

Painswick Surgery

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Painswick Surgery on 13 June 2016. Overall the practice is rated as good.

Specifically, we found the practice good for providing safe, effective, responsive, caring and well led services.

Our key findings 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.
- We found that completed audit cycles were driving positive outcomes for patients.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Patients 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 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.
- The provider was aware of and complied with the requirements of the Duty of Candour.

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 for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- The practice had arrangements to respond to emergencies and other unforeseen situations such as the loss of utilities.
- There was an infection control protocol in place and infection control audits were undertaken regularly.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff had received appraisals and personal development plans were being arranged.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed that patients rated the practice higher than the national and clinical commissioning group average when asked if GPs were good at treating them with care and concern.

Good



Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

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.
- Patients said they found 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 the practice responded quickly to issues raised.
- Learning from complaints was shared with staff and other and actions taken were documented.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to 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 was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken

Good



Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

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 patients.

- The practice offered proactive, personalised care to meet the needs of the older patients in its population. Older patients had a named GP.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The premises were accessible to those with limited mobility.
- There were good working relationships with external professionals such as district nurses.
- There was an on site phlebotomy service.
- The practice followed up on newly discharged patients and maintained an 'avoiding admissions' register.

Good



People with long term conditions

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

- The GPs and nursing team had the knowledge, skills and competency to respond to the needs of patients with long term conditions such as diabetes and chronic obstructive pulmonary disease (COPD, which is the name for a collection of lung diseases including chronic bronchitis, emphysema and chronic obstructive airways disease).
- The percentage of patients on the register for diabetes who had had influenza immunisation in the preceding 12 months in 2014-2015 was higher than the national average and the clinical commissioning group (CCG) average.
- The percentage of patients with diabetes with a record of a foot examination and risk classification within the preceding 12 months was higher than the national average and the CCG average.
- Patients with long-term conditions were routinely screened by the GPs for anxiety and depression to ensure that their needs were met.

Good



Families, children and young people

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

Good



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 patients who had a high number of Accident and Emergency (A&E) attendances.
- Immunisation rates for standard childhood immunisations (12 months, 24 months and five years) given in 2014/15 were comparable to the clinical commissioning group (CCG) average.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked proactively with midwives and health visitors.
- The practice's uptake for the cervical screening programme was 80% which was comparable to the CCG average of 84% and the national average of 82%.
- There were same day and triage appointments were available for children and young patients every working day including evenings.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age patients (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.
- Health promotion and screening reflected the health needs of this group.
- The practice accommodated non-registered students who were at home from university and for whom it was difficult to access their registered GP out of term times. The practice also communicated with those patients electronically via text and email if necessary when they returned to university.
- Appointments were available from 8.30am until 11am and between 4pm and 6pm at night.
- NHS health checks were offered to all patients aged 40 -74.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of patients whose circumstances may make them vulnerable.

- The practice offered longer appointments for patients with a learning disability.

Good



Summary of findings

- The practice worked closely with local residential learning disability services to meet the needs of patients living in those services.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- 75% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed that the practice was performing above the clinical commissioning group (CCG) and national average in several areas relating to patient experience. In other areas the practice was performing close to or slightly below the CCG and national average, 231 survey forms were distributed and 119 were returned, a completion rate of 52%. This represented 2.4% of the practice's patient list.

- 89% described their overall experience of their GP surgery as fairly good or very good which was comparable to the CCG average 89% and national average 85%.
- 79% of patients were very satisfied or fairly satisfied with their GP practice opening times which was comparable to the CCG average 81% and the national average of 78%.
- 91% of patients stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern with was comparable to the CCG average 88% and the national average of 85 %.

- 88% of patients stated that the last time they saw or spoke with a GP the GP was good or very good at involving them in decisions about their care which was comparable to the CCG average of 85% and the national average of 82%.
- 86% of patients stated that they would definitely or probably recommend their GP surgery to someone who had just moved into the local area which was comparable to the CCG average of 83% and the national average of 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received nine comment cards which were all positive about the standard of care received. Patients commented that they were treated with dignity and respect.

We spoke with eight patients during the inspection. All of the patients we spoke with were positive about the care they received and the caring approach of the GPs and the reception staff who worked at the practice.

Painswick 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 a practice manager.

Background to Painswick Surgery

Painswick Surgery is located in a rural area of Gloucestershire.

The practice is managed by three partners, one GP employed as a GP retainer and one locum GP who regularly works at the practice. There was a female GP available to see patients who preferred to see a female doctor, There is one practice nurse and two health care assistants at the practice. There is an administrative team led by a practice manager. The practice is a training practice.

