

Highfields Medical Centre

Quality Report


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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Highfields Medical Centre on 14 October 2015.

Overall the practice is rated as good.

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

- Urgent appointments were available the same day.
- The practice had good facilities including disabled access and was found to be clean and tidy.
- Information about services and how to complain was available.
- Patients said they felt the practice offered an excellent service and staff were friendly and caring and treated them with dignity and respect
- There were systems in place to reduce risks to patient safety for example, infection control procedures.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Staff had received training appropriate to their roles.

- Recruitment checks were carried out and the appropriate recruitment checks had been undertaken prior to employment.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- Complaints were managed and dealt with effectively.

However there were areas where the provider should make improvements.

Importantly the provider should:

- Make available training of the Mental Capacity Act (MCA) 2005 and ensure all staff are aware of their responsibilities under the Act as it relates to their role.
- Ensure action plan for Learning Disability reviews is monitored through the practice meetings.
- Continuously monitor feedback to evidence improvement in relation to appointment satisfaction.

Summary of findings

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.

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. Staff understood and fulfilled their responsibilities to raise concerns and to report incidents. The practice was able to provide evidence of a good track record for monitoring safety issues. Lessons were learned and shared with all staff to support improvement through regular practice meetings. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. There was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.

Good



Are services effective?

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

Good



Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice below others for some aspects of care. Feedback from patients on the day of our inspection about their care and treatment was positive and noted a change in recent months. Patients said they were treated with dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available to them was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they had found it

Good



Summary of findings

difficult to get through on the telephone in a morning and that the practice needed more out of hours appointments. Actions had been put in place to rectify any concerns raised. 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 that the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. 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 were systems in place to monitor and improve quality and identify risk. The practice had an active patient participation group (PPG). Staff had attended staff meetings. The practice was aware of future challenges and had a clear one year and five year vision and strategic business plans for the practice.

Good



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 good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and offered home visits, if necessary as well as same day appointments if needed. Every patient had a named GP. The practice had contact with district nurses and participated in monthly meetings with other healthcare professionals to discuss any concerns.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. GPs and nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All patients had a named GP and a structured annual review to check that their health and medication needs were being met. Patients were encouraged to manage their conditions and were referred to health education and other services such as smoking cessation. Special notes were used on the patient record enabling out of hours providers to be informed of any special information they may need in relation to these patients outside normal surgery hours.

Good



Families, children and young people

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. The practice met with health visitors, midwives and school nurses on a six weekly basis to discuss any safeguarding issues. Communication was also through the clinical system with GPs, nurse and health visitor. Immunisation rates were high for all standard childhood immunisations. Appointments were available outside of school hours and the premises were suitable for children and babies.

Good



Working age people (including those recently retired and students)

The practice is rated good for the care of working-age people (including those recently retired and students). The practice surgery had extended appointments Monday to Thursday to 8pm and

Good



Summary of findings

patients were always able to get an appointment on the day in an emergency. The practice had applied for Saturday morning opening for the future. The practice also offered telephone consultations with a clinician if requested and also 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

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 been identified that health checks had not been provided for this patient group and an action plan had been put into place to address this with one of the partners taking the lead for this. Longer appointments were available for 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.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated good for the care of people experiencing poor mental health (including people with dementia). 80% of people experiencing poor mental health or dementia had received an annual review. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health. The practice had worked on mental health management and had provided an awareness day for their patients, with clinical experts involved, highlighting south Asian care organisations that could provide support. The practice had also had a staff training session in relation to loneliness which also included non-clinical staff so that they were also aware of signs to look for and could offer support and signposting.

It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.

Good



Summary of findings

What people who use the service say

Results from the National GP Patient Survey January 2015 where 452 forms had been distributed to patients and 23% had been returned and completed.

