Bushloe Surgery

Quality Report

Two Steeples Medical Centre
Abington Close
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LE18 2EW
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Bushloe Surgery (Two Steeples Medical Centre) on 22 April 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.
- 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 but information on the website should be more accessible.
- Patients said they didn't always find it easy to make an appointment with a named GP but continuity of care was good, 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.

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

Importantly the provider should :

- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Ensure the emergency medicines are stored securely at all times.
- Ensure outstanding actions identified in legionella risk assessment are completed.
- Ensure cleaning schedules are in place.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and managed.

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. 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 several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We 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 Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they didn't always find it easy to make an appointment with the GP of their choice but there was continuity of care. The minor illness clinic meant there were always urgent appointments available the same day. The practice had moved to new premises and this provided good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available in the practice and easy to understand but not easy to access on the website. Evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with relevant staff.

Summary of findings

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.

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 and had a range of enhanced services, for example, in dementia and end of life care with regular multi disciplinary palliative care meetings.

The practice was responsive to the needs of older people, and offered a home visiting service for housebound patients, with a focus on timely and prompt visits. Care plans were in place for all nursing home patients. Carers were actively identified and additional support was available for them through community services offered. Patients could order medication by telephone or on the internet and the practice worked with local pharmacies to have it delivered to patients' homes. Patient records were flagged with either sensory impairment, length of appointment and requests for a downstairs consulting room if appropriate.

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. Patients in this group had a structured annual review, either in the practice or at a patient's home if necessary, to check that their health and medication needs were being met. For those people with the most complex needs, the GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care such as the community pharmacist and matron who visited vulnerable or chronically ill patients in their homes to assess needs and facilitate provision of any equipment, mobility or medication and assessed social needs.

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. Appointments were available outside of

school hours. The practice worked closely with the local health visiting team and held multi-disciplinary team meeting at the practice to discuss children and families where there were safeguarding or other concerns.

The practice had facilities for baby changing & breast feeding available. Home visits were offered for 24 hour baby checks.

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. Evening and early morning appointments were available to pre-book in advance. A text reminder service to patients to remind them of their appointments was offered and routine telephone appointments and advice was available and could be booked in advance.

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 those with a learning disability. It had carried out annual health checks for people with a learning disability and 76% of these patients had received a follow-up. 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. The premises were purpose built and offered good disabled access.

Drug and alcohol use was assessed, and appropriate referrals to community services were encouraged. The practice were working with a local organisation to establish a food bank.

Interpreting services were available.

Summary of findings

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). 60% of people experiencing poor mental health and 77% of patients with dementia had received an annual physical health check in the last year. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia and supported and helped facilitate in house mental health services.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. Clinical 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 in January 2015 for the most recent data showed the practice was largely performing in line with local and national averages.

- 69.2% find it easy to get through to this surgery by phone compared with a CCG average of 69.7% and a national average of 74.4%.
- 89.4% find the receptionists at this surgery helpful compared with a CCG average of 87.3% and a national average of 86.9%.
- 47.4% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 61.7% and a national average of 60.5%.
- 93.5% say the last appointment they made was convenient compared with a CCG average of 93.4% and a national average of 91.8%.
- 73.4% describe their experience of making an appointment as good compared with a CCG average of 74.5% and a national average of 73.8%.
- 79.2% 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 65.2%.
- 74.6% feel they don't normally have to wait too long to be seen compared with a CCG average of 64.6% and a national average of 57.8%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 30 comment cards of which 29 were positive about the standard of care received. Patients described their care as excellent and the staff as being caring, empathetic and concerned. They felt involved in their treatment options and comments reflected that they were treated with dignity and respect. Although patients were happy with these aspects, a few commented that it was sometimes difficult to get an appointment with a named GP within a reasonable timeframe and sometimes difficult to get through on the phone. The wholly negative response related to the patient's dissatisfaction with their diabetes care.

