The Abbotsbury Practice

Quality Report

The Eastcote Health Centre, Abbotsbury Gardens,
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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?	Requires improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at 8:45 am on 6 October 2015. Overall the practice is rated as good.

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.

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, with the exception of those relating to joint monitoring of health & safety / premises issues.
- 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 they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

We saw one area of outstanding practice:

Summary of findings

- Results from the national GP survey published 2 July 2015 were consistently above the local / national average in relation to all the caring and responsive indicators. Feedback from patients during our inspection including comment cards received was also consistently positive in this regard.

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

Importantly the practice must:

- Ensure staff are trained in safeguarding children to the appropriate level.
- Provide nursing staff with training in the Mental Capacity Act 2005.

The provider should:

- Enhance patient awareness of chaperoning services.
- Develop proactive joint monitoring of health & safety / premises issues with NHS property management.
- Formalise infection control training for staff.
- Provide annual basic life support training for non-clinical staff

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?

Requires improvement

The practice is rated as requires improvement for providing safe services as there are areas where it should make improvements. Staff understood their responsibilities to raise concerns, and to report incidents and near misses. Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. Areas of concern found were staff training and the monitoring of health and safety.

Are services effective?

Good

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. 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 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 all staff. Staff worked with multidisciplinary teams.

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for most aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

Good

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. Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their

Summary of findings

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?

Good

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. 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. The patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings and events.

Summary of findings

The six population groups and what we found

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

Older people

Good

The practice is rated 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. It was responsive to the needs of older people, and offered home visits, rapid access appointments, annual health checks and a named GP.

People with long term conditions

Good

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.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations. 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 of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Summary of findings

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. It had carried out annual health checks for people with a learning disability and 88% had had annual health checks. It offered longer appointments for people with a learning disability.

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.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia), 84% of people experiencing poor mental health had received an annual physical health check. 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.

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.

Summary of findings

What people who use the service say

The national GP patient survey results published on 02 July 2015 showed the practice was performing consistently above local and national averages. There were 113 responses and a response rate of 40%.

- 92% find it easy to get through to this surgery by phone compared with a CCG average of 71% and a national average of 73%.
- 95% find the receptionists at this surgery helpful compared with a CCG average of 83% and a national average of 87%.
- 83% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 55% and a national average of 60%.
- 96% 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%.
- 97% say the last appointment they got was convenient compared with a CCG average of 88% and a national average of 92%.
- 90% describe their experience of making an appointment as good compared with a CCG average of 67% and a national average of 73%.
- 78% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 64% and a national average of 65%.
- 75% feel they don't normally have to wait too long to be seen compared with a CCG average of 52% 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 22 comment cards which were all positive about the standard of care received. Patients said the doctors were very considerate and listened to them. They said staff did their upmost to provide an excellent service.

The Abbotsbury Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor, a member of the CQC management team and an expert by experience. Experts by experience are members of the team who have received care and experienced treatment from similar services.

Background to The Abbotsbury Practice

The Abbotsbury Practice is situated in Eastcote Health Centre, Abbotsbury Gardens, Eastcote, Pinner, Middlesex, HA5 1TG. The practice shares the health centre with another GP practice which is managed by a local NHS trust. The practice provides primary care services through a General Medical Services (GMS) contract to approximately 6,787 patients living in the local area (PMS is one of the three contracting routes that have been available to enable commissioning of primary medical services). The practice is part of the NHS Hillingdon Clinical Commissioning Group (CCG) which comprises 48 GP practices. The registered patients are representative of most age groups with a higher than national average number of older patients and those between 40 and 59 years of age. The Abbotsbury Practice is an approved training practice with one GP registrar in training at the practice.

The practice staff comprise of three GP partners; two male, one female (20 sessions plus extended hours), a salaried GP (five sessions plus extended hours), a regular locum (three sessions), a GP registrar (seven sessions plus extended hours), two nurses (15 and 22 hours / week), healthcare assistant (10 hours / week), practice manager, six receptionists and six administration staff. The practice opening hours are 08:30hrs to 19:00hrs Monday to Friday. Appointments are available from 09:00hrs to 11:30hrs every morning and 16:30hrs to 18:00hrs in the afternoons. Extended hours surgeries are 18:30hrs to 19:00hrs weekdays for commuters only, the practice is closed at weekends. Patients are referred to NHS 111 services for out-of-hours care. The practice website provides details of local walk-in centres which are accessible at weekends. The practice is part of a GP federation comprising 16 GP surgeries in North Hillingdon with an aim of providing integrated care for the patients living in the locality.

