Highfield 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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Highfield Surgery on 17 November 2016. Overall the practice is rated as good.

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

- There was an effective system in place for reporting and recording significant events and lessons were shared to make sure action was taken to improve safety in the practice.
- There was a system in place to review and action MHRA alerts, however we noted not all alerts from the Department of Health were actioned accordingly. For example, estates and facilities alerts.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- There was a system in place to monitor the use of prescription forms, but not prescription pads.
- Most risks to patients were assessed and managed. However, not all identified actions were carried out.
- Staff assessed needs and delivered care in line with current evidence based guidance. Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were above average compared to the national average in several areas.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Staff were aware of their responsibilities in relation to the Mental Capacity Act and had undergone training.
- The practice promoted health education and self-management of medical conditions for patients to live a healthier lifestyle.

Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- 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.
- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- 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.
- The practice had a vision to deliver quality care and promote good outcomes for patients, within a family practice environment.
- There was a leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity.
- There was a governance framework which supported the delivery of the strategy and good quality care.
- The practice sought feedback from staff and patients, which it acted on.

The areas where the provider should make improvement are:

- Document the flushing of the taps and water temperatures.
- Review the monitoring system of prescription pads.
- Review all alerts and ensure action is taken as appropriate.

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.

- There was an effective system in place for reporting and recording significant events and lessons were shared to make sure action was taken to improve safety in the practice.
- There was a system in place to review and action MHRA alerts. However we noted not all alerts from the Department of Health were actioned accordingly. For example, estates and facilities alerts.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- There was a system in place to monitor the use of prescription forms, but not prescription pads.
- Most risks to patients were assessed and managed. However, not all identified actions were carried out.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Staff assessed needs and delivered care in line with current evidence based guidance. Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were above average compared to the national average in several areas.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Staff were aware of their responsibilities in relation to the Mental Capacity Act and had undergone training.
- The practice promoted health education and self-management of medical conditions for patients to live a healthier lifestyle.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Data from the national GP patient survey showed patients rated the practice in line with others for several aspects of care.
- Information for patients about the services available was easy to understand and accessible.

Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- 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.

Are services well-led?

Good

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

- The practice had a vision to deliver quality care and promote good outcomes for patients, within a family practice environment.
- There was a leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity.
- There was a governance framework which supported the delivery of the strategy and good quality care.
- The practice sought feedback from staff and patients, which it acted on.

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.

- 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 was able to refer patients to other health and social care providers including a Care Navigator who could assess and refer patients to physiotherapy and occupational therapy.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions.

- GPs had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 92% of patients with diabetes had their last blood pressure reading in the preceding 12 months of 140/80 mmHG or less, compared to the CCG average of 74% and national average of 78%.
- 89% of patients with diabetes had their last cholesterol check within the preceding 12 months of 5 mmol/l or less, compared to the CCG average of 79% and national average of 80.2%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and were offered 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.
- Care plans were in place for patients with multiple conditions to ensure they received the appropriate care, treatment and support from relevant health and social care providers.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people.

Summary of findings

- 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.
- The practice's uptake for the cervical screening programme was 65%, which was comparable to the CCG average of 68% and the national average of 74%.
- Appointments were available outside of school hours.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- Family planning services were provided at the practice.

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 had online facilities for patients to book appointments and request repeat prescriptions.
- A full range of health promotion and screening was offered that reflected the needs for this age group.

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.
- The practice offered longer appointments for patients with a learning disability.
- 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 and were aware of their responsibilities.

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).

- 91% of patients with a diagnosis of dementia had their care plan reviewed in a face-to-face meeting in the preceding 12 months, compared to the CCG average of 86% and national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations, including Open Mind.
- 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.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was generally performing in line with local and national averages. The practice had identified the areas where they were lower than national averages and put actions into place. 360 survey forms were distributed and 96 were returned. This represented 2.8% of the practice's patient list.

- 69% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 64% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 79% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 59% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients before our inspection. We received 22 comment cards which were all positive about the standard of care received. Patients said staff were helpful, friendly and respectful and that the GPs took time to explain things to them.

The NHS Friends and Family Test for October 2016 showed 80% would recommend the practice (16 out of 20 returns). The remaining four said they would neither likely or unlikely to recommend the practice.

Areas for improvement

Action the service SHOULD take to improve

The areas where the provider should make improvement are:

- Document the flushing of the taps and water temperatures.
- Review the monitoring system of prescription pads.
- Review all alerts and ensure action is taken as appropriate.