Areas for improvement

Action the service SHOULD take to improve

- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Ensure the emergency medicines are stored securely at all times.
- Ensure outstanding actions identified in legionella risk assessment are completed.
- Ensure cleaning schedules are in place.

Bushloe Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Bushloe Surgery

Bushloe Surgery is a GP practice which provides a range of primary medical services to approximately 10,000 patients from a surgery in the town of Wigston in Leicestershire. The practice's services are commissioned by East Leicestershire and Rutland Clinical Commissioning Group (CCG).

The service is provided by five GP partners, three salaried GPs, a nurse practitioner, four practice nurses, and three health care assistants. They are supported by a practice manager, an assistant practice manager and reception and administration staff. There are both female and male GPs and the whole time equivalent (WTE) of GPs is 4.8.

The practice has a General Medical Services Contract (GMS). The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

Local community health teams support the GPs in provision of maternity and health visitor services.

The practice has one location registered with the Care Quality Commission (CQC). The location we inspected was Bushloe Surgery, Two Steeples Medical Centre, Abington Close, Wigston, Leicestershire. LE18 2EW.

The surgery is in a new two storey building with a large car park which includes car parking space designated for use by people with a disability. Patient facilities were on the ground and first floor. The practice relocated to the new building in September 2014.

We reviewed information from East Leicestershire and Rutland Clinical Commissioning Group and Public Health England which showed that the practice population had much lower deprivation levels compared to the average for practices in England.

The main surgery is open between 08.00am and 6.30pm Monday to Friday with extended opening hours on Mondays until 8.30pm and Tuesdays from 7.30am to 8.00am.

The practice has opted out of the requirement to provide GP consultations when the surgery is closed. The out-of-hours service is provided to Leicester City, Leicestershire and Rutland by Central Nottinghamshire Clinical Services.

Bushloe Surgery is a training practice for trainee GPs.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. 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

This provider had not been inspected before and that was why we included them.

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. These 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 we hold about the practice and asked other organisations to share what they knew. We reviewed information from East Leicestershire and Rutland Clinical Commissioning Group (ELRCCG), NHS England (NHSE), Public Health England (PHE) and NHS Choices.

We carried out an announced inspection on 22 April 2015.

During our visit we spoke with a range of staff including GPs, nursing staff, reception and administration staff and spoke with patients who used the service. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Good

Are services safe?

Our findings

There was an open and transparent approach and a system in place for reporting and recording significant events. Staff told us they would complete a recording form which was available on the practice intranet, for any incidents they needed to report. This would be passed to the practice manager so that he was aware of and could track all incidents. All complaints received by the practice were entered onto the system and automatically treated as a significant event. The practice carried out an analysis of the significant events and had a rating for each one in order to identify trends or themes.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. We also saw that where necessary significant events were reviewed on an on-going basis at meetings until completed. Lessons 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 held a monthly clinical meeting and as part of this a NICE guideline was discussed.

Overview of safety systems and processes

T**h**e 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. Staff we spoke with were able to give clear examples of safeguarding cases which had been dealt with appropriately and shared with relevant staff. Vulnerable adults or children were identified on their patient records and were discussed at the GPs daily lunchtime meeting if necessary.
- A notice was displayed in the waiting room, advising patients that staff 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). (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 in place. The practice had up to date fire risk assessments and regular fire drills were carried out. We saw that there were a number of actions arising from the fire risk assessment and we saw the relevant action plan. A number of actions had been completed and this was being regularly reviewed. 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 other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and legionella. The risk assessment for legionella had been carried out in November 2014 and identified required actions. These had not been completed at the time of our inspection.
- Appropriate standards of cleanliness and hygiene were followed. We observed premises to be clean and tidy. A practice nurse was the infection control clinical lead. They had carried out further training relating to the lead role and had also carried out training for staff in infection control areas such as hand washing. There was an infection control protocol in place and staff had received up to date training. The cleaning was carried out by an external company for the whole building which was also occupied by another two practices. However on the day of our inspection there were no cleaning schedules available and only a list of which rooms or areas should be cleaned. We were told by staff that the schedules were with the cleaning company.
- The practice had arrangements in place for managing medicines, including emergency drugs and vaccinations including obtaining, prescribing, recording, handling, storing and security. However the emergency drug box was kept in an area that was not secure once the reception area was unattended. Regular medication audits were carried out with the support of the local

Good

Are services safe?

