

Dr Geetha Ramachandran & Dr Prasanna Balakrishnan

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3
The six population groups and what we found	5
What people who use the service say	8

Detailed findings from this inspection

Our inspection team	9
Background to Dr Geetha Ramachandran & Dr Prasanna Balakrishnan	9
Why we carried out this inspection	9
How we carried out this inspection	9
Detailed findings	11

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Hirsell Practice also known as Dr Geetha Ramachandran & Dr Prasanna Balakrishnan on 07/10/2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

- Patients said and that there was continuity of care, with urgent appointments available the same day. Several patients said they found it difficult to make an appointment and accessing same day appointments.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

However there were areas of practice where the provider needs to make improvements.

Importantly the provider should

- Ensure there is a practice business plan.
- Ensure action plans are formalised with named staff responsible for implementation.
- Ensure access to appointment and telephone consultations are promoted to patients.
- Ensure medicines required in an emergency are easily accessible

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 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 and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) 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 and 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 staff. Staff worked well with multidisciplinary teams to ensure appropriate information was shared.

Good



Are services caring?

The practice is rated as good for providing caring services. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality. Staff were aware of the different ethnic and cultural backgrounds of their patients including those who experienced difficulty speaking and understanding English.

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 NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The majority of patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. We also received several comments from patients who told us they found it difficult to make an appointment. We saw that telephone consultations were available throughout the day and the practice leaflet detailed this.

Good



Summary of findings

However the patients we spoke with and those who completed the comment cards seemed unaware of this. 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 and other stakeholders.

Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and philosophy for the practice. Staff were clear about their responsibilities in relation to this. However there was no business plan which would detail the practice development. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There 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. There was a virtual patient participation group (PPG) the practice were trying to improve the membership of the group which had decreased over the past year. Staff had received inductions, regular performance reviews and attended staff meetings and events.

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 as 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 had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. The practice were proactive in referring those patients with deteriorating health or require additional support on to the appropriate services or community matrons.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. 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 these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. The practice had identified in the past some non-attendance for annual reviews. In response to this the patient is contacted by phone twenty four hours beforehand to remind them of their appointment. If they are unable to make this appointment another is arranged.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates for all standard childhood immunisations were relatively high for those over 12 months. However the immunisation rates for those under 12 months were below the CCG average. We saw that the practice had been operating with one nurse for a few months which may explain this. The practice has now recruited another nurse improving patient to the practice nurse.

Good



Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside

Summary of findings

of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses. The practice had a process in place to rapidly identify any children who miss more than 2 appointments and there is a process in place to respond appropriately. The practice aim to respond to those female patients who prefer to be treated by a female GP. Prior to the female GP going on maternity leave they asked their patients if they would prefer a male or female locum GP and employed a female in response to patient's requests.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. Healthy heart, lung checks and smoking cessation were also available. The practice also offer Meningitis C, Measles, Mumps and Rubella (MMR) immunisation catch up programme for students.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with a learning disability. It had carried out annual health checks for people with a learning disability. It offered longer appointments for people with a learning disability. The practice also offered annual health checks for carers with the practice nurse.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

The practice also directs patients struggling with alcohol and substance misuse to an alcohol team that visits the practice on a fortnightly basis offering support and treatment to patients.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia. However it was unclear if these patients had a copy of their agreed care plans.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. 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. Staff had received training on how to care for people with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015, from the 2014/15 survey showed the practice was performing below or average for local and national averages. There were 99 responses and a response rate of 21.9%.

- 48% find it easy to get through to this surgery by phone compared with a CCG average of 77% and a national average of 73%.
- 72% find the receptionists at this surgery helpful compared with a CCG average of 89% and a national average of 87%.
- 57% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 59% and a national average of 60%.
- 70% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 85% and a national average of 85%.
- 83% say the last appointment they got was convenient compared with a CCG average of 87% and a national average of 85%.

- 52% describe their experience of making an appointment as good compared with a CCG average of 76% and a national average of 73 %.
- 64% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 72 % and a national average of 65%.
- 58% feel they don't normally have to wait too long to be seen compared with a CCG average of 64% 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 35 CQC comment cards which were all positive about the standard of care received. Patients were complimentary about the staff and informed us they were treated with compassion, dignity and respect. We also spoke with one member of the PPG who told us they were happy with the care they had received. We spoke with 11 patients who were also happy about the service they received. However some patients were not happy with the difficulties they experienced in accessing appointments. All the patients we spoke with were complimentary about the practice staff.