The practice has a higher than average population of older people. There is also a high prevalence of people living with dementia and learning disabilities. The general Index of Multiple Deprivation (IMD) population profile for the geographic area of the practice is in the second least deprivation decile. (An area itself is not deprived: it is the circumstances and lifestyles of the people living there that affect its deprivation score. Not everyone living in a deprived area is deprived and that not all deprived people live in deprived areas). Average male and female life expectancy for the practice is 82 and 84 years, which is above the national average of 79 and 83 years respectively.

The practice is part of the Gloucestershire Clinical Commissioning Group.

The practice provides its service to approximately 4,900 patients under a General Medical Services (GMS) contract. (A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract).

The practice is open between 08.30am and 6pm Monday to Friday. Appointments are from 8.30am to 11am every morning and 4pm to 6pm daily. When the practice is closed patients are advised, via the practice website and an answerphone message, to ring the NHS on 111 for advice and guidance.

Painswick Surgery is registered to provide services from the following location:

Gyde Road,
Painswick,
Stroud,
Gloucestershire,
GL6 6RG.

The practice has opted out of providing out of hours services to its patients. Patients can access the out of hour's services provided by South West Ambulance Service NHS Foundation Trust via the NHS 111 service.

This was the first inspection of Painswick Surgery.

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

Detailed findings

planned to check whether the provider is meeting the requirements and regulations associated with the Health and Social Care Act 2008, (Regulated Activities) Regulations 2014, to look at the overall rating for 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 13 June 2016. During our visit we:

- Spoke with a range of staff including three GPs, four administrative staff and a nurse
- We spoke with eight patients.
- Observed how patients were being cared for and spoke with carers and/or family members.
- Reviewed nine comments 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).

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 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).
- Staff knew their individual responsibility, and the process for reporting significant events.
- Significant events were discussed at practice meetings.
- Although no significant events had occurred which met the threshold for making a notification to the CQC, practice staff were aware of the need to do so when this action was required.
- The practice held significant event meetings on alternative months.

Overview of safety systems and processes

The practice had a system for reporting, recording and monitoring significant events.

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements. Policies and procedures were accessible to all staff. There was a lead for safeguarding in the practice.
- All GPs in the practice had completed safeguarding training to level three. Additional training and guidance was available to staff and staff we spoke with were aware of their obligations to report concerns.
- Information telling patients they could ask for a chaperone was visible in the reception area and displayed in the treatment rooms. All staff who acted as a chaperone were trained for the role and had received a disclosure and barring service 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).

- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. There was an infection control protocol in place and staff had received appropriate training. The practice nurse was the infection control lead. 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).
- We checked medicines kept in the treatment rooms and found that they were stored securely. Processes were in place to check medicines were within their expiry date and suitable for use. Records showed that fridge temperature checks were carried out daily.
- We reviewed three personnel files and found 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 DBS service had been completed prior to staff commencing employment with the practice. There was a recruitment policy to ensure the suitable checks were made before staff started working at the practice

Monitoring risks to patients

Risks to patients were assessed and well managed.

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

Are services safe?

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Staff told us they would provide additional cover in order to meet the needs of the practice in case of sickness or annual leave.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had 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 fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed need and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random 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). In the year 2014/15 the practice had achieved 93% of the total number of the point available compared to 98% for the clinical commissioning group (CCG) and 95% nationally.

Data from 2014/15 showed;

- Performance for diabetes related indicators were in line with the CCG and national average. Ninety-nine percent of patients with diabetes had received influenza immunisation in the preceding year. This compared to 96% for the CCG average and 94% for the national average.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the preceding 12 months was 92% compared to 93% for the CCG average and 88% for the national average.
- The percentage of patients with chronic obstructive pulmonary disease (a chronic lung disease) who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 14% compared to 12% for the CCG average and 11% for the national average.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved in improving care and treatment and patient outcomes.

- The practice has a system in place for completing clinical audit cycles. Examples of clinical audits included an audit to assess completion of NHS England Learning Disabilities health check.
- The practice had carried out an audit on use of blood thinning medicines. This had indicated that no further action was required as issues were being well managed within the practice.

Effective staffing

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

- New staff were provided with induction when they started at the practice and staff reported that they were supported to learn new skills.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice.
- Staff received training that included safeguarding, fire procedures, basic life support and guidance on information governance
- There was a focus on continuous learning and improvement at all levels. Staff were supported to learn new skills. For example, one of the practice reception staff had trained in phlebotomy to assist with taking blood samples.
- 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.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice

Are services effective?

(for example, treatment is effective)

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, coaching and mentoring, clinical supervision 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, basic life support and 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.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example, when referring patients to other services.

Staff worked together with other health and social care services to understand and meet the range and complexity of patient's needs and to assess and plan ongoing care and treatment. This included when patients moved between services, when they were referred, or after they were discharged from hospital. We saw evidence that care plans were routinely reviewed and updated.

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 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.