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 files we reviewed showed that generally 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. However some files did not contain evidence of references being sought. The practice manager told us these had sometimes been sought verbally but not recorded.
- 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

Records showed that staff had received basic life support training. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. Emergency medicines were easily accessible and staff knew of their location. All the medicines we checked were in date and fit for use. Staff we spoke with gave an example of a recent incident when the system for dealing with an emergency had been implemented effectively for a patient suffering with chest pain.

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.

Good

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 and audits.

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 98.2% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013-2014 showed;

- Performance for diabetes related indicators was overall better than the national averages. For example, the percentage of patients with diabetes, on the register, who have a record of an albumin: creatinine ratio test in the preceding 12 months was 100% compared to the national average of 85.97%.
- The percentage of patients with atrial fibrillation, measured within the last 12 months, who are currently treated with anti-coagulation drug therapy or an anti-platelet therapy was 97.78 % compared to the national average of 89.33%.
- Performance for mental health related indicators was better than national averages with the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months being 97.06% compared to the national average of 86.09% .The percentage of this patient group who had a record of alcohol consumption in the preceding 12 months was 91.18% compared to the national average of 88.65%.

One of the GPs we spoke with told us they considered audit an essential tool for measuring their performance and identifying areas for improvement. Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. We looked at two completed clinical audits which had been carried out in the last year where the improvements made 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, one clinical audit reviewed all patients on ticagrelor or prasugrel to ensure the medication was stopped after 12 months unless identified by the cardiologist as exceptional. The audit was run twice in six months and we saw there was a significant improvement over this time, with only one patient out of 14 initially not having a stop date on their prescription.

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 and infection control.
- 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, mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- The practice was a training practice and four of the GP partners were trainers. The GP trainees we spoke with felt the practice was very supportive, listened to their ideas and implemented them where appropriate.

Good

Are services effective?

(for example, treatment is effective)

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

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system 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 were attended by community matron and integrated care co-ordinator. Care plans were routinely reviewed and updated. Palliative care meetings were held every three months and were usually attended by the Macmillan nurse. The practice had developed a protocol for newly diagnosed palliative patients which ensured that all necessary actions had been taken. This had been well received by community nurses and had been shared with other practices.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. GPs we spoke with 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 followed relevant national guidance. The practice carried out minor surgery and joint injections and we saw that a robust consent form was used for this as well as an advice leaflet for post-operative problems.

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 'Lindsay Leg Club' and 'Desmond' diabetic sessions were available on the premises and smoking cessation advice was also available. (Lindsay Leg Clubs are an evidence based initiative which provide community-based treatment, health promotion, education and on-going care for people of all age groups who are experiencing leg-related problems). 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 81.69%, which was comparable to the national average of 81.89%. 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 other national screening programmes.

Childhood immunisation rates for the vaccinations given were generally higher than CCG averages for under two year olds but lower than CCG averages for five year olds. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 76.1% to 100% and five year olds from 87.9% to 95.6%. Flu vaccination rates for the over 65s were 77.62%, and at risk groups 56.92%. These were above national averages.

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.

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. When patients wanted to discuss sensitive issues reception staff could offer them a private room to discuss their needs.

