Cavendish Medical Practice

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

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.

We carried out an announced comprehensive inspection of Cavendish Medical Practice on 15 September 2015. The practice provides primary medical services to approximately 4,200 people who live in the Edgbaston, Winson Green, Smethwick and Cape Hill communities. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Opportunities for learning from internal and external incidents were shared with staff and acted on.
- Practice staff utilised methods to improve patient outcomes, working with other local providers to share best practice. For example, reviewing patients who were at risk of unplanned hospital admission.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Information was provided to help patients understand the care available to them.
- Practice staff worked closely with other organisations and external professionals in planning how services were provided to ensure that they meet people's needs.
- As a consequence of feedback from patients and the Patient Participation group (PPG) practice staff had made improvements to the way it delivered services.
- The practice had a clear vision which had quality and safety as its priority. Plans for the future were in place to improve patient access to the premises. There was a clear leadership structure and staff felt supported by management.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed, well managed and communicated widely enough to support improvement. However, we identified a potential risk around medicines reviews for patients on repeat prescriptions. The practice took prompt action to rectify this issue.

Are services effective?

Good

The practice is rated good for providing effective services. Patients' needs were assessed and care was planned and delivered in line with current legislation. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Staff worked with other health care teams and there were systems in place to ensure appropriate information was shared. Staff had received training appropriate to their roles. There was evidence of appraisals and personal development plans for all staff. Clinical staff had recognised and were putting systems in place to improve data that showed patient outcomes were at or below average for the locality.

Are services caring?

Good

The practice is rated good for providing caring services. Patients' views gathered at inspection demonstrated they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We also saw that staff treated patients with kindness and respect, and maintained confidentiality. Staff helped people and those close to them to cope emotionally with their care and treatment. However, data from the National GP Patient Survey July 2015 showed that patients rated the practice slightly lower than others for several aspects of care compared to local and national averages.

Are services responsive to people's needs?

Good

The practice is rated good for providing responsive services. It reviewed the needs of its local population and engaged with the local Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Services were planned and delivered to take into account the needs of different patient groups. The practice had good facilities and was well equipped to treat

Summary of findings

patients and meet their needs. Information about how to complain was available and evidence showed that the practice responded quickly to issues raised. Learning from the outcomes of complaints was shared with staff.

Are services well-led?

Good

The practice is rated good for being well-led. It had a clear vision and strategy. Governance arrangements were underpinned by a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on and had an active Patient Participation Group (PPG). Staff had received inductions, regular performance reviews and attended staff meetings and events.

Summary of findings

The six population groups and what we found

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

Older people

Good

The practice is rated good for the care of older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and offered home visits. Rapid access appointments were provided for those with enhanced or complex needs. The practice had regular contact with district nurses and participated in regular meetings with other healthcare professionals to discuss any concerns or changes that were needed to patient care.

People with long term conditions

Good

The practice is rated good for the care of people with long-term conditions. These patients had regular health reviews with a GP and/or the nurse to check that their health care needs were being met and their prescribed medication appropriate. Longer appointments were available to ensure patients received comprehensive reviews. Patients were encouraged to manage their conditions and if necessary were referred to the weekly health education in-house service, which was provided in both Hindi and English languages.

Families, children and young people

Good

The practice is rated good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. A health visitor was invited to the regular multidisciplinary meetings to discuss any safeguarding issues as well as those children who had long term conditions. There were no extended opening hours but patients could hold a telephone conversation with a GP to receive advice. Children were given same day appointments.

Working age people (including those recently retired and students)

Good

The practice is rated good for the care of working-age people (including those recently retired and students). The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible. For example, from requests made by patients GPs offered lunchtime

Summary of findings

appointments from 1pm until 1.30pm Monday to Wednesday each week. The practice offered online services as well as a full range of health promotion and screening that reflected the needs for this age group.

People whose circumstances may make them vulnerable

Good

The practice is rated 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. It had carried out annual health checks and longer appointments were available for all people with a learning disability. Staff had been trained 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.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated good for the care of people experiencing poor mental health (including people with dementia). All patients experiencing poor mental health had received a follow up within two weeks of diagnosis and annual physical health checks. The practice regularly worked with multidisciplinary teams in the case management of people experiencing poor mental health, including those with dementia. Clinical staff carried out care planning for patients with dementia and those experiencing mental health illness. Referral mechanisms were in place for when staff identified deterioration in a patient's mental health.

