us on the day of the inspection that they were able to get appointments when they needed them.

Listening and learning from concerns and complaints

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

Are services responsive to people's needs?

(for example, to feedback?)

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager and two of the GP partners were identified as the designated responsible staff who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system in the patient waiting area, the practice leaflet and the practice website.

- Complaints forms for patients to complete were available at the reception desk.

We looked at 11 complaints received in the last 12 months and found they were satisfactorily handled in a timely way. Apologies were offered to patients when required. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, regular checks were implemented to ensure that letters or communications that were waiting for patients to collect were not left at the practice for a long period of time.

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. They had identified their values and ethos which stated they provided a patient centred and sensitive service with continuity of care for all patients. They also said they invested in staff and aimed for a happy workforce and a sustainable service. Staff we spoke with were aware of these values.

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 on the practice computer system.
- There was a comprehensive understanding of the performance of the practice such as through the monitoring of the quality and outcomes framework (QOF).
- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Significant events and complaints were investigated with lessons learnt shared with staff.

Leadership and culture

The practice was led by the GP partners with the support of the practice manager. The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners and the practice manager were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The practice demonstrated through their significant events and complaints management that they were aware of and complied with the requirements of the Duty of Candour. When there were unexpected or unintended safety incidents the practice gave affected people support, information and a verbal and written apology. They 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 meetings were held monthly and these were attended by the practice manager and a GP partner.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at staff meetings and felt 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.
- There were lead members of staff identified for many roles for example, there was a lead GP for diabetes, one for dementia and leads for safeguarding children and vulnerable adults.

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 participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice had changed the chairs in the patient waiting area to wipeable ones that were comfortable for patients. Some of the chairs had arms making it easier for patients with mobility issues to stand from them.
- They made use of the NHS Friends and Family Test, a feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience.

Are services well-led?

Good 

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

- The practice had gathered feedback from staff through staff meetings and appraisals. 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.

Continuous improvement

There was a strong 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 was part of a federation of practices who were working together to provide healthcare services locally for patients. One of the GP partners was a director of the federation.

The senior nurse worked with the local CCG to develop training for the practice nurses within the locality. A training needs analysis had been done and identified training for example, in wound care and family planning was being completed.

One of the practice nurses had completed training to become a nurse mentor and was able to offer placements to undergraduate nursing students to gain experience in general practice.

Staff from the practice visited local care homes to provide training for their staff. This included diabetes and blood glucose monitoring and wound care advice.