- 38% found it easy to get through to this surgery by phone compared with a CCG average of 68% and a national average of 73%.
- 70% found the receptionists at this surgery helpful compared with a CCG average of 83% and a national average of 87%.
- 30% with a preferred GP usually got to see or speak to that GP compared with a CCG average of 48% and a national average of 60%.
- 74% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 80% and a national average of 85%.
- 76% said the last appointment they got was convenient compared with a CCG average of 90% and a national average of 92%.
- 41% described their experience of making an appointment as good compared with a CCG average of 68% and a national average of 73%.
- 43% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 62% and a national average of 65%.

- 26% feel they did not normally have to wait too long to be seen compared with a CCG average of 51% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 25 comment cards which were all positive about the standard of care received. Patients told us that the staff were caring and friendly, respectful and polite and that they felt listened to. They said that the staff were knowledgeable and approachable and that patients felt they received an all-round excellent service. There were some comments in relation to booking appointments and the waiting time when patients arrived for their appointment, however the comments also mentioned that this had improved recently. We saw the results of the Friends and Family Test for the months of January to July 2015 which showed that 81% of those completed said they were either extremely likely or likely to recommend the practice to friends or family with 10% saying they were unlikely.

On the day of the inspection we spoke with 12 patients that also gave positive feedback and said that they were able to get an appointment on the day if needed.

Areas for improvement

Action the service SHOULD take to improve

- Make available training of the Mental Capacity Act (MCA) 2005 and ensure all staff are aware of their responsibilities under the Act as it relates to their role.
- Ensure action plan for Learning Disability reviews is monitored through the practice meetings.
- Continuously monitor feedback to evidence improvement in relation to appointment satisfaction.

Highfields Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included an additional CQC inspector, a GP, a practice nurse specialist advisor and an expert by experience. This is a person who has personal experience of using or caring for someone who uses this type of service.

Background to Highfields Medical Centre

Highfields Medical Centre is a two partnership practice in a purpose built building, the Merlyn Vaz Centre that is shared with another practice. The practice list size is approximately 7200 patients. The practice does have a branch surgery however at the time of our registration this was registered with the CQC as a separate location and therefore we were unable to inspect at this visit however this had been rectified since the inspection.

The site has ample car parking and pedestrian access. Other services on the site include council services, dentists, a walk in GP practice, district nurses, health visitors and community mental health services.

The practice has two GP partners both male and there is also one female salaried GP working at the practice. The practice employs a business manager, a female nurse prescriber, who is also the nurse manager, a practice nurse and one health care assistant. Administration and reception duties are provided by one senior receptionist

and six reception staff. The practice is a training practice for fullyqualified doctors who are learning to become GP's. At the time of the inspection the practice had two doctors that were training.

The two partners have taken over full operational running of the practice in the last year and have recruited new clinical and non clinical staff including a new business manager. Since they have taken over new systems of working have being implemented and the environment has changed as the practice moved into the purpose built health centre.

The practice provides GP services under a (GMS) General Medical Services contract.

The practice has 91% of its patients under 65 years old. The patients are 99% South Asian in origin which brings cultural issues in relation to managing patients in relation to conditions such as mental health and identification of carers.

The surgery is open from 8am until 8pm Monday to Thursday and 8am until 6.30pm on Friday. Appointments are available from these times and include telephone consultations and telephone triage. Appointments can be booked on the day or up to two weeks in advance. The practice has made an application to commence Saturday morning appointments in the near future.

The practice lies within the NHS Leicester City Clinical Commissioning Group (CCG). A CCG is an organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services.

The practice had not previously been inspected by the Care Quality Commission.

Detailed findings

Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services under the Care Act 2014.

How we carried out this inspection

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

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

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

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

The inspector :-

- Reviewed information available from NHS England and the CCG.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 14 October 2015.
- Spoke with staff, patients and a member of the PPG.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. The practice carried out an analysis of the significant events at practice meetings.

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, the practice had now appointed a lead for Learning Disability patients, ensuring the seamless co-ordination of their care. This was following a significant event where it had been discovered that 21 patients out of 34 that had a learning disability had not received a comprehensive review of their care within the previous 12 months. The practice had also had an audit carried out by the Primary Care Nursing Team within Leicester Partnership Trust to ensure that the correct processes were put into place.