Highfield 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 Highfield Surgery

Highfield Surgery is a GP practice, which provides primary medical services to approximately 3,407 patients predominately living within the Highfield area and surrounding areas. Leicester City Clinical Commissioning Group (LCCCG) commission the practice's services.

The practice has two GP partners (one male and one female) and two long-term locum GPs (both male). The nursing team consists of two part-time long-term locum practice nurses. They are supported by a Practice Manager, who also has health care assistant responsibilities and a team of reception staff and administrative staff.

The practice is open between 8am and 6.30pm Monday to Friday, however closes at 1pm on Thursdays. Extended hours appointments are offered between 6.30pm and 8.30pm on Mondays. In addition to pre-bookable appointments that can be booked up to two weeks in advance, urgent appointments and telephone consultations are also available for people that need them.

Patients can access out of hours support from the national advice service NHS 111. The practice also provides details for the nearest urgent care centres, as well as accident and emergency departments.

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 17 November 2016. During our visit we:

- Spoke with a range of staff, including GPs, Business Manager, Practice Manager and administration and reception staff.
- Spoke with patients who used the service.
- Observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?

Detailed findings

- 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.

Good

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager and GP of any incidents and there was a recording form available on the practice's computer system. 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).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, given an explanation and a written or verbal apology. They were also told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out an analysis of the significant events and discussed them at monthly team meetings. We saw evidence of actions taken as a result of incidents. However, noted that the terminology used within the actions did not always reflect what the action was.

Medication alerts generated by the Medicines and Healthcare products Regulatory Agency were discussed at clinical meetings and action was taken, as required.

We noticed plug covers in use within the waiting area and the practice manager confirmed they were unaware of the Department of Health Estates and Facilities alert pubished in June 2016 regarding the use of electrical sockets inserts.

Overview of safety systems and processes

The practice systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse, which reflected relevant legislation and local requirements. Policies were accessible to all staff and outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. The practice also had monthly meetings with a midwife and health visitor to discuss and new or ongoing safeguarding concerns.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (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).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The healthcare assistant was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place 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 and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines, as well as shared care medications. The practice carried out regular medicines audits, with the support of the local CCG medicine management teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor the use of prescription forms, however there was no record of prescription pads with the exception of when GPs took prescriptions on a home visit. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care 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 most recruitment checks had been undertaken before

employment. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Most risks to patients were assessed and managed. There were procedures in place for monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available 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 (COSHH) and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The legionella risk assessment identified all taps must be run for two minutes on a daily basis. However, there was no records to confirm taps had been run and temperature checks of water outlets had not been carried out.
- 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.
- The practice had a defibrillator 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.

Good

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. New and amended NICE guidance was also discussed at clinical meetings to ensure appropriate action was taken, if needed.
- The patient record system was regularly updated with new and amended NICE guidance to ensure templates for care and treatment were in line with best practice.
- The practice monitored that these guidelines were followed through risk assessments 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 most recent published results were 97.5% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was better compared to the local and national averages. For example, 92% of patients with diabetes had their last blood pressure reading in the preceding 12 months of 140/80 mmHG or less, compared to the CCG average of 74% and national average of 78%. 89% of patients with diabetes had their last cholesterol check within the preceding 12 months of 5 mmol/l or less, compared to the CCG average of 79% and national average of 80.2%.
- 91% of patients with a diagnosis of dementia had their care plan reviewed in a face-to-face meeting in the preceding 12 months, compared to the CCG average of 86% and national average of 84%.
- 91% of patients with hypertenstion had their last blood pressure reading in the preceding 12 months of 150/90 mmHG or less, compared to the CCG average of 82% and national average of 83%.
- 91% of patients with asthma had an astma review in the oreceding 12 months that included an assessment of asthma using the three Royal College of Physicians questions, compared to the CCG average of 77% and the national average of 76%.

  There was evidence of quality improvement including clinical audit.
- There had been five clinical audits completed in the last two years, two of which were completed audits where the improvements made were implemented and monitored.
- As a result of one of the audits, the practice was introducing a new software which would aid the identification of any potential contraindications when prescribing medicines.
- The practice participated in local audits and peer review.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- Locum GPs were given an information pack to ensure they were familiar with the practice and the policies and protocols worked to. Ongoing supervision was also provided in the form of peer review.
- 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

Good

Are services effective?