Summary of findings

What people who use the service say

The national GP patient survey results published July 2015 showed the practice was performing above and in some areas below local and national averages. There were 72 responses and a response rate of 16%.

- 75% found the receptionists at this surgery helpful compared with a CCG average of 82% and a national average of 87%.
- 20% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 54% and a national average of 65%.
- 27% feel they did not normally have to wait too long to be seen compared with a CCG average of 47% and a national average of 58%.
- 80% said last time they spoke with a GP they were good at giving them enough time compared with a CCG average of 82% and a national average of 87%.
- 75% found it easy to get through to this surgery by phone compared with a CCG average of 63% and a national average of 73%.
- 91% said the last appointment they got was convenient compared with a CCG average of 89% and a national average of 92%.

We asked a GP why the waiting times to be seen were long. They told us they spoke with patients for a long time when they were seen. They had identified this as a problem and were in the process of changing the appointment times from 10 to 15 minutes for that particular GP.

During our inspection we spoke with seven patients. All patients told us they were satisfied with the service they received and one patient said they were extremely satisfied. As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 31 comment cards which were all positive about the standard of care received. All comments about the standard of care were positive and some described it as excellent.

Cavendish Medical Practice

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 advisor.

Background to Cavendish Medical Practice

Cavendish Medical Practice is located in Edgbaston, Birmingham and serves approximately 4200 patients. Care is provided for people who live in the Edgbaston, Winson Green, Smethwick and Cape Hill communities. The practice holds a General Medical Services contract and provides GP services commissioned by NHS England.

The practice is managed by three GP partners (two male, one female) who between them provide 23 clinical sessions per week. They are supported by a full time practice nurse who leads on reviews of patients who have long term conditions such as, diabetes and cervical screening and who also provides contraceptive advice. One receptionist is a trained health care assistant (HCA) and spends part of her time carrying out duties such as, phlebotomy (obtaining blood samples), health checks of newly registered patients and some injections. The practice employs a practice manager, an assistant practice manager who works four hours per week, an administrator and three receptionists.

The practice is open from 8.30am to 6.30pm Mondays, Tuesdays, Wednesdays and Fridays. It is closed from 1pm each Thursday and during 12pm and 3pm on Fridays. Urgent appointments are available on the day. Routine appointments can be pre-booked in advance in person, by telephone or online. Telephone consultations and home visits are available daily as required.

The practice has opted out of providing GP services to patients out of hours such as nights and weekends. During these times GP services are provided currently by a service commissioned by Sandwell and West Birmingham Clinical Commissioning Group (CCG). When the practice is closed, there is a recorded message giving out of hours' details.

Why we carried out this inspection

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

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How we carried out this inspection

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

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

Detailed findings

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

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 15 September 2015. During our visit we spoke with a range of staff including three GPs, the practice nurse, the health care assistant/receptionist, the assistant practice manager and two reception staff. We spoke with seven patients who used the service and four members of the Patient Participation Group (PPG). We observed how people were being cared for and talked with family members and reviewed the personal care or treatment records of patients. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Good

Are services safe?

Our findings

Safe track record

There was a system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and record the details on the appropriate form. Practice staff carried out an analysis of significant events.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a situation arose where staff needed to administer oxygen to a patient but some staff were unaware of its location. A meeting was called the next day and a designated location agreed for the storage of the oxygen cylinder. During our inspection we asked clinical and non-clinical staff where the oxygen was kept. All staff knew where to find it.

Safety was monitored using information from a range of sources, including National Institute for Health and Clinical Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements. The policies were appropriate and accessible to all staff. They included contact details of external professionals 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 provided reports where necessary for other agencies. Clinical staff kept a register of all patients that they considered to be at risk and regularly reviewed it. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. Staff told us that if necessary they would take the initiative by contacting relevant agencies.
- A notice was displayed in the waiting room and each consulting room door, advising patients of their right to have a chaperone. All staff who acted as chaperones were trained for the role and had undergone a disclosure and barring check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Some patients we spoke with were aware that they could request a chaperone.
- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, clinical waste and legionella.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead. They told us they planned to liaise with the local infection prevention teams to improve their knowledge and skills and to keep up to date with best practice. They told us they had enrolled on a more in depth training course than the one they had completed. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. Staff hand hygiene checks had been carried out in January 2015 to ensure that staff practices were safe.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the GPs were prescribing within the recommended parameters of best practice.
- Prescriptions issued to patients who were receiving repeat prescriptions included written details of when their medicines review was due. However, we noted that the practice computer system did not automatically flag up when medicine reviews were due. We raised this

concern when we gave verbal feedback to senior staff at the end of our inspection. Following the inspection the practice provided evidence that action was being taken to address this issue.