Dr Geetha Ramachandran & Dr Prasanna Balakrishnan

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a second CQC inspector a practice manager specialist adviser and an Expert by Experience.

Background to Dr Geetha Ramachandran & Dr Prasanna Balakrishnan

Hirsel Medical practice is located in within North Ormesby medical village. There are 3329 patients on the practice list and there are a large proportion of patients from ethnic background. There are a slightly higher proportion of patients under 19 years on the patient list compared the practice average across England. There are two GPs partners one male and one female. There are two practice nurses and an administrator who has been trained to undertake a phlebotomy role. There is also a practice manager, reception and administration staff. The practice is open 08.00 to 18.00, Monday to Friday and once a week there is a late opening with appointments available between 18.30 and 20.30 on alternate Tuesdays and Fridays. The practice is closed on Thursday afternoon for staff training and meetings. Appointments can be booked up to one month in advance. Same day appointments are released each day from 08.00. If you want advice about a health problem or there are no appointments available you can have a telephone appointment and speak directly to

your doctor by phone on the day that you call. If the doctor thinks you need an appointment they will invite you into the practice that day. Patients requiring a GP outside of normal working hours are advised to contact the GP out of hour's service provided by Northern doctors via the NHS 111 service. The practice has a General Medical Services (GMS) contract.

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?

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)

The inspector :-

- Reviewed information available to us from other organisations e.g. NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 7 October 2015
- Spoke to staff and patients.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures
- Spoke to staff and patients.
- 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. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. 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. All complaints received by the practice were entered onto the system and investigated appropriately. The practice carried out an analysis of the significant events.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. However the detail in the minutes of the meetings did not always identify who was responsible for implementation. We were told that lessons learnt were shared to make sure action was taken to improve safety in the practice.

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. The practice used RIDDOR the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 to report and monitor incidents.

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. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A notice was displayed in the waiting room, advising patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained

for the role and had received a disclosure and barring check (DBS). The 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.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. 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 also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be extremely clean and tidy. One of the practice nurses was the infection control clinical lead and liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- 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 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 four files we reviewed 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.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. The practice uses the same

Are services safe?

two GP locums. We saw that the practice had ensured that the locum cover provided during the GPs maternity leave met the needs of their patients groups by surveying them prior to arranging cover.

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. All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice nurse told us they would address this. 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. Emergency medicines were accessible to staff in a secure area of the practice and all staff knew of their location. However we saw that these medicines were not kept together in an accessible pack that could be easily obtained in an emergency for example anaphylaxis. 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. The practice had also identified a buddy practice that would support them in the event of their practice premises being unusable.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line 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. The practice monitored that these guidelines were followed through risk assessments, random sample checks of patient records. We saw that audits had not been undertaken in areas where the practice were considered an outlier. Examples of these were the prescribing of hypnotics and antibiotics.

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. Current results were 92.8% of the total number of points available. This practice was an outlier for four areas of the QOF clinical targets. However we saw that the practice had reviewed this and had plans in place to improve this. Examples of this were the flu campaign had started early and the staff were proactive in inviting patients into the practice. We also saw that the practice were encouraging women to have their cervical smears. There were smear information cards for patients throughout the practice encouraging women to come forward for smears. Data from 2014/15 showed;

- Performance for diabetes related indicators was similar to the CCG and national average. An example is the percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 September to 31 March was 96.27% compared to 93.46% nationally. The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 96% compared to the national average of 88%.

- The percentage of patients with hypertension having regular blood pressure tests was better than the national average 86.34% had regular blood pressure monitoring compared to the national average of 78.53%.
- Performance for mental health indicators was comparable to the CCG and national average. The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months (01/04/2013 to 31/03/2014) was 99.6% compared to the national average of 95.28%. However the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2013 to 31/03/2014) was 80.77% compared to national average of 86.04%. The dementia diagnosis rate was 75% which is below the national average of 83.82%.

Clinical audits were carried out to demonstrate quality improvements and all relevant staff were involved to improve care and treatment and people's outcomes. There had been two clinical audits completed in the last two years. We saw that improvements had been made and were implemented and monitored. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, we saw that all children with an allergy to cow's milk were referred to the paediatric dietician, medication reviewed and follow up process in place. Information about patients outcomes were used to make improvements such as patients suffering from iron deficiency anaemia and receiving ferrous sulphate (a medicine used to treat this condition) were regularly monitored.