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

Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A notice was displayed in the waiting room, advising patients that chaperones were available, if required. All staff who acted as chaperones were trained for the role. Reception staff had also been trained for this and the

practice had also produced a scenario based training session to give practical training to the staff. All staff had received a disclosure and barring check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). It was practice policy that DBS checks were renewed every three years.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy in place and a poster in the reception office. The practice had an up to date fire risk assessments and regular fire drills were carried out. All staff had completed fire safety training within the past 12 months. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be visibly clean and tidy. The building was managed externally. The nurse manager was the infection control clinical lead. There was an infection control protocol in place and staff had received up to date training. An infection control audit had taken place and we saw the audit with comments and a full action plan to be completed. Part of this was to ensure staff had training for infection control and in addition to the online training a presentation had been used at a training session for all staff that had been written by the nurse manager.
- The arrangements for managing medicines, including emergency medicines and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.
- Recruitment checks were carried out and the eight files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed

Are services safe?

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. The practice used locum GPs and this was managed by one of the partners who used an agency that provided them with all the relevant recruitment checks and qualifications.

Arrangements to deal with 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. They were able to explain what they would do in an emergency situation. All staff received annual basic life support training and there were

emergency medicines available in the practice. The practice had a defibrillator available on the premises and oxygen with adult and paediatric masks. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. All staff had mobile telephones that could be used in an emergency and the practice would reimburse staff for any usage.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment and consent

The practice carried out assessments and treatment 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 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 Diabetes.

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. Recent results were 96.3% of the total number of points available, with 7.7% exception reporting. Exception reporting is the exclusion of patients from the list

who met a specific criteria, for example patients who choose not to engage in the review process or where a medication cannot be prescribed due to a contraindication or side-effect.

The practice was an outlier for certain QOF areas such as stroke, rheumatoid arthritis and osteoporosis (or other national) clinical targets but data from 2013/14 showed that the practice was above notational and CCG averages in other QOF areas for example;

- Performance for diabetes related indicators was 93.7% compared with 91.2% CCG average and 90.1% national average.
- Performance for mental health related indicators was 95.5% compare with 93.9% CCG average and 90.4% national average.
- Performance for dementia indicators was 96.7% compared to 92.3% CCG average and 93.4% national average.

The practice operated a comprehensive, in-house designed spreadsheet for all diabetic patients at the surgery which

recorded many factors in addition to the QOF requirements (for example whether the patient was housebound, referral dates to other specialities, number of medicines taken and language spoken). This gave the clinicians a holistic view of the diabetic patient and enabled the practice to consult with the patient in the most effective way. It also enabled the lead GP to produce summaries or analysis of the patients and direct the most appropriate clinician to assist the patient with the most up to date information.

The GPs stated that staffing issues and significant clinical issues with the previous clinical staff had contributed to a relatively low attainment in certain QOF areas, but the practice showed that they were already on target this year to improve on this which showed on the current QOF scores.

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 three clinical audits completed in the last two years, all of which were completed audits where the improvements made were implemented and monitored. For example there had being an audit on PPI (proton pump inhibitor) cover for patients taking selective serotonin reuptake inhibitors (drugs used to treat depression). The percentage of patients receiving PPI cover improved from 25% to 100% as a result of implementing the audit action plan. The practice participated in applicable local audits, national benchmarking, accreditation and peer review. Findings were used by the practice to improve services.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included on-going support during sessions, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. We saw evidence that staff had received an appraisal within the last 12 months.

Are services effective?

(for example, treatment is effective)

- 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. There was a lack of mental health training although staff understood their roles and responsibilities in relation to this.
- As the practice was a training practice, doctors who were training to be qualified as GPs were offered extended appointments and had access to a senior GP throughout the day for support.