- Recruitment checks were carried out and we were shown these for all staff. They showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. There was staff induction programmes and these were tailored to the staff roles.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The number of patients registered at the practice remained consistent to within 100 people. When the practice nurse and health care assistant were not available the patient appointments were rearranged to accommodate this. Another receptionist was trained as a health care assistant and could also help during absences. When a GP was absent the other GPs provided extra clinic sessions to cover and meet patient's needs.

Arrangements to deal with emergencies and major incidents

All staff received annual basic life support training and there were emergency medicines available. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available.

There was 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. A copy of this was held off site to ensure that appropriate response would be instigated in the event of eventualities such as loss of computer and essential utilities.

Regular fire drills were carried out so that staff could respond promptly and appropriately in the event of a fire.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with the National Institute of Health and Care Excellence (NICE) best practice guidelines and had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. For example, NICE guidance for patients with atrial fibrillation.

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Consent forms for surgical procedures were used and scanned in to the medical records.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. QOF data from 31 July 2015 showed;

- The dementia review rate of 80.2% was 13.1% points below the CCG and 13.2% points below the national average.
- The mental health review rate of 93.4% was 2.4% points above the CCG average 3.0% points above the national average.
- Performance for asthma related indicators was 61.9% which was 36.4% points below the CCG average and 35.3% points below the national average.
- Performance for patients with a learning disability was 100% which was 5.7% points above the CCG average and 3.3% points above the national average.
- Performance for diabetes related indicators was 64.7% which was 24.0% points below the CCG average and 25.4% points below the national average.
- Performance for chronic obstructive pulmonary disease (COPD) related indicators were 83.0% which was 10.5% points below the CCG average and 12.2% points below the national average.
- The percentage of patients with hypertension having regular blood pressure tests was 100% which was 2.5%points above the CCG average and 5.1% points above the national average.
- Performance for mental health was 93.4% which was 2.4% points above the CCG average and 3.0% points above the national average.

The practice had exception reporting of 4.7%, which was 3.0% less than the local Clinical Commissioning Group (CCG) average and 3.2% above the national average. Exception reporting is the exclusion of patients from the list who meets specific criteria. For example, patients who choose not to engage in screening processes.

At the beginning of our inspection a GP gave a presentation to the inspection team. They acknowledged that the QOF data was lower than the CCG and national averages in some areas. One of the new partners told us that systems had been put in place to improve performance. A health care assistant (HCA) had been given the task of identifying and contacting patients requesting that they attended for reviews. A GP had taken the lead for making improvements towards QOF data and they held monthly meetings with the practice nurse and HCA to assess progress. We were told that staff were focussing on patients who had asthma and COPD. The practice nurse was also concentrating on patients who should have attended for cervical screening.

Effective staffing

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. There had been five clinical audits completed in the last 12 months. The practice participated in applicable local audits, national benchmarking and accreditation.

Information about patient's outcomes was used to make improvements. A recent audit concerned the patients who were prescribed eight or more medicines. The review included 80% of these patients. Due to the changes made to prescribed medicines the number of patients who were prescribed eight or more medicines was reduced from 105 to 84 patients.

Good

Are services effective?

(for example, treatment is effective)

Another audit concerned recently diagnosed patients who were treated with a medicine. As a result changes were made to the prescribed medicines for some of these patients. The audit was repeated and it showed improvements to the quality of care that patients received. It also showed that the prescribing complied with the National Institute of Health and Care Excellence (NICE) guidelines.

Coordinating patient care and information sharing

Staff had information they needed to deliver effective care and treatment to patients who used services and put systems in place to capture medication review dates. Staff were able to access all the information they needed to plan and deliver care and treatment 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, hospital information and test results.

We saw evidence that multi-disciplinary team meetings took place every two months and that care plans were routinely reviewed and updated. Practice staff and external professionals shared relevant information about patients who had complex needs or were receiving palliative (end of life) care to ensure they delivered seamless patient care. This included when people moved between services, including when they were referred, or after they were discharged from hospital.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. When consent was obtained it was recorded in the patient's medical records in line with legislation and relevant national guidance.

All clinical staff knew how to assess the competency of children and young people about their capability to make decisions about their own treatments. Staff understood the key parts of legislation of the Children's and Families Act 2014. GPs demonstrated a clear understanding of Gillick competencies. (These help clinicians to identify children aged under 16 years of age who have the legal capacity to consent to medical examination and treatment). A patient we spoke with described how a GP spoke with and treated their child in an appropriate way.

