

The Nevells Road Surgery

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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Nevells Road Surgery on 16 January 2017. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice had identified 256 patients as carers including young carers (3% of the practice list).
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they could make an appointment in advance with a named GP and there was continuity of care, with urgent appointments available the same day.
- Patients highlighted via feedback that they found it difficult to access the practice via the telephone at peak times and thought appointment access could be improved.
- 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.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Review and consider the effectiveness of actions taken regarding patient telephone access to improve patient satisfaction.

- Ensure the staff training records accurately reflect training received by 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?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework 2015 -16 (QOF) showed patient outcomes were better than national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- However improvement was required regarding recording of staff training.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice similar to 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 saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Summary of findings

- The practice had identified 256 patients as carers including young carers (3% of the practice list).

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of their local patient population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified.
- Patient survey data told us that some patients did not find it easy to make an appointment with a named GP, however there was continuity of care, with urgent appointments available the same day.
- However in response the practice encouraged patient participation group members attended the surgery to survey patients in the waiting rooms about methods of booking appointments and to promote registering and using online appointments booking.
- Reception staff promoted online appointment booking and repeat prescription ordering.
- Electronic Prescribing System, we were told that the majority of repeat prescriptions were completed this way.
- Increased use of text messages appointment reminders to patients.
- 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 the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Good



Are services well-led?

The practice is rated as good for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- 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.

Good



Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- 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 notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

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.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice kept up to date registers of patient's health conditions and data reported nationally was that outcomes were comparable to that of other practices for conditions commonly found in older people.
- The practice provided regular ward rounds at a nearby nursing and residential care home.

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.
- Performance for diabetes related indicators was higher than national averages. For example: The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2015 to 31/03/2016) was 97% compared to the Clinical Commissioning Group (CCG) average of 76% and the national average of 78%.
- Longer appointments and home visits were available when needed.
- All these patients had a named (usual) GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

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

Good



Summary of findings

example, children and young people who had a high number of accident and emergency (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.
- 95% of female patients aged 25-64 attended cervical screening within the target period compared with the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- There was evidence of joint working with midwives, health visitors and school nurses.

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, however services had not been adjusted 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.
- PPG members attended the surgery to survey patients in the waiting rooms about methods of booking appointments and to promote registering and using online appointments booking.
- Reception staff promoted online appointment booking and repeat prescription ordering.
- Electronic Prescribing System and increased use of text messages appointment reminders to patients.

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 homeless people who were encouraged to register using the practice as a home address and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.

Good



Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed 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)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- The practice had reviewed the care for 84% of its patients diagnosed with dementia in a face to face meeting in the preceding 12 months, which was lower the clinical commissioning group average of 85% and comparable to the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice 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.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published July 2016. The results showed the practice was performing below national averages. 220 survey forms were distributed and 113 were returned. This represented 1% of the practice's patient list;

- 47% of patients found it easy to get through to this practice by telephone compared to the clinical commissioning group (CCG) average of 66% and the national average of 73%.
- 79% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 82% and the national average of 85%.
- 82% of patients described the overall experience of this GP practice as good compared to the to the CCG average of 82% and the national average of 85%.

- 67% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to CCG average of 74% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 81 comment cards which were positive about the standard of care received. However, 11 people stated they felt that the telephone appointment system could be improved, with some patients commenting on the length of time it took to get through to the practice at peak times to access appointments.

We spoke with patients during the inspection. All said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service SHOULD take to improve

- Review and consider the effectiveness of actions taken regarding patient telephone access to improve patient satisfaction.
- Ensure the staff training records accurately reflect training received by staff.

The Nevells Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist adviser.

Background to The Nevells Road Surgery

The Nevells Road Surgery is situated and the inspection was conducted Nevells Road, Letchworth, Hertfordshire. It is registered with CQC to provide primary care services. The practice has a General Medical Services (GMS) contract with a registered list size of 9488 patients (at the time of inspection). The practice is based in the fourth least deprived areas when compared to other practices nationally.

The male life expectancy for the area is 79 years compared with the CCG averages of 80 years and the national average of 79 years. The female life expectancy for the area is 84 years compared with the CCG averages of 83 years and the national average of 83 years.

There are five GP partners, two salaried GPs, three practice nurses and a healthcare assistant. Patients are able to see both male and female GPs. They are supported by a practice manager and administration staff.

The practice is located on one floor containing reception, waiting areas, consulting rooms, disabled toilet facilities, treatment rooms a training room and administration offices. There is step free access into the building and access for those in wheelchairs or with pushchairs.