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 ongoing support

Are services effective?

(for example, treatment is effective)

during sessions, one-to-one meetings, appraisals, clinical supervision and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months. However the appraisal for the practice manager was not formally documented.

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

Coordinating patient care and information sharing

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

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 ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a quarterly basis and that care plans were routinely reviewed and updated. We saw that the practice recorded the minutes of the end of life meetings using a colour code of green, amber or red. This enabled staff to see at a glance importance issues relating to specific patients.

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. 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. The process for seeking consent was monitored through records to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

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. There were alcohol workers coming into the practice every two weeks where patients could access support. Patients were then signposted to the relevant service for any support they required. Smoking cessation advice and weight management was available in the practice and from a local support group. Patients who may be in need of extra support were identified by the practice.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 68.8% during 2013 to 2014 which was below the national average of 81.88%. The practice were aware of this and had implemented plans to address the issue of poor uptake. 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 or below the CCG/national averages. These results covered the period 1 April 2014 to 31 March 2015. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 76.9% to 95.4% and five year olds were all 98%. Flu vaccination rates for the over 65s were 71.43%, and at risk groups 28%. These were below the CCG and national averages. We saw that in the last six months the practice had employed a further practice nurse and were now being more proactive in addressing their underperformance.

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

Respect, dignity, compassion and empathy

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations 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. The practice had a high proportion of patients from different ethnic groups and we observed the reception staff knew their patients well and were attentive to their needs.

All of the 35 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We also spoke with one member of the patient participation group. The group is a virtual group with a small membership. The practice manager told us they were currently trying to improve the membership and move to having regular meetings. They PPG member told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 87% said the GP was good at listening to them compared to the (CCG average of 89% and national average of 89%).
- 89% said the GP gave them enough time (CCG average 88%, national average 87%).

- 87% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%)
- 86% said the last GP they spoke to was good at treating them with care and concern (CCG average 86%, national average 85%).
- 86% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 95%).
- 72% said they found the receptionists at the practice helpful (CCG average 89%, national average 87%)

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were 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 87% and national average of 86%.
- 83% said the last GP they saw was good at involving them in decisions about their care (CCG average 82%, national average 81%)

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them.

Are services caring?

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. We saw that the practice attended regular meeting and there were a number of enhanced services. Examples of these were facilitating timely diagnosis and support for people with Dementia and improving online access.

- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services available.
- All consulting and treatment rooms were on the ground floor but here was also lift access to the first floor should the practice wish to expand.
- We saw that one of the GPs was learning the Hindi language to assist in treating their patients.
- When providing locum cover the practice ensured that there were always GPs of both gender available to treat patients who have specific request

The practice was open between 08.00 and 18.00 Monday to Friday. Appointments were from 09.00 every morning and 17.30 daily. Extended hours surgeries were offered at the following times on Tuesdays and Wednesday evenings 18.30 - 20.30 alternative weeks. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages. People told us on the day that they were able to get appointments when they needed them.

- 73% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 75%.
- 48% patients said they could get through easily to the surgery by phone (CCG average 77%, national average 73%).
- 70% patients described their experience of making an appointment as good (CCG average 87%, national average 85%).
- 64% patients said they usually waited 15 minutes or less after their appointment time (CCG average 72%, national average 65%).

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system such as complaints leaflets.

We looked at seven complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, the practice display all costs for private letters and insurance requests made to the GP to ensure all patients are informed of charges.

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 clear aims and vision to deliver high quality care and promote good outcomes for patients and temporary residents in a timely manner.

- There was a practice philosophy which was displayed in the practice leaflet waiting areas and staff knew and understood the values.
- The practice had a governance strategy. However the practice did not have an up to date business plan in place.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice.
- 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 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 take the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

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

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

- Staff told us that the practice held regular team meetings. However we noted that where actions were agreed it was not clear who was responsible for the action or when it would be reviewed.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners and practice manager 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. The practice was small and therefore many of the discussions and meetings were not always formally recorded.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was a virtual PPG who were consulted on surveys and changes in the practice. The group was small and the practice manager told us they were trying to attract new members and commence meetings in the future.

The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

Are services well-led?

Good 

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

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was involved in part of local pilot schemes to improve outcomes for patients in the area. An example of this was dementia care and the care of those people in care homes.