Health promotion and prevention

A receptionist who was a trained health care assistant told us about the smoking cessation clinics they held on weekly or twice per week depending on demand. They spoke about two recent achievements and how they provided guidance to patients who wanted to stop smoking.

A health advisor held weekly clinics at the practice to give guidance and support to patients about leading a healthy lifestyle. The professional gave the advice in Hindi and English to assist in patient's understanding.

The practice had a higher than average rate of patients who had diabetes. To assist with the care of those with complex needs Diabetes in the Community Care Extension (DiCE) quarterly sessions were introduced at the practice. A consultant and specialist diabetes nurse held the clinics at the practice to see the patients and plan their care needs.

The uptake for cervical screening was 82.5%, this was 14.3% below the CCG average and 15.0% below the national average. Clinical staff were aware of this and had implemented a system for improving performance in this area. A health care assistant (HCA) was identifying non-attenders and asking them to book an appointment. The practice nurse kept three appointments open each day. When they saw patients for other reasons they asked if they could carry out the cervical screening the same day. The practice nurse told us the uptake had improved but due to the culture of some patients the uptake would be difficult to obtain.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds were 90% and five year olds 90% was achieved.

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

Good

Are services effective?

(for example, treatment is effective)

Patients who had complex needs or had been identified as requiring extra time were given longer appointments to ensure they were fully assessed and received appropriate treatment.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that all grades of staff were courteous and very helpful to patients both in person or on the telephone and that people were treated with dignity and respect. Curtains were used in consulting rooms to protect patient's privacy and dignity during examinations. We noted that consultation room doors were closed during consultations and that conversations taking place in these rooms could not be overheard outside of them. Reception staff told us that they would invite patients to move to an unoccupied area of the practice when patients needed to discuss sensitive issues or personal issues.

All of the 31 patient CQC comment cards we received were positive about the service they experienced. The seven patients we spoke with said they felt the practice offered a good service and one patient said it was excellent. They all commented that staff were helpful and caring towards them. We spoke with four members of the Patient Participation Group (PPG) on the day of our inspection. They told us they were satisfied with the care provided by the practice and said their dignity and privacy were always respected.

Results from the national GP patient survey showed patients were happy with their relationships with staff. The practice was in line with or below the CCG and national average for its satisfaction scores on consultations with doctors and nurses. For example:

- 77% said the GP was good at listening to them compared to the CCG average of 84% and national average of 89%.
- 80% said the GP gave them enough time compared to the CCG average of 82% and national average of 87%.
- 92% said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and national average of 95%
- 81% said the last GP they saw or spoke with was good at treating them with care and concern compared to the CCG average of 80% and national average of 85%.
- 74% said the last nurse they spoke with or saw was good at treating them with care and concern compared to the CCG average of 87% and national average of 90%.
- 89% of patients said they had confidence and trust in the last nurse they saw or spoke with compared to the CCG average of 95% and national average of 97%.

Care planning and involvement in decisions about care and treatment

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

Data from the National GP Patient Survey July 2015 information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line with local and national averages. For example:

- 77% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 89%.
- 90% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 91%.
- 79% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and national average of 81%.

Staff told us that translation services were available for patients who did not have English as a first language. Staff employed at the practice spoke a range of languages to assist with patients understanding of their health needs.

Patient/carer support to cope emotionally with care and treatment

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers. Practice staff provided guidance and support to carers by offering health checks and flu vaccinations and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them. The waiting area included a dedicated notice board that included contact details of support agencies.

Good

Are services caring?

Following a bereavement a GP made a home visit to the family and a further visit two weeks later to offer guidance and if necessary referral to a counselling service.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to improve outcomes for patients in the area. For example**,** the GPs were reviewing all patients who had unplanned admissions to hospital. The objective was to avoid unnecessary admissions. From May 2013 to May 2014 the number of admissions was 200 per 1000 patients. During the following year to May 2015 the number was just less than 150 per 1000 patients.

There was an active PPG which met on a quarterly basis and submitted suggestions for improvements to the practice management team. One recent proposal to upgrade the telephone access for patients. As a result more phone lines were installed to enable patients to get through quicker.

Services were planned and delivered to take into account the needs of different patient groups. For example;

- Telephone advice was provided for patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Home visits were available for elderly patients.
- Urgent access appointments were available for children and those with serious or complex medical conditions.
- The practice was planning to refurbish the premises, which would include an extra consulting room for the health care assists (HCA) use.

