

Horndean 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

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3
The six population groups and what we found	5
What people who use the service say	7
Areas for improvement	7

Detailed findings from this inspection

Our inspection team	8
Background to Horndean Surgery	8
Why we carried out this inspection	8
How we carried out this inspection	8
Detailed findings	10

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Horndean Surgery on 21 July 2015.

Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

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

- Maintain records of previous infection control audits.

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. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patient's needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Good



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



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 (CCG) to secure improvements to services where these were identified. Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their 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 and other stakeholders.

Good



Summary of findings

Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings and events.

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. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

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. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

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 example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses.

Good



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

Good



Summary of findings

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.

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 those with a learning disability. It had carried out annual health checks for people with a learning disability and 79% of these patients had received a follow-up. It offered longer appointments for people with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients 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 living with dementia). At the practice 97% of patients experiencing poor mental health had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those living with dementia. It carried out advance care planning for patients with a diagnosis of dementia.

The practice had told patients experiencing poor mental health how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) when they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on 4 July 2015 showed that the practice was performing in line with local and national averages for patient satisfaction. Of the 253 survey forms distributed to patients, between July and September 2014 and January to March 2015, 130 forms were returned completed.

This was a response rate of 51.4% which represented approximately 2.8% of the practice population.

- 73.7% found it easy to get through to this practice by telephone compared with the clinical commissioning group (CCG) average of 84.3% and the national average of 74.4%.
- 87.1% found the receptionists at this practice helpful compared with the CCG average of 89.7% and national average of 86.9%.
- 86.9% were able to get an appointment to see or speak to someone the last time they tried compared with the CCG average of 89.2% and national average of 85.4%.
- 88.3% say the last appointment they got was convenient compared with the CCG average of 94.1% and national average of 91.8%.
- 69.3% described their experience of making an appointment as good compared with a CCG average of 79.8% and national average of 73.8%.

- 71% usually waited 15 minutes or less after their appointment time to be seen compared with the CCG average of 61.5% and national average of 65.2%.
- 62.6% felt they did not normally have to wait too long to be seen compared with the CCG average of 57.6% and national average of 57.8%.

As part of our inspection we also asked for The Care Quality Commission comment cards to be completed by patients prior to our inspection. We received 29 comment cards which were all positive about the standard of care received. Comments included feedback about staff being caring, friendly respectful and patient focused. One comment specifically praised the availability of on the day appointments.

The practice had an active patient participation group which improved communication between the practice and its patients. This group was a way for patients and the practice to listen to each other and work together to improve services, promote health and improve the quality of care.

Results of surveys were available to patients on the practice website alongside the actions agreed as a result of the patient feedback.

Areas for improvement

Action the service SHOULD take to improve

- Maintain records of previous infection control audits.

Horndean 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 advisor and practice manager specialist advisor.

Background to Horndean Surgery

Horndean Surgery is situated in Horndean, a rural village north of Portsmouth, Hampshire.

The practice has an NHS general medical services contract to provide health services to approximately 4,700 patients.

The practice is open from 8.00am to 6.30pm from Monday to Friday. Appointments are available between 8.30am and 6.00pm from Monday to Friday. Extended hours surgeries are also offered on Monday evenings between 6.30pm and 8.00pm and Saturday mornings between 9.00am and 11.00am

The practice has opted out of providing out-of-hours services to their own patients and refers them to Care UK via the NHS 111 service.

The practice population is higher than the national average for patients aged over 45 years old and lower than the national average for patients under this age. We were told that the area is within easy commuting distance of major towns and London, which encourages a higher number of patients of working age. The rate of unemployment in the area is lower than both the average for Hampshire as well as nationally.

The practice has six GPs who together work an equivalent of 3.5 full time staff. In total there are three male and three female GPs. The practice has a nurse prescriber, two practice nurses and a health care assistant. The GPs and the nursing staff are supported by a team of five administration staff who carry out administration, reception, scanning and secretarial duties. The practice also has a lead receptionist and a practice manager.

The practice is a training practice for doctors training to be GPs.

We carried out our inspection at the practice's only location which is situated at:

Blendworth Lane

Horndean

Waterlooville

PO8 0AA

Why we carried out this inspection

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

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

Detailed findings

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

How we carried out this inspection

Before visiting, we reviewed a range of information we held about the practice and asked other organisations to share what they knew about the practice. Organisations included the local Healthwatch, NHS England, and the clinical commissioning group.

We asked the practice to send us some information before the inspection took place to enable us to prioritise our areas for inspection. This information included practice policies, procedures and some audits. We also reviewed the practice website and looked at information posted on the NHS Choices website.

During our visit we spoke with a range of staff including GPs, nursing and other clinical staff, receptionists, administrators and the practice manager. We also spoke with patients who used the practice and representatives of the patient participation group.

We reviewed comment cards and feedback where patients and members of the public shared their views and experiences of the practice before and during our visit.

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 living with dementia)

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. Patients affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form to record significant events available on the practice's computer system.