- Clinical staff demonstrated a clear understanding of the Gillick competency test. (These are used to help assess whether a child under the age of 16 has the maturity to make their own decisions and to understand the implications of those decisions).

Patients who might be in need of extra support were identified by the practice.

Supporting patients to live healthier lives

These included patients receiving end of life care, carers and those at risk of developing a long-term condition. Patients were signposted to the relevant support services where necessary such as the local carer support group.

- The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 80% compared to a CCG average of 78% and a national average of 74%.
- 81% of female patients who were aged between 50 and 70 years of age were screened for breast cancer compared to a CCG average of 77% and a national average of 72%.
- 69% of patients aged between 60 and 69 years of age had been screened for bowel cancer compared to a CCG average of 63% and a national average of 55%

Childhood immunisation rates for the vaccinations given to under twos ranged from 84% to 90% and for children under five they ranged from 90% to 93%. This was comparable to the CCG average of between 94% and 96% for under twos and 90% and 95% for children under five.

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 on the outcome of health assessments and checks were made, where abnormalities or risk factors were identified. Patients with learning disabilities received an annual health check.

Are services caring?

Our findings

Kindness, dignity and compassion

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 patients were treated 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 rooms 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 nine patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 89% of patients said that the GP gave them enough time compared to a CCG average of 89% and a national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 91% of patients said the last GP they saw was good at treating them with care and concern compared to a CCG average of 88% and a national average of 85%.

- 98% of patients said they had confidence and trust in the last nurse they spoke to compared to a CCG average of 98% and a national average of 97%.
- 91% of patients said they found the receptionists at the practice compared to a CCG average of 90% and a national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 92% of patients said that the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 88% of patients said that the last GP they saw was good at involving them in decisions about their care compared to a CCG average of 88% and a national average of 82%.

Patient/carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The needs of carers who supported patients with mental health needs had been identified as a priority. The practice had a dedicated carers board in the waiting room.

Staff told us that families who had suffered bereavement were contacted by their usual GP.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice was responsive to patients' needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs in the way services were delivered. Services were planned and delivered to take into account the needs of different patient groups and to help ensure flexibility, choice and continuity of care. For example:

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from them.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.

Access to the service

The practice was open on Monday to Friday 8.30am to 6pm.

Appointments were available between 8.30am and 11am and 4pm and 6pm.

Patients could book appointments in advance and some same day appointments were available.

Comprehensive information about how to book an appointment was available on the practice website. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances. Information about the out of hours service was provided to patients on the practice website.

Patients we spoke with were generally satisfied with the appointments system.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were either above or in line with the clinical commissioning group (CCG) average and the national average. For example:

- 96% of patients said they could get easily by phone compared to the CCG average of 85% and the national average of 73%.
- 80% of patients said their experience of making an appointment was good compared to the CCG average of 81% and a national average of 73%.
- 90% of patients said the last appointment they had was convenient compared to the CCG average of 81% and the national average of 92%.

The practice had a system 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 have been inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical staff and non clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice has a system in place for handling complaints and concerns.

- The complaints policy and procedure 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.

We looked at records relating to five complaints from the previous year and found that all complaints had been dealt with in a timely manner. Lessons were learned from individual concerns and complaints. For example, when a patient complained after being denied information about her adult son, opportunities were taken to reinforce with reception staff that patient confidentiality must be protected and this was explained to the complainant.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- We found details of the aims and objectives were part of the practice's statement of purpose. The practice aims and objectives included working in partnership with their patients and families to create positive experiences, involving them in decision making about their treatment and care. The practice values included being a learning organisation that continually improved what they offer patients.
- We spoke with nine members of staff and they all spoke about the values of providing patients and staff with an environment that was friendly and safe.

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 staff.
- A comprehensive understanding of the performance of the practice was maintained.
- Audits were used to monitor quality and to make improvements

Leadership and culture

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

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about

notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us that the practice held regular meetings and the minutes we saw confirmed this.
- Staff told us there was an open culture within the practice.
- 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.

Practice seeks and acts on feedback from its patients, the public and staff

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

- We found that the practice had an effective engagement with their patients, the patient participation group (PPG) and other stakeholders. The PPG had met on 9 March 2016. Suggestions for improving communication through the use of emails and newsletters were being taken forward. A further meeting was planned for 29 June 2016.
- The practice had gathered feedback from staff through staff meetings, appraisals and 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.

Continuous improvement and innovation

There was a strong focus on continuous learning, improvement and innovation at all levels within the

Are services well-led?

Good 

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

practice. The practice had a particular interest in the use of technology to improve systems and this was discussed at a

meeting with the PPG on 9 March 2016. For example, it was suggested that the practice could introduce a virtual PPG in order to increase the level of patient participation and ensure that patients' voices were represented.