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 test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

The practice worked with other service providers to meet patients' needs and manage those patients with complex needs. It received blood test results, X ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service both electronically and by post. The practice had a policy outlining the responsibilities of all relevant staff. On the day of inspection the incoming mail was not date stamped as stated in the process and the faxes to be seen by a GP contained a fax from over a week before. This was reviewed by the GP who stated that there was no action for the practice to take from this correspondence however the incident was logged as a significant event and investigated as such following the inspection. The incident had been discussed with staff member concerned to prevent reoccurrence and the incoming mail process had been revised and reinforced.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. Patients that were discharged from hospital were contacted within 48 hours to offer an

appointment and to check how the patient was or if the patient had any concerns, this was completed within 24 hours for patients that had a mental health illness. We saw evidence that multi-disciplinary team meetings took place on a six weekly basis and that care plans were routinely reviewed and updated.

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 despite the lack of formal training. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. Patients who may be in need of extra support were identified by the practice. The practice had arranged for community groups to attend and speak at the practice learning time sessions to increase awareness of community schemes. This was to enable the reception staff, that may notice things that the GP does not, to signpost patients to organisations, for example loneliness.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 80% which was comparable to the CCG average of 78.6% and the national average of 81.88%. 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 94.3% to 97.1% and five year olds from 95.3% to 98.8%. These were in line with or above CCG

Are services effective?

(for example, treatment is effective)

averages ranging from 81.6% to 100% for under two year age group and 85.5% to 94.9% for the five year age group. Flu vaccination rates for the over 65s were 76% and at risk groups 80%. These were also above national averages 73.24% and 52.29%. The practice had achieved this by running four Saturday clinics, across two sites and three extra appointments slots after every clinic. All the clinicians administered flu vaccinations opportunistically and the practice had a designated member of administrative staff that was assigned to oversee flu targets.

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

Are services caring?

Our findings

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 27 patient CQC comment cards we received were positive about the service experienced. There were however some concerns mentioned in relation to not being able to get through on the telephone in a morning and having to wait to see the GP on arrival. The comment cards also reflected that this was improving and that the online booking option had assisted with this. Patients said they felt the practice offered an excellent service and staff were friendly and caring and treated them with dignity and respect. Comment cards highlighted that staff responded respectfully and professionally when they needed help and provided support when required.

Results from the national GP patient survey January 2015 showed patients were generally happy with how they were treated and that this was with compassion, dignity and respect. The practice was comparable or lower than the average for its satisfaction scores on consultations with doctors and nurses. For example:

- 86% said the GP was good at listening to them compared to the CCG average of 83% and national average of 86%.
- 75% said the GP gave them enough time compared to the CCG average of 83% and national average of 87%.
- 90% said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and national average of 95%
- 82% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and national average of 85%.

- 86% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 90%.
- 70% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and national average of 87%.

The practice had taken steps over the past year to employ a new team of reception and clinical staff, along with an existing staff member that was now senior receptionist. The comments from speaking with patients and the feedback on the comments cards all expressed the helpfulness of the reception staff that were in place at the time of our inspection.

Care planning and involvement in decisions about care and treatment

Patients we spoke with 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.

Results from the national GP patient survey January 2015 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:

- 86% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 76% 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 and there were also staff members that were able to speak a range of languages that would assist their patients.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

Are services caring?

The practice's computer system alerted GPs and reception staff if a patient was also a carer. There was a practice register of all people who were carers and 0.76% of the practice list had been identified as carers and were being supported, for example, by offering health checks and referral for social services support. Due to cultural reasons

it was difficult to identify a higher number of carers. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement they would be offered post bereavement appointments or visits where necessary. There was also an external counselling service that families could be signposted to.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, the practice used information about the needs of the practice population identified by the Joint Strategic Needs Assessment (JSNA) undertaken by the local authority to help focus health promotion activity. The JSNA pulls together information about the health and social care needs of the local area. This had informed ways in which the care was provided for mental health patients and the health promotion material. For example, debt was identified as being a significant contributor for mental illness. This has led the practice to liaise with the council office where patients apply for a spectrum of benefits and established a joint working relationship with them to overcome any obstacles that patients may have with any application processes.

