

# The Oldfield Family Practice

## 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?                    | Requires improvement |  |
| 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 8.30am on 15 December 2015. 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 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.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.

- The practice had adequate facilities and was equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- There was a vision to deliver high quality care and promote good outcomes for patients. However, there was no strategy or supporting business plans to deliver the vision.
- There was no programme of clinical audit in place to monitor and improve outcomes for patients.

The areas where the provider should make improvement are:

- Develop a strategy to deliver the vision for the practice, share with staff and ensure they know their responsibilities in relation to it.
- Implement a programme of clinical audit to monitor quality and drive improvement in patient outcomes.
- Formalise clinical meetings and ensure they are minuted.

# Summary of findings

- Provide all staff with annual basic life support training as recommended by the resuscitation council (UK) guidelines.

**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.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are 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 people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as requires improvement for providing effective services.

- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits did not demonstrate quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Requires improvement



### Are services caring?

The practice is rated as good for providing caring services.

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

Good



# Summary of findings

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had adequate facilities and was equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Good



## Are services well-led?

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

- It had a vision to deliver high quality care and promote good outcomes for patients. However, there was no strategy or supporting business plans in place to deliver the vision.
- There was no programme of clinical audit in place to monitor and improve outcomes for patients.
- Staff told us that the practice held regular team meetings. However, the partners acknowledged that the recording of meeting minutes was an area that required improvement.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity.
- 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 sought feedback from staff and patients, which it acted on.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as good for the care of older people.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- A service providing transport to the surgery called “Plusbus” was offered which was of benefit for older people.
- The practice participated in ‘home ward’, a service providing out-of-hospital care to older people requiring short-term intensive support at home, either after a stay in hospital or to prevent unnecessary admission.

### People with long term conditions

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

Good



- Nursing staff supported the GPs in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Quality and Outcomes Framework (QOF) performance was above both local and national average for chronic disease management.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

### Families, children and young people

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

Good



- 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 comparable to local and national averages for all standard childhood immunisations.

# Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The percentage of women aged 25 or over and who have not attained the age of 65 whose notes record that a cervical screening test had been performed in the preceding 5 years was 79.1%, (0.8% above CCG average and 2.7% below national average).
- Appointments were available outside of school hours and the premises were suitable for children and babies.

## **Working age people (including those recently retired and students)**

The practice is rated as good for the care of working-age people (including those recently retired and students).

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

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

Good



## **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).

Good



# Summary of findings

- 87.5% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months.
- Performance for QOF mental health related indicators was 100%, which was above CCG and national averages.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia.

# Summary of findings

## What people who use the service say

We reviewed the national GP patient survey results published on 2 July 2015. The results showed the practice was performing in line with local and national averages. Three hundred and thirty survey forms were distributed and 119 were returned.

- 92.4% found it easy to get through to this surgery by phone compared to a CCG average of 68.7% and a national average of 73.3%.
- 88.5% found the receptionists at this surgery helpful (CCG average 81.2%, national average 86.8%).
- 78.3% were able to get an appointment to see or speak to someone the last time they tried (CCG average 79.4%, national average 85.2%).
- 88% said the last appointment they got was convenient (CCG average 86.9%, national average 91.8%).

- 83.3% described their experience of making an appointment as good (CCG average 66%, national average 73.3%).
- 65.1% usually waited 15 minutes or less after their appointment time to be seen (CCG average 52.5%, national average 64.8%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 47 comment cards which were all positive about the standard of care received. Patients reported good access to appointments especially urgent care. They said the staff were friendly and helpful and they received a personalised service.

We spoke with ten patients during the inspection including five members of the patient participation group. All ten patients said that they were happy with the care they received and thought that staff were approachable, committed and caring.

# The Oldfield Family Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to The Oldfield Family Practice

The Oldfield Family Practice is situated at 285 Greenford Road, Greenford, Ealing, UB6 8RA. The practice provides NHS primary care services through a General Medical Services (GMS) contract to approximately 4,100 people living in the London Borough of Ealing. The practice is part of the NHS Ealing Clinical Commissioning Group (CCG).

The practice population is multicultural and it is representative of most age groups with a higher than average number of children under 15 years of age and adults between 25 and 40 years. The practice area is rated in the fourth more deprived decile of the Index of Multiple Deprivation (IMD). People living in more deprived areas tend to have greater need for health services.

The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures; treatment of disease; disorder or injury; maternity and midwifery services, surgical procedures and family planning.

The practice team consists of a female GP partner (six sessions / week), a male GP partner (eight sessions / week), a female salaried GP (two sessions / week), a practice nurse (28 hours / week) and a practice manager (35 hours / week) who is supported by a team of reception / administration

staff. The practice is open between 8.00am and 6.00pm Monday to Friday, except Thursday where the practice closes at 1.00pm. Appointments are from 9.00am to 11.00am every morning and 4.00pm to 6.30pm daily. Extended hours surgeries are offered on Tuesday and Thursday from 8.30am to 9.00am and Fridays from 8.00am to 9.00am. To access out of hours care patients are directed to NHS 111 service.