(for example, treatment is effective)

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 annual updates.

- 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 their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness and basic life support. However, we noted not all staff had completed training in information governance. 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 investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services and to out of hours services.
- Care plans were in place and reviewed and updated by the GPs. Patients identified as high risk of admission to hospital and those identified as needing additional support for multiple conditions were provided with a care plan.
- Patients had copies of their care plans at home and these were also made accessible to out of hours services, as appropriate.

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 and had received training.
- 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.

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.
- Patients were also referred to a local active lifestyle scheme.
- One of the GPs carried out talks in local community centres, as well as on a local radio station to improve awareness of medical conditions and self-management. This included diabetes and hypertension.

The practice's uptake for the cervical screening programme was 65%, which was comparable to the CCG average of 68% and the national average of 74%. There were failsafe 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. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the

Good

Are services effective?

(for example, treatment is effective)

vaccinations given to under two year olds ranged from 84% to 94% and five year olds from 85% to 100%. CCG rates ranged from 94% to 97% and 90% to 97% respectively and national rates ranged from 74% to 95% and 81% to 95% respectively.

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.

Good

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.

All of the 22 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 respect.

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

- 87% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 80% 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

Patient feedback told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and all details about their care and treatment were explained to them. We also saw that care plans were personalised.

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

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and the national average of 86%.
- 76% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 78% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff were multilingual and 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.
- Information leaflets were available in easy read format and different languages.

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. This included Age UK, advice on preventing falls and Allergy UK.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 32 patients as carers (0.9% of the practice list). The practice ensured particular services were targeted to maintain the health

Good

Are services caring?

and welfare of patients, for example offering vaccinations and depression screening. Written information was available to direct carers to the various avenues of support available to them.

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice 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.

- 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.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were disabled facilities, a hearing loop and translation services available.
- Two of the consultation rooms were on the first floor, however the practice did not have a lift. We were told if a patient was unable to go upstairs, an alternative room on the ground floor would be sought.
- The practice had online facilities for patients to book appointments and request repeat prescriptions.
- Family planning services were provided at the practice.
- The practice was able to refer patients to other health and social care providers including an Open Mind service and a Care Navigator who could assess and refer patients to physiotherapy and occupational therapy.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday, however closed at 1pm on Thursdays. Extended hours appointments were offered between 6.30pm and 8.30pm on Mondays. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments and telephone consultations were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to national averages.

- 79% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 69% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

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

We looked at six complaints received in the last 12 months and found written and verbal complaints were recorded. Verbal complaints were handled over the telephone and noted in a dedicated book.

Are services well-led?

Good

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

Our findings

During an inspection on 17 December 2015, the practice was rated as 'requires improvement' for the well-led domain.

We found a number of policies and procedures in place to govern activity had not been implemented and thoroughly reviewed, minutes of practice meetings did not show that learning was shared from incidents, risks were not proactively identified and not all appraisals had taken place.

Vision and strategy

The practice had a vision to deliver quality care and promote good outcomes for patients, within a family practice environment.

Staff knew and understood the values of the practice and there were plans in place to reflect the practice vision.

Governance arrangements

The practice had a 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 staffing structure in place and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- An understanding of the performance of the practice was maintained and discussed at partner meetings.
- Clinical and internal audit was used to monitor quality and to make improvements to patient services.
- There were 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 and capability to run the practice and ensure quality care.

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). 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 supported affected people, provided an explanation and a verbal or written apology
- The practice kept written records of verbal interactions as well as written correspondence.

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

Practice meetings were held and discussed significant events, complaints and incidents.

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

The practice 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 and complaints received.

- The PPG met regularly and we saw from meeting minutes that patient survey results were discussed. Members of the PPG told us they worked with the practice to promote health education.
- The practice carried out a comparison between the national GP patient survey results published in January 2016 and July 2016 and noted the areas that needed improving, including access to the practice by phone. The practice was 4% below the national average for this specific question, however the practice had reviewed staffing levels at specific times to ensure patients could access the practice by phone more easily.
- The practice gathered feedback from staff generally through practice meetings, appraisals and general discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice was involved in a local Diabetes Prevention Programme

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and had the highest referral rate to the project to date. The project encouraged GPs to be proactive in identifying patients who were at risk of developing diabetes to self manage their health to prevent the onset of diabetes.