Access to the service

The practice was open from 8.30am until 6.30pm Mondays, Tuesdays, Wednesdays and Fridays. The practice closed at 1pm each Thursday and from 12pm until 3pm each Friday. There were no extended hours. There were on the day and pre-bookable appointments available each day and patients could book on line appointments. Advice was provided by telephone and if the GP felt the patient needed to be seen they were given an appointment. Patients with complex or a high level of needs and children were seen the same day.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages and people we spoke to on the day were able to get appointments when they needed them. For example:

- 75% patients said they could get through easily to the surgery by phone compared to the CCG average of 63% and national average of 73%.
- 64% patients described their experience of making an appointment as positive compared to the CCG average of 64% and national average of 73%.
- 58% reported they were satisfied with the opening hours compared to the CCG average of 72% and national average of 75%.

However, patients we spoke with and the information from the comment cards did not inform us that patients were dissatisfied with the opening hours.

Listening and learning from concerns and complaints

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

Leaflets about how to make a complaint were situated in the waiting area for patients to pick up. The leaflet included an area where patients could record their complaint details before submitting it to the practice.

We looked at two complaints received in the last 12 months and found these had been satisfactorily handled and dealt with in a timely way, with openness and transparency and in line with the practice's own complaints policy. If necessary an apology had been given to the complainant. We also looked at a summary of all complaints for the last 12 months and minutes of meetings where they had been discussed and action plans were agreed.

Lessons were learnt from concerns and complaints and action was taken and shared with staff to as a result to improve the quality of care. For example, a patient arrived for an appointment (patient was sent by another organisation) but no appointment had been made. An

Good

Are services responsive to people's needs?

(for example, to feedback?)

apology was given to the patient and staff wrote to the organisation advising them not to issue appointment times to patients. This information was shared with all staff to prevent a similar occurrence.

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

Senior staff had a clear vision to deliver high quality care and promote good outcomes for patients. There was no written business plan however; GPs had agreements in place to change the management structure. They had also secured funding to refurbish the premises to improve patient access. Progress against these improvements were being monitored.

Governance arrangements

There was a governance framework in place, which supported the delivery of the strategy and good quality care. This included:

- A clear staffing structure and staff were aware of their own roles and responsibilities.
- Staff worked as a team and supported each other in achieving good patient care.
- Clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information.
- Proactively gaining patients' feedback from patient surveys and engaging patients in the delivery of the service. Acting on any concerns raised by both patients and staff.
- Practice specific policies were implemented and were available to all staff.
- Clinical staff had an understanding of the performance of the practice and an action plan had been implemented to improve performance.
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice effectively and identify where improvements were needed. They prioritised safe and high quality patient care. The partners were visible in the practice and staff told us that they were approachable and staff told us they felt well supported. The partners encouraged a culture of openness and honesty.

Staff told us that regular team meetings were held. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues and report concerns. Staff said they felt respected and valued by senior staff. 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.

Practice seeks and acts on feedback from its patients, the public and staff

The practice encouraged and valued feedback from patients, proactively gaining patients' views and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a quarterly basis. PPG's work with practice staff in an effective way that may lead to improved services. PPG members said they felt the staff listened to them and that changes would be facilitated whenever practicable. We were shown the list of improvements that senior staff had agreed after the last patient survey. It was dated 2015-2016 and included posters to be displayed in various languages to promote the on line services. Also appointment times for one GP were to be increased from 10 to 15 minutes to address the longer wait those patients experienced.

The practice was participating in the 'Friends and Family' survey where patients were asked to record if they would recommend the practice to others. The survey commenced December 2014 and the practice manager submitted monthly reports to the local CCG. We looked at the results for August 2015. There were eight responses and seven said they would recommend the practice to others and one who did not know.

Information was gathered from patients and staff through meetings and appraisals about issues, concerns or where improvements could be made. For example, the appointments system was changed to improve patient access. Staff and the PPG were asked to comment before the changes were implemented.

Innovation

Are services well-led?

Good

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

The practice had management systems in place which enabled learning and improved performance. We spoke with a range of staff who confirmed that they received annual appraisals where their learning and development needs were identified and planned for. Staff told us that the practice consistently strived to learn and to improve patients' experience and to deliver high quality patient care.

Senior staff were considering how future developments could be introduced to the practice such as; extended opening hours.