Services provided by the practice include chronic disease management, cervical screening, family planning, baby checks and child health surveillance, maternity services, joint injections, NHS health checks and vaccinations / immunisations.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. 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 that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 15 December 2015. During our visit we:

# Detailed findings

- Spoke with a range of staff including three GPs, the practice nurse, the practice manager, two reception staff and spoke with ten patients who used the service including five members of the patient participation group.
- Observed how people were being cared for and talked with carers and/or family members
- Reviewed the personal care or treatment records of patients.
- Reviewed 47 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?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?

- Is it well-led?

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

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 and there was also a recording form available on the practice's computer system.
- The practice carried out analyses of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, one incident we reviewed was where the practice nurse had sustained a needle stick injury. The incident was dealt with according to needle stick reporting procedures and action taken to minimise the risk of recurrence. Learning from the incident was shared with appropriate staff.

When there were unintended or unexpected safety incidents, people received reasonable support, truthful information, an apology and were told about any actions to improve processes to prevent the same thing happening again. We saw evidence that patients involved in incidents had been contacted and an apology made.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. Clinical staff were trained to safeguarding children level 3 and non-clinical staff to level 1.
- A notice in the waiting room advised patients that staff would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had

received a disclosure and barring service check (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 clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed six personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### 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. The practice had up to date fire risk assessments and carried out annual fire drills. All electrical equipment was checked annually to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as legionella and those for general health and safety.

## Are services safe?

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. The practice made use of locums to cover periods of clinical staff sickness or annual leave and there were enough non-clinical staff to cover each other during times of absence. The practice regularly audited staffing levels to ensure they remained adequate.

### **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 basic life support training however, this was not completed annually as recommended by the resuscitation council (UK) guidelines. There were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# 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 peoples' needs.
- The salaried doctor was a GP trainer at a medical school and updated clinical staff on new guidance as necessary.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 99.1% of the total number of points available (above CCG / national averages), with 12.8% exception reporting (above CCG / national averages).

Data from 2014/15 showed;

- Performance for diabetes related indicators was 98.8%, which was 13.2% above CCG average and 9.6% above national average.
- Performance for hypertension related indicators was 100%, which was 3% above CCG average and 2.2% above national average.
- Performance for mental health related indicators was 100%, which was 5.1% above CCG average and national average 7.2% above national average.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 87.5%, which was 0.4% below CCG average and 3.5% above national average.
- Performance for osteoporosis: secondary prevention of fragility fractures was 66.7%, which was 7.1% below CCG average and 14.7% below national average.

The practice had scored 100% in all other QOF clinical indicators.

Clinical audits did not demonstrate quality improvement;

- There had been two clinical audits carried out in 2015/16. However, neither of these were two cycle audits which demonstrated improved outcomes for patients. Both the audits we reviewed were those mandated by the clinical commissioning group as part of the prescribing incentive scheme. One was a review of prescribing of drugs of limited clinical value and the second was an audit of antibiotic prescribing.
- The practice participated in local benchmarking through network meetings with other local practices. For example, accident and emergency attendances, referral data and antibiotic prescribing had been compared with other practices and the practice was not an outlier for any of these indicators.
- The practice was auditing for inadequate cervical smears.

### Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. There was also a comprehensive locum induction pack.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals and clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.

# Are services effective?

## (for example, treatment is effective)

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. 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. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. The practice also attended bimonthly multi-disciplinary group meetings with other local practices to discuss multi-disciplinary care.

### 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, where appropriate, recorded the outcome of the assessment.

### Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- The practice nurse identified patients who would benefit from smoking cessation and dietary advice and referred them to appropriate local support services. The percentage of patients aged 15 or over who were recorded as current smokers who had a record of an offer of support and treatment within the preceding 24 months was 99.5%, which was 8.3% above CCG average and 12.8% above national average.

The practice had a system for ensuring results were received for every sample sent as part of the cervical screening programme. The percentage of women aged 25 or over and who have not attained the age of 65 whose notes record that a cervical screening test had been performed in the preceding 5 years was 79.1%, which was 0.8% above CCG average and 2.7% below national average. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were generally comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 27.1% to 98.3% and five year olds from 72.7% to 96.1%. Latest flu vaccination rates for the over 65s were 72.9%, and at risk groups 53.2%, which were below the national averages of 81.9% and 62.9% respectively.

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

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people 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 and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 47 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

We also spoke with five members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 87.1% said the GP was good at listening to them compared to the CCG average of 84% and national average of 88.6%.
- 86.2% said the GP gave them enough time (CCG average 80.5%, national average 86.6%).
- 97.3% said they had confidence and trust in the last GP they saw (CCG average 92.6%, national average 95.2%)
- 89.1% said the last GP they spoke to was good at treating them with care and concern (CCG average 78.8%, national average 85.1%).