We reviewed safety records, incident reports and alerts, and minutes of bi-monthly meetings where these, and complaints, were discussed by clinical and non-clinical staff. Lessons were shared at these meetings to make sure action was taken to improve safety in the practice. For example, safeguarding children alert processes were changed as a result of GPs complacency with information received from the out-of-hours service. We followed this through and found that a system was introduced to minimise the risk of an error such as this happening again.

Safety was monitored using information from a range of sources, including the National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. The practice used a local reporting system called QUASAR to report patient safety incidents.

Overview of safety systems and processes

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

Arrangements were in place to safeguard adults and children from abuse which reflected relevant legislation and local requirements. Policies were also accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding who was trained in safeguarding children to level three. The GPs

attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.

A notice was displayed in the waiting room, on the reception desk and on the practice website advising patients that nurses would act as chaperones to both male and female patients, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the staff office. The practice had up to date fire risk assessments and regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella.

Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. We were shown the most recent annual infection control audit, undertaken in June 2015, and we saw evidence that action was taken to address any improvements identified as a result. The practice was unable to provide any earlier audits when requested. We were told that the practice manager overwrote the audit template each time and stored this electronically on the practice intranet.

The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local clinical commissioning group (CCG) pharmacy teams to ensure that the practice was prescribing in line with best practice

Are services safe?

guidelines for safe prescribing. Disease modifying anti-rheumatoid drugs could only be issued from the repeat prescription screen by a GP who was in a position to check that relevant blood monitoring checks had been done and were acceptable before producing a prescription of the medicine. Prescription pads were securely stored and there were systems in place to monitor their use.

Recruitment checks were carried out and the three files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Arrangements were in place for planning and monitoring the number of staff, and mix of staff, needed to meet patients' needs. Admin staff tended to be multi skilled and covered other departments in the event of sickness or annual leave. GPs planned their leave in September for the following year so arrangements could be made for business continuity.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training and 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 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 carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). The QOF is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and measured performance against national screening programmes to monitor outcomes for patients. Current results were 98.5% of the total number of points available, with 5.4% exception reporting. Exception reporting is the percentage of patients who would normally be monitored. These patients are excluded from the QOF percentages as they have either declined to participate in a review, or there are specific clinical reason why they cannot be included.

This practice was not an outlier for any of the QOF (or other national) clinical targets.

Data from the QOF showed;

- Performance for patients with a diagnosis of diabetes related indicators was better (93.1%) than both the CCG (92.5%) and national averages (79.4%).
- Performance for patients with a diagnosis of hypertension related indicators was better (99.6%) than both the CCG (92.5%) and national averages (88.4%).
- Performance for patients with a diagnosis of mental health related indicators was better (100%) than both the CCG (92.1%) and national averages (90.4%)
- Performance for patients with a diagnosis of cancer related indicators was better (100%) than both the CCG (98%) and national averages (97.2%)

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to

improve care and treatment, and people's outcomes. We were shown eight clinical audits which had been carried out in the past two years. Three of these were completed audits where the improvements made were implemented and monitored. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, the practice carried out a clinical audit in 2014 to measure the effectiveness of using a specific medical condition diagnosis toolkit. Following the audit it was found to be inappropriate and GPs immediately replaced it with a more appropriate toolkit.

Partner GPs reviewed all referral requests made by locum and trainee GPs before they were sent to other services which reduced the possibility of mistakes occurring.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding children and vulnerable adults 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.
- The most recently appointed partner spoke of their induction to Horndean Surgery which included spending a full day with the practice several months before their start date. Their day included spending time with administration staff and the GP clinical lead. They told us they repeated this exercise again shortly before starting.

Are services effective?

(for example, treatment is effective)

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results.

Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together, and with other health and social care services, to understand and meet the range and complexity of people's needs, and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team (MDT) meetings took place on a monthly basis and that care plans were routinely reviewed and updated. MDT meetings were split into two halves. Health visitor, a midwife, lead nurse and GP who lead the first half to review children at risk. A hospice nurse, practice lead nurse, white board manager (admission avoidance locality coordinator), district nurse attended the second half. Meetings were also attended at times by a physiotherapist, occupational therapist, community psychiatric nurse for elderly and representatives from a palliative care support charity for patients and families. Information provided to us showed that 97% of care plans had been reviewed in the previous 12 months.

Consent to care and treatment

Patients' consent to care and treatment was always sought 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, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance. We were shown an audit that confirmed the consent process for minor surgery had been followed in 100% of cases.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. For example 83.5% of the practice population had their smoking status identified. Smoking cessation support was offered to 99% of the patients in this group and results for the past 12 months showed that 66 patients were reported to have stopped smoking.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 79.7%, which was comparable to the national average of 81.8%

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 better than the national average. For example, childhood immunisation rates for the vaccinations given to two year olds ranged from 95.9% to 100% and five year olds from 89.8% to 100%.

Flu vaccination rates for the over 65s were 73.7%, and at risk groups 54.2%. These were comparable to national averages.

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone, and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that a patient's privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed and they could offer them a private room to discuss their needs.