Services provided include; minor surgery, cryotherapy, asthma & diabetes clinics, family planning, travel & child immunisations, smoking cessation advice, ear syringing and health promotion.

The practice provides the following Enhanced Services; unplanned admissions, minor surgery, extended hours and learning disability health checks (Enhanced Services require an enhanced level of provision above what is required under core GMS contracts).

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed 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.

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)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 6 October 2015. During our visit we spoke with a range of staff including three GPs, a nurse, the practice manager, three reception staff and spoke with seven patients who used the service. We observed how people were being cared for and talked with carers and/or family members and reviewed the personal care or treatment records of patients. We reviewed 22 comment cards where patients and members of the public shared their views and experiences of the service.

Requires improvement

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. The practice carried out an analysis of the significant events.

We reviewed safety records, incident reports and minutes of meetings where these were discussed over the previous year. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a reported incident we reviewed stated that on reviewing a patient repeat prescription a GP noted there was no eye appointment letter despite the patient using medication for glaucoma (a build up of pressure in the eye that affects vision). The incident was discussed in a clinical meeting and procedures reviewed in order to reduce the likelihood of recurrence. As a consequence of this incident the practice was planning an audit of patients who were receiving glaucoma treatment to check they were attending for specialist review.

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 who was trained to Level 3. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and most had received training relevant to their role. One practice nurse was trained in safeguarding to Level 2, however we did not see evidence of safeguarding training for the second nurse. The practice manager told us that the nurse had recently completed training but had not yet received a certificate, she was unable to confirm the level of training but assumed it was Level 2. In addition the health care assistant was trained to only Level 1(Level 2 is the minimum requirement for nurses and health care assistants to accord with intercollegiate guidance).
- There was a chaperone policy in place and there were notices displayed in the consultation rooms, advising patients that chaperone services were available. All staff who acted as chaperones were trained for the role and 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).
- There were some 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. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. A number of areas of health and safety were managed by NHS property management. However, evidence was not seen of systems and processes being in place for the proactive joint monitoring of the cleanliness and repair of the practice with property management. The system was mostly reactive, with key issues such as agreeing the cleaning schedule not in place.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place. The practice manager told us infection control training was provided in house, however there was no documented evidence to support this. Regular 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 nine staff 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.

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. Clinical staff received annual basic life support training and non-clinical staff every three years. There were emergency medicines available in the treatment room. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

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

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice 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. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice 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. Latest published results from 2013/14 were 98% of the total number of points available (above CCG/national averages), with 5.4% exception reporting (below CCG/national averages). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013/14 showed;

- Performance for diabetes related indicators was 94%, 7% above CCG average and 4% above national average.
- Performance for hypertension related indicators was 91%, 2% above CCG average and 3% above national average.
- Performance for mental health related indicators was 100%, 10% above CCG / national averages.
- Performance for dementia related indicators was 100%, 8% above CCG average and 7% above national average.

The practice had improved their QOF performance in 2014/15 achieving 99% of the total number of points available.

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 16 clinical audits completed in the last twelve months and most of these were re-audits of previous audits where the improvements made were implemented and monitored. For example an asthma audit carried out in 2013 and repeated in 2014 identified the number of asthma patients receiving an annual review had increased from 51% to 56% due to an action plan put in place to proactively invite patients in for reviews. Audits the practice had carried out were diverse and included audits of asthma, hypertension, inadequate cervical smears, antibiotic prescribing, atrial fibrillation, chronic kidney disease, vaccinations and a range of medicine audits.

The practice kept registers of patients with learning disabilities and those experiencing poor mental health. There were 16 patients on the learning disabilities register with 88% having received a health check in the previous 12 months and 40 patients on the mental health register with 84% having received a health check in the previous 12 months. Twenty five patients on the mental health register had a care plan in place.

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, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. However, we found although staff received regular appraisal, an annual update was overdue. The practice manager told us that an IT issue had caused the delay in staff appraisals and action was being taken to update them.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness and equality and diversity. Staff had access to and made use of e-learning training modules and in-house training.
- GPs had special interests in a range of areas including diabetes, asthma, COPD, minor surgery, women's health, child health surveillance and dermatology.