- 83.9% said the last nurse they spoke to was good at treating them with care and concern (CCG average 83%, national average 90.4%).
- 88.5% said they found the receptionists at the practice helpful (CCG average 81.2%, national average 86.8%)

### Care planning and involvement in decisions about care and treatment

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

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

- 90.2% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80.9% and national average of 86%.
- 87.9% said the last GP they saw was good at involving them in decisions about their care (CCG average 75% , national average 81.4%)
- 84.6% said the last nurse they saw was good at explaining tests and treatments (CCG average 82.6%, national average 89.6%)
- 82.2% said the last nurse they saw was good at involving them in decisions about their care (CCG average 77.1%, national average 84.8%)

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

### Patient and carer support to cope emotionally with care and treatment

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 33 carers and was working with a local carers centre to provide support services. A leaflet was available in the waiting area signposting carers to the local carers centre.

## Are services caring?

Staff told us that if families had suffered bereavement, their usual GP contacted them and offered support. This call was followed by a patient consultation at a flexible time and referral to local counselling services if appropriate.

# 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. Practice staff attended monthly CCG meetings to discuss new initiatives such as out of hours services and 'home ward' a service providing out-of-hospital care to people requiring short-term intensive support at home, either after a stay in hospital or to prevent unnecessary admission.

- The practice offered early morning commuter clinics on a Tuesday, Thursday and Friday which were of particular benefit for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Home visits and telephone consultations were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- A telephone triage system was in place to prioritise emergencies.
- Patients could make appointments with both male and female GPs.
- There were disabled facilities and translation services available.
- The practice used computerised tools to identify patients at risk of hospital admission and had met the 2% target for implementing care plans for these patients to manage their needs.
- A service providing transport to the surgery called "Plusbus" was offered which was of benefit for older people.

### Access to the service

The practice was open between 8.00am and 6.00pm Monday to Friday, except Thursday when the practice closed at 1.00pm. Routine appointments were from 9.00am to 11.00am every morning and 4.00pm to 6.30pm daily. There was a minimum of three telephone consultations available with each GP on a daily basis, as well as a minimum of three urgent appointments per session per GP available each day. Extended hours surgeries were offered

on Tuesday and Thursday mornings from 8.30am to 9.00am and Friday mornings from 8.00am to 9.00am. In addition to pre-bookable appointments that could be booked in person, by phone or online up to three months in advance, urgent appointments were also available for people that needed them including children and older patients. The practice demonstrated that there was a one week maximum wait for routine appointments and this was confirmed by patients we spoke with.

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

- 81.8% of patients were satisfied with the practice's opening hours compared to the CCG average of 70.8% and national average of 74.9%.
- 92.4% patients said they could get through easily to the surgery by phone (CCG average 68.7%, national average 73.3%).
- 83.3% patients described their experience of making an appointment as good (CCG average 66%, national average 73.3%).
- 65.1% patients said they usually waited 15 minutes or less after their appointment time (CCG average 52.5%, national average 64.8%).

### 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 notices in the waiting room, information leaflets at reception, information in the practice newsletter and on the practice website.

We looked at seven complaints received in the last 12 months and found they were satisfactorily handled and dealt with in a timely way. Lessons were learnt from concerns and complaints and action was taken as a result

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

to improve the quality of care. For example, one complaint involved a patient wanting a referral for a private X-ray without an appointment. The patient was advised that an

appointment was required however the earliest appointment was not for one week. As a result the patient was given a telephone consultation and a referral made. The patient was satisfied with the outcome.

# 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 GP partners had a vision to deliver high quality care and promote good outcomes for patients. However, there was no formal strategy or supporting business plans in place to deliver the vision.

A GP partner we spoke with acknowledged that the vision had not been clarified with staff.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of good quality care. For example;

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. For example, there were lead roles for the clinical governance of the practice, commissioning, safeguarding children and vulnerable adults and infection control.
- Practice specific policies were implemented and were available to all staff on the shared drive of the practice's computer system. Policies were reviewed regularly and updated if required.
- There was an understanding of the performance of the practice including QOF performance and performance compared to other local practices.
- There were effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- However, the practice did not have a programme of continuous clinical audit in order to monitor quality and to make improvements.

### Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty.

When there were unexpected or unintended safety incidents:

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

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

- Staff told us that the practice held regular team meetings. However, the partners acknowledged that the recording of clinical meeting minutes was an area that required improvement.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about 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.

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The practice operated a 'Virtual' PPG and encouraged members to email any feedback to assist in improving the services provided by the practice. For example, as a result of feedback, morning commuter clinics had been introduced, online appointment booking and repeat prescriptions, appointment text reminders and increased nurse appointments to meet demand.
- The practice had also gathered feedback from staff through appraisals, meetings and informal discussions. 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.