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

- There were longer appointments available for people with a learning disability.
- GPs would flex their appointments if necessary to enable cover for annual leave and to manage demand.
- Telephone consultations were available with the GPs.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and a translation service if required. Practice staff were also able to speak other languages, such as Hindi and Gujarati.
- The practice was an enhanced diabetic care centre.

The practice had recently reviewed feedback that had been received through the PPG and NHS Choices, which included comments about reception staff, appointments out of hours and lack of consistency with annual reviews.

The practice responded to this with extended hours, telephone triage, on line services and GPs and nursing teams leading on disease management.

Access to the service

The surgery was open from 8am until 8pm Monday to Thursday and 8am until 6.30pm on Friday. Appointments were available from these times and included telephone, triage appointments that could be booked on the day or up to two weeks in advance. The practice had applied for Saturday morning opening to give working age patients more flexibility. This was planned to commence in the near future.

In addition to pre-bookable appointments that could be booked in advance, urgent appointments were also available for people that needed them on the same day.

Patients were able to also book appointments online.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was lower than local and national averages. For example:

- 62% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.
- 38% patients said they could get through easily to the surgery by phone compared to the CCG average of 68% and national average of 73%.
- 41% patients described their experience of making an appointment as good compared to the CCG average of 68% and national average of 73%.
- 43% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 62% and national average of 65%.

The practice had extended the online services available and had also changed the appointment system to meet the needs of their patients. The practice found that their patients tended to be reactive and preferred to have appointments available on the same day. Therefore the practice did not have many appointments available in advance which also helped to reduce the number of patients not attending. The practice used telephone triage wherever possible and a tasking system to handle non urgent queries. People we spoke with on the day were able to get appointments when they needed them and were able to get through on the telephone. The patients that we spoke with said that there had been improvements made over the recent months.

Listening and learning from concerns and complaints

Are services responsive to people's needs?

(for example, to feedback?)

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

We saw that information was available to help patients understand the complaints system. The policy was displayed in the waiting area and there was a leaflet also available. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at four complaints received in the last 12 months and found them to be handled well and in line with their policy. They had been dealt with in a timely way, with thorough investigations and openness and transparency with dealing with the complaint and a full explanation given to complainants with apology where necessary.

Complaints were added to the next practice meeting where they were reviewed by the team and lessons learned and actions taken were implemented and shared.

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 caring, safe, high quality, holistic care for each and every patient and their family and carers. Staff we spoke with were aware of the culture and values of the practice and told us patients were at the centre of everything they did. Comments we received were very complimentary of the standard of care received at the practice and confirmed that patients were consulted and given choices as to how they wanted to receive their care.

The practice was engaged with the local Clinical Commissioning Group (CCG) to ensure services met the local population needs such as the recent application for Saturday opening.

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:

- A comprehensive understanding of the performance of the practice
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements
- There 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
- There were robust 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 and ensure high quality care. They prioritised safe, high quality and compassionate

care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

Staff told us that regular team meetings were held. Staff told us that the open culture within the practice gave them the opportunity to raise any issues at team meetings and that they felt confident in doing so and felt supported if they did. The staff had made suggestions to the partners including the re-arrangement of the seating area in reception. This suggestion was implemented and as a result the patients had a more confidential area and the reception staff were able to see all patients should an emergency arise. Staff said they felt respected, valued and supported, particularly by the partners and management in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice had an active PPG consisting of six members. (A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care). The PPG assisted the practice with surveys and health promotion days. All suggestions and ideas for the practice were consulted with through the PPG to get the views of the patients prior to implementing new processes or ideas.

The practice had an action plan in place in relation to the feedback that had been provided in a survey in January 2015. There were over 30 comments made and each one had been addressed accordingly. For example one point raised was about waiting at reception and that patients did not feel heard. The practice had since given front line staff coaching on how to manage queues effectively. The practice had also ordered a self-check in screen which would enable staff to have more time to answer the telephone calls.

Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.