Coordinating patient care and information sharing

Good

Are services effective?

(for example, treatment is effective)

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 on-going 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 monthly 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. The GPs 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 assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance. However, we found that nursing staff awareness of the Mental Capacity Act 2005 was minimal.

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. A dietician was available on the premises and smoking cessation advice was available from the health care assistant. 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 80%, which was slightly above both CCG / national averages. 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 above the CCG / national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds and five year olds ranged from 92% to 97%. Flu vaccination rates for the over 65s were 74%, and at risk groups 68%.

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. The practice had completed 1,134 health checks. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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 22 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 two members of the patient participation group (PPG) on the day of our inspection. They also 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 published on 2 July 2015 showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was consistently above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 91% said the GP was good at listening to them compared to the CCG average of 84% and national average of 89%.
- 93% said the GP gave them enough time compared to the CCG average of 81% and national average of 87%.
- 98% said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and national average of 95%.
- 86% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 79% and national average of 85%.
- 90% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 85% and national average of 90%.
- 95% said they found the receptionists at the practice helpful compared to the CCG average of 83% and national average of 87%.

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 we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were consistently above local and national averages. For example:

- 88% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and national average of 86%.
- 89% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 74% 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 staff spoke a range of languages. 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. There was a practice register of all people who were carers and there were eight carers on the register. The practice provided health checks for carers and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them.

Good

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.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, the practice participated in the unplanned admissions Enhanced Service to reduce unnecessary emergency admissions to secondary care with maximum achievement in 2014/15.

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;

- The practice offered a 'Commuter's Clinic' from Monday to Friday evening from 18:30hrs to 19:00hrs for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- Online access to appointments and test results and all day telephone access to doctors.
- There were disabled facilities, hearing loop and translation services available.

Access to the service

The practice was open between 08:30hrs and 19:00hrs Monday to Friday. Appointments were from 09:00hrs to 11:30hrs every morning and 16:30hrs to 18:00hrs in the afternoons. Extended hours surgeries were offered 18:30hrs to 19:00hrs weekdays for commuters only. In addition to pre-bookable appointments that could be booked on the day or for the following day. Urgent appointment slots were also available for people that needed them on the day.

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

- 81% of patients were satisfied with the practice's opening hours compared to the CCG average of 69% and national average of 75%.
- 92% patients said they could get through easily to the surgery by phone compared to the CCG average of 71% and national average of 73%.
- 90% patients described their experience of making an appointment as good compared to the CCG average of 67% and national average of 73%.
- 78% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 64% and national average of 65%.
- 83% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 55% and a national average of 60%.
- 96% 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%.
- 97% say the last appointment they got was convenient compared with a CCG average of 88% and a national average of 92%.
- 90% describe their experience of making an appointment as good compared with a CCG average of 67% and a national average of 73%.
- 75% feel they don't normally have to wait too long to be seen compared with a CCG average of 52% and a national average of 58%.

Listening and learning from concerns and complaints

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

We saw that information was available to help patients understand the complaints system in the patient leaflet available at reception and on the patient noticeboard. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at seven complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, one complaint we reviewed involved a prescription request which was not processed. The practice

Good

Are services responsive to people's needs?

(for example, to feedback?)

took action to ensure the prescription was processed urgently and the patient received an apology. The practice implemented a new process for handling prescriptions to decrease the chance of requests getting lost in the future.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a mission statement; 'We strive to offer our patients a high standard of holistic family healthcare. Our long standing team work's together to provide an efficient and patient centred approach to healthcare'. The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, proactive joint monitoring with property management of health and safety and premises issues was lacking.

Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise 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 partners encouraged a culture of openness and honesty.

Staff told us that regular team meetings were held. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues 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 in the practice. However, nursing staff we spoke with felt they could contribute more in relation to developing the clinical strategy within the practice and other clinical matters such as QOF and peer review if given the opportunity.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice had introduced a text messaging service and shingles vaccinations in response to patient surveys.

The practice had also gathered feedback from staff through staff meetings, appraisals and informal discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: Service users were not protected against unsafe care because not all clinical staff were trained to the appropriate level in safeguarding children and there was a lack of training in the Mental Capacity Act 2005. Regulation 12(1)(2)(C)