The practice is open between 8am and 6.30pm Monday to Friday, it offers extended hours on Tuesday until 8pm and

Saturday from 8.30am until 11am. GP appointments were available between 8.30am until 11.30am and 2.30pm until 6.30pm. During extended hours appointments are available until 8pm on Tuesday and from 8.30am until 11am on Saturday.

The practice employs the use of the Hertfordshire urgent care to provide its out-of-hours service to patients. For example, if patients call the practice when it is closed, an answerphone message gives the telephone number they should ring depending on the circumstances.

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. The 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.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 16 January 2017. During our visit we:

- Spoke with a range of staff, the GP, nurses, the practice manager and spoke with patients.
- Observed how patients were being cared for and talked with carers and/or family members

Detailed findings

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'
- Reviewed information from CQC intelligent monitoring systems.
- Reviewed patient survey information.
- Reviewed various documentation including the practice's policies and procedures.

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 were provided for specific groups of people and what good care looked 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).

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.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents. There was a recording form available on the practice's computer system which was printed when required. These were completed and passed to the practice manager. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- Significant events were discussed at each weekly partner's meeting and reviewed at the monthly multi disciplinary team meeting. The practice also held, if required, specific meetings to discuss any urgent significant event. Clinical staff were present at these meetings, as were senior administration staff. We saw that learning was subsequently passed to other members of staff in team meetings and minutes were available on the shared IT system.
- The practice carried out a detailed analysis of significant events. We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and procedures in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements

reflected relevant legislation and local requirements. 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 GP attended safeguarding meetings when possible and had provided reports where necessary for other agencies, when they had been requested to do so. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. Clinical staff had received safeguarding training at a level relevant to their role.
- A notice in the waiting room advised patients that chaperones were available if required. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). All staff who acted as chaperones had received a Disclosure and Barring Service (DBS) check.
- The practice maintained appropriate standards of cleanliness and hygiene. We saw the premises were clean and tidy. 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 medicines in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal).
- The practice kept a stock of vaccines in three lockable refrigerators and the temperature of these was monitored daily. Stock was rotated and there was a procedure in place for the reorder of stock. The practice maintained an ongoing stock check of all vaccines electronically to which all nurses had access.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice had also recently employed a clinical pharmacist who we were told would undertake regular audit.

Are services safe?

- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an independent prescriber and could therefore prescribe medicines for specific clinical conditions. Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.) Healthcare assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed five personnel files, and found in the main 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.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- 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 which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of

substances hazardous to health and infection control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- 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 enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to 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 had defibrillators, a resuscitation trolley available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were 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 stored securely.
- 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.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care 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 keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' 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 used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The data for 2015/16 showed that the practice had achieved 100% of the total number of points available. With overall exception reporting of 6% which was better than the national average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

The practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/2016 showed:

- The percentage of patients with hypertension having regular blood pressure tests was below the national average. The practice rate was 84% compared to the national average of 83%.
- Performance for mental health related indicators was above the national average. For example: 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 (01/04/2015 to 31/03/2016). The practice rate was 94% compared to CCG average of 91% and the national average of 89%.

- Performance for diabetes related indicators were better than the national average. For example: the percentage of patients on the diabetes register, in whom the last IFCC-HbA1c (blood glucose levels) was 64 mmol/mol or less in the preceding 12 months (01/04/2015 to 31/03/2016) was 94% compared to the CCG average of 76% and the national average of 78%.

One of the GP partners had a specific interest in Diabetes and Metabolic Syndrome (metabolic syndrome is a cluster of heart attack risk factors: diabetes and prediabetes, abdominal obesity, high cholesterol and high blood pressure.) The practice told us that it offered diabetic clinics every two weeks. As a result the practice's QOF performance for diabetic indicators was significantly higher than clinical commissioning group and national averages.

We looked at the processes in place for clinical audit. Clinical audit is a way to find out if the care and treatment being provided is in line with best practice and it enables providers to know if the service is doing well and where they could make improvements. The aim is to promote improvements to the quality of outcomes for patients. A number of clinical audits had been completed in the last twelve months. One of these reviewed antibiotic prescribing for uncomplicated urinary tract infection (UTI) in non pregnant females. The first audit showed that 68% of patients had been prescribed correct first choice antibacterial and correct treatment duration. As a result of this audit an action plan had been implemented which included such actions as "Ensure all prescribers can access the latest version of the guidelines providing hard copy in each consultation room/online access to the guidelines on each PC". A reaudit was conducted which showed that 79% of patients had been prescribed correct first choice antibacterial and correct treatment duration.