We received 30 CQC comment cards and of these, 29 were positive about the service experienced. Patients described their care as excellent and the staff as being caring, empathetic and concerned. Comments reflected that they were treated with dignity and respect. We spoke with six patients as well as 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 showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was generally above the national average and in line with CCG averages for its satisfaction scores on consultations with doctors and nurses. For example:

- 91.9% said the GP was good at listening to them compared to the CCG average of 91% and the national average of 88.6%.
- 83.1% said the GP gave them enough time compared to the CCG average of 89.3% and national average of 86.8%.
- 97% said they had confidence and trust in the last GP they saw compared to the CCG average of 96.7% and national average of 95.3%
- 86.1% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88.1% and national average of 85.1%.
- 90.1% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91.9% and national average of 90.4%.
- 89.4%of patients said they found the receptionists at the practice helpful compared to the CCG average of 87.3% and national average of 86.9%.

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 fairly 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 explanations of tests and treatments but slightly below the averages for involvement in decisions. For example:

- 87.3% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88.4% and national average of 86.3%.
- 79% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83.4% and national average of 81.5%

Staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access 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 they were supported, for example, by offering health checks 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 telephoned or visited 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 such as bereavement counselling.

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. The practice having moved to new premises meant that patients were able to access a wide range of external professionals in the same building as the practice, such as audiology for hearing tests, spinal physiotherapy and a Lindsay Leg Club (Leg Clubs are an evidence based initiative which provide community-based treatment, health promotion, education and on-going care for people of all age groups who are experiencing leg-related problems).

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 extended opening on a Monday evening until 8.30pm and from 7.30am on Tuesday mornings 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 housebound patients and other 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 translation services available.
- The practice offered home visits for new baby checks so that new parents did not have to travel to the surgery.
- The practice offered a nurse practitioner led minor illness clinic for same day appointments.

Access to the service

The practice was open between 08.00am and 6.30pm Monday to Friday. Extended hours surgeries were offered from 7.30am on Tuesdays and until 8.30pm on Mondays. In addition to pre-bookable appointments that could be booked in advance, urgent appointments were also available for people that needed them. Telephone consultations were also available.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was largely comparable to local and national averages in most areas and people we spoke to on the day were able to get appointments on the day when they needed them. Some patients felt it was difficult to get a timely appointment with a named GP. For example:

- 69.5% of patients were satisfied with the practice's opening hours compared to the CCG average of 76.2% and national average of 75.7%.
- 69.2% patients said they could get through easily to the surgery by phone compared to the CCG average of 69.7% and national average of 74.4%.
- 73.4% patients described their experience of making an appointment as good compared to the CCG average of 74.5% and national average of 73.8%.
- 79.2% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 72% and national average of 65.2%.
- 47.4% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 61.7% and a national average of 60.5%.

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. The practice business manager was the designated responsible person who handled all complaints in the practice.

We saw that some information was available to help patients understand the complaints system for example a poster in the first floor waiting room and in the practice leaflet. The information available on the website was not comprehensive. Patients we spoke with had never found the need to make a complaint.

We looked at one of the complaints received in the last 12 months and found it had been dealt with in a timely way and a detailed response given including an invitation to attend the practice to discuss the complaint. We saw that there was a note of the learning points and we saw evidence that this had been discussed within the practice and learning points were recorded in meeting minutes.

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. All the GPs we spoke with shared the same values and ethos and were keen to place the patient at the centre of all their decisions. This was reflected in their strong patient participation group. The practice wanted to provide high quality care combined with good access to appointments and continuity of care. The practice had a robust strategy and supporting business plans which reflected the vision and values and were reflected in the practice's move to new premises which had been the result of five years of planning.

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

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 took the time to listen to all members of staff.

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. All staff was 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. This included GP trainees who told us that their ideas for improvement had been implemented.

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 strong patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis and submitted and discussed proposals for improvements with the practice management team. The PPG had been heavily involved in, and had played a key part in, the smooth transition from the old premises to the new. The PPG members we spoke with felt very supported and valued by the practice and told us about changes that had been implemented following issues raised by them. Two examples of these changes were that the telephone system had been changed to a local rate number and more online appointments had been made available.

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

Innovation

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and welcomed new schemes to improve outcomes for patients in the area.