All of the 29 patient Care Quality Commission (CQC) comment cards received were positive about the service experienced.

Patients said they felt the practice offered an excellent service and that staff were caring, respectful and treated them with dignity and respect. We also asked nine patients for their feedback and spoke with two members of the patient participation group (PPG) on the day of our inspection. Both the patients we asked, and the PPG members, told us 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 showed that patients were happy with how they were treated including being treated with compassion, dignity and respect.

The practice was above average for its satisfaction scores on consultations with doctors and nurses.

For example:

- 94.4% said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 90.1% and national average of 88.6%.
- 94.6% said the GP gave them enough time compared to the CCG average of 89.3% and national average of 86.8%.
- 96.1% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95.3%

- 89.9% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88.9% and national average of 85.1%.
- 95.9% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 90.4%.
- 87.1% patients said they found the receptionists at the practice helpful compared to the CCG average of 89.7% and national average of 86.9 %.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey which we reviewed, also showed that patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and these results were in line with local and national averages.

For example:

- 86.6% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88.4% and national average of 86.3%.
- 86% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 81.5%

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

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers and approximately 2.5% (115) of the practice list had been identified as carers and were being

Are services caring?

supported, for example, by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP would send a letter of condolence and invite the

family member/spouse to a consultation. Advice on how to find support service was available to GPs and patients in the waiting area. This advice included local counselling and bereavement support services.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local clinical commissioning group (CCG) to plan services and to improve outcomes for patients in the area. A GP partner was the practice lead on CCG meetings and fed back information to improve services.

Services were planned and delivered to take into account the needs of different patient groups and to ensure flexibility, choice and continuity of care. For example;

- The practice offered extended hours appointments on Monday evenings and Saturday mornings for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, a hearing loop and translation services were also available.

Access to the service

The practice was open between 8.00am and 6.30pm Monday to Friday. Appointments were available from 8.30am to 6.00pm daily. Extended hours surgeries were offered on Monday evening between 6.30pm and 8.00pm and Saturday mornings between 9am and 11am. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments 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 local and national averages, and people we spoke to on the day were able to get appointments when they needed them. For example:

- 73.6% of patients were satisfied with the practice's opening hours compared to the CCG average of 77.1% and the national average of 75.7%.
- 73.7% patients said they could get through easily to the surgery by phone compared to the CCG average of 84.3% and the national average of 74.4%.
- 69.3% patients described their experience of making an appointment as good compared to the CCG average of 78.8% and the national average of 73.8%.
- 71% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 61.5% and the national average of 65.2%.

Listening and learning from concerns and complaints

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

We saw that information was available to help patients understand the complaints system in the waiting area, the practice leaflet and on the practice website. Seven out of the nine patients we asked were aware of the process to follow if they wished to make a complaint, but two were not aware of the process.

We looked at five complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely, open and transparent way. Complaints were a standing item on bi-monthly practice meeting agendas and were reviewed annually.

Lessons were learnt from concerns and complaints, and action was taken as a result to improve the quality of care. For example, a complaint was made about the appointment system being unclear and difficult to obtain a routine appointment within a reasonable time frame. As a result the practice updated its appointment system to make it easier to obtain an appointment which in turn reduced waiting times for appointments.

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 quality medical care to patients. The practice had a mission statement which was displayed in the practice leaflet and on its website, and staff knew and understood the values. The practice had a robust strategy and supporting business plans which reflected the vision and values. We were told the current business plan involved moving to new premises in the village and the practice manager and GP partners were actively managing the move.

Staff knew and understood the vision and values and were able to tell us about the values and philosophy of the practice which encompassed key concepts such as compassion, dignity and respect and equality and diversity which places the patient at the centre of decision making.

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
- There was a comprehensive understanding of the performance of the practice
- There was a programme of continuous clinical and internal audit which 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, openness and transparency

The partners in the practice demonstrated that they had the experience, capacity and capability to run the practice and to 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 would always take the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

Staff told us that regular team meetings were held and that there was an open culture within the practice to the extent

that they had the opportunity to raise any issues at team meetings, were confident in doing so, and felt supported if they did. We also noted that whilst team away days were not held, social events for the whole practice took place regularly which promoted a cohesive working ethos. 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, proactively gaining patient feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG), and through surveys and complaints received. The PPG was active and met bi-monthly, carrying out patient surveys and submitting proposals for improvements to the practice management team. For example, telephone access was improved as a result of patient feedback and a practice newsletter was written to keep patients informed of new initiatives at the practice e.g. the move to new premises. One member of the PPG told us that their role as a link between the practice and patients was particularly important at this time, so as to ensure patients were kept up to date with the relocation.

The practice had also 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.

Innovation

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of various local pilot schemes to improve outcomes for patients in the area. One scheme the practice was working with involved the set-up of a multi-specialty community of providers, known as a Vanguard Sites, within a NHS programme. This was being set up to identify and establish the new models of care needed for a sustainable future. The project was currently

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

looking at three work-streams. Two of these were improving integrated care for frail elderly and complex patient groups, and developing 'seven day' GP access for all patient groups.