The practice worked alongside other health and social care professionals in monitoring and improving outcomes for patients. The needs of patients with more complex health or social care needs were discussed at multi professional meetings.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. This covered topics such as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of their competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. This included ongoing support, one-to-one meetings, coaching and mentoring and clinical supervision. All staff had received an appraisal within the last 12 months.
- Staff had access to and made use of e-learning training modules and in-house training. However, we found this had only been recently introduced and as such records of completion of staff training was not always accurate.

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 investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

Staff sought patients' consent to care and treatment 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, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patients' records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Referrals to dietician services were available on the premises and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 95%, which was better than the CCG average of 83% and the national average of 81%. The practice telephoned patients who did not attend for their cervical screening test to remind them of its importance and conducted opportunistic testing.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening we found that these were in line with local averages. For example: Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) was 57% compared to the CCG average of 59% and the national average of 58%. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Are services effective? (for example, treatment is effective)

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, practice data for Childhood Vaccinations up to Age 2 showed that the practice achieved 9.7 out of 10 compared to the national average of 9.1 out of 10.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with 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; 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 majority of the 81 of patient Care Quality Commission 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 spoke with members of the patient participation group (PPG). 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 patients needed help and provided support when required.

Results from the national GP patient survey gave some positive responses from patients when asked if they felt they were treated with compassion, dignity and respect. The practice results were higher than the clinical commissioning group (CCG) and national averages for its satisfaction scores on most aspects consultations with GPs and nurses. For example:

- 87% of patients said the GP was good at listening to them compared to the CCG average of 86% and the national average of 89%.
- 81% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 89%.
- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.

- 87% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 91%.
- 78% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us 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 from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients rated the practice similarly to others about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 78% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 83% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 82%.
- 83% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- 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.

Are services caring?

- We were also told that one GP had assisted a family of refugees to settle into the community due to sharing a common language.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 256 patients as carers including young carers (3% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This was either followed by a 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.

- The practice routinely offered extended hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice offered both well woman and well man clinics.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday, the practice offered extended hours on Tuesday until 8pm and Saturday from 8.30am until 11am. GP appointments were available between 8.30am until 11.30am and 2.30pm until 6.30pm. During extended hours appointments were available until 8pm on Tuesday and from 8.30am until 11am on Saturday.

Appointments could be booked up to six weeks in advance and there were urgent appointments available on the day.

Results from the national GP patient survey showed that although patients were satisfied with the opening hours of the practice they had significantly lower than average satisfaction levels in relation to making appointments. For example:

- 79% of patients were satisfied with the practice's opening hours compared with the CCG average of 69% and the national average of 76%.
- 47% of patients said they could get through easily to the practice by phone compared with the CCG average of 63% and the national average of 73%.

- 48% of patients described their experience of making an appointment as good, compared with the CCG average of 66% and the national average of 73%.

We received 81 comment cards which were positive about the standard of care received. However, 11 people stated they felt that the telephone appointment system could be improved, with some patients commenting on the length of time it took to get through to the practice at peak times to access appointments. These patients told us it was difficult to get an appointment with their preferred GP although emergency appointments could be made the same day.

We discussed the GP patient survey results with the practice, particularly patients experience when attempting to contact the practice by phone.

We saw that the practice had implemented a number of actions to improve telephone access, this included:

- Results were shared with the patient participation group (PPG) and the practice followed their suggestion to promote online access.
- PPG members attended the surgery to survey patients in the waiting rooms about methods of booking appointments and to promote registering and using online appointments booking.
- Reception staff promoted online appointment booking and repeat prescription ordering.
- Electronic Prescribing System, we were told that the majority of repeat prescriptions were completed this way.
- Increased use of text messages appointment reminders to patients.
- The introduction of a new telephone system in August 2016 and a switch to a local telephone number.

Listening and learning from concerns and complaints

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

- 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

Are services responsive to people's needs? (for example, to feedback?)

We looked at the three complaints that had been resolved and ongoing complaints received in the last 12 months and found these had been handled in an open and transparent way.

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 which was displayed in the waiting areas and staff knew and understood the values of the practice, particularly good communication, of which patients commented positively in feedback to inspectors.
- 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, however we found that at the time of our inspection not all policies were relevant to the practice. This was due to the merger of three practices and we saw that further work was necessary to ensure all policies were relevant and current.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care.

They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support and training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice 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 and we saw that the practice held regular monthly team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys. The PPG met regularly, and submitted proposals for improvements to the practice

Are services well-led?

Good 

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

management team. For example, in making suggestions to improve telephone access to the practice. The PPG had a notice board in reception to help advertise the PPG role.

- The practice had 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

There was a focus on continuous learning and improvement at all levels within the practice.