Palmerston Road Surgery

Quality Report

18 Palmerston Road
Buckhurst Hill
Essex
IG9 5LT
Tel: 020 8504 1552
Website: No website

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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?	Outstanding
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

On 14 October 2014 we carried out an announced inspection of Palmerston Road Surgery, Buckhurst Hill, Essex under our new approach of inspection of primary medical services. We looked at whether the practice was safe, effective, caring, responsive and well-led.

We found that the practice was outstanding overall for providing responsive services and good across all the other areas we looked at.

We also looked at how the practice provided services to different population groups. Overall we found the practice were good. We did find though that in relation to older people, those experiencing poor mental health and mothers and babies the practice was outstanding in being responsive to their needs.

Patients expressed a high level of satisfaction about the way the services were provided.

Our key findings were as follows:

- Practice staff were kind, caring and dedicated to providing high quality care and treatment.
- The appointment system was highly effective and patients across the population groups were very satisfied with it.
- Patients privacy and dignity was maintained.
- Additional support was provided for the elderly, those experiencing poor mental health and mothers and babies.
- There was visible strong leadership in place resulting in effective systems and processes that kept people safe and met the needs of the practice population. Infection control procedures kept patients and staff safe from a health care related infection.
- The practice worked well with other health care providers to achieve effective outcomes for their patients. Information sharing and communication with partner agencies helped support the levels of care and treatment received by patients.

However, there were also areas of practice where the provider should make improvements.

Summary of findings

The provider should:

- Devise a practice risk assessment that reflects the risks at the practice to patients and staff.
- Ensure fire drills are practised at appropriate intervals throughout the year.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for safe. The practice had effective systems that demonstrated they were a safe practice and that this had been maintained over time. Risks were identified and managed appropriately. Procedures for safeguarding vulnerable adults and children were in place and all staff had received training and were aware of the different signs of abuse that could take place. Staff understood their responsibilities to raise concerns and to report incidents. Where significant events had occurred they were analysed and steps taken to prevent them from reoccurring. Staff were informed of outcomes and learning was cascaded although minutes of meetings should be recorded to provide an audit trail. Infection control procedures were robust and patients and staff protected from the risk of a health care related infection. Medicines were managed in line with published guidance and equipment in use at the practice was available in sufficient quantities and regularly tested. Staffing levels were monitored to ensure there were sufficient numbers of people working with the right skills and qualifications. The practice was able to respond to a medical emergency because they had received first aid training and emergency medicines and equipment were available to use.

Are services effective?

Good

The practice is rated as good for effective. Patient's needs were assessed and care and treatment was delivered in line with published guidance. Where referrals were required these were completed in a timely manner and monitored. The practice worked with other health care providers, sharing information appropriately so that patients received the best possible care. Patient records were updated to ensure they reflected the most recent diagnosis and consultation outcomes. Patient reviews took place at regular intervals to assess the effectiveness of treatment and medicines. The practice promoted healthy living to their patients and offered services that supported this. Staff were aware of the guidance around consent and had systems in place for recording it when required. Staff received annual appraisals, training support and opportunities for development. Clinical audits were evident to monitor and assess the services provided.

Are services caring?

Good

The practice is rated as good for caring. Patients told us that staff treated them with dignity and respect and maintained their privacy at all times. Confidential matters were discussed in private. Data

Summary of findings

from surveys and our comment cards showed that patients were very satisfied with the levels of care provided from all staff. Patients were involved in making decisions about their care and treatment and explanations to them were clear. A range of literature was available that provided information to patients about the types of care they could receive and how to access support services.

Are services responsive to people's needs?

Outstanding 

The practice is rated as outstanding for providing responsive services. The appointment system in use met the needs of the patient population in a consistent manner. Patients told us that they were very satisfied with the availability of routine and urgent appointments and rarely had to wait for one, including follow-ups. Appointments were available at times that suited patients. This applied to both the GPs and the nursing staff. Where there was an urgent need, they could see a GP on the same day or receive a home visit or phone consultation. GPs regularly extended their surgery hours to see patients if there was an urgent matter and his was beyond their contractual arrangements. Patients could see their preferred GP when available and older patients had a named GP to ensure continuity of care. An additional telephone line was available for the frail and elderly who were at risk, so that they could contact the practice in a timely manner. Those patients considered most in need of this facility were provided with the number. This enabled them to obtain advice and book an appointment more easily. Patients were extremely satisfied with the appointment system overall. Patients told us they were very satisfied with the services that were being provided. Mothers and babies told us the clinics were well organised, efficient and child immunisations were administered at the correct intervals. An effective complaints system was in place that was designed to deal with matters to the satisfaction of the patient and to identify any learning opportunities. The complaints process was understood by all staff who had a positive attitude about correcting any errors that had been made and providing suitable explanations, including dealing effectively with minor grievances. No formal complaints had been received in the last 12 months. Information was available to patients if they wished to make a complaint. The practice was readily accessible to disabled patients or those with limited mobility.

Are services well-led?

Good 

The practice is rated as good for well-led. The practice had a vision and strategy that had been reviewed regularly. All staff had been involved in developing it and working towards it. A clear leadership structure was in place and designated leads had been identified for key roles. All staff were aware of their individual responsibilities. Audits had been undertaken to monitor and assess the quality of the

Summary of findings

services provided and staff and patients were asked for feedback about the way the practice was managed. Regular staff meetings took place. Where areas for improvement had been identified we found they had been actioned but dates of completion had not been recorded to reflect they had been completed in a timely fashion.

Summary of findings

The six population groups and what we found

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

Older people

Good

The practice is rated as good overall for older people but in relation to being responsive to their needs we found them to be outstanding. The practice offered personalised care to meet the needs of older people. Those over 75 had a named GP so that continuity of care could be maintained. The practice kept a register of older people who were identified as requiring additional support. Regular multi-disciplinary meetings were held to discuss individual patients and to put in place care plans to reduce the risk of avoidable hospital admissions. Dementia screening took place to identify early, those at risk. The appointment system reflected the needs of the elderly. A dedicated telephone line was available for those elderly patients considered to be most at need. This enabled them to obtain appointments and medical advice quickly. Telephone consultations and home visits were available if necessary and older patients were given priority. Prescriptions could be ordered by phone and delivered to home addresses by a local pharmacy. An effective flu vaccination programme was in place and staff were pro-active in identifying patients who were eligible. Older patients expressed high praise for the service they received at the practice.

People with long term conditions

Good

The practice is rated as good for patients with long-term conditions. Regular reviews of patients took place to ensure they were receiving the most appropriate care and treatment. Patients were signposted to external organisations for support and advice. Patients were able to receive lifestyle advice on how to best manage their conditions from either the GPs or Practice nurse. Diabetes clinics were held monthly with input from a dietician. The Practice nurse saw patients with breathing conditions as part of their daily appointment system. There was evidence that the practice worked with other health care providers for patients with complex needs. The practice also worked closely with two other local practices where complex cases were discussed. This was attended by a GP and the Practice nurse and discussions were held to identify methods of improving the care they provided.

Families, children and young people

Good

The practice is rated as good overall for families, children and young people but in relation to being responsive to their needs we found them to be outstanding. There was an effective system in place to safeguard children from abuse through the use of a register identifying vulnerable patients. These were monitored and

Summary of findings

multi-agency meetings attended to discuss any issues. Staff had been trained to identify the different signs of abuse. Mothers and babies were able to attend a postnatal and antenatal clinic each week and a paediatric walk-in dedicated surgery was available each Tuesday, outside of school hours. The practice followed immunisation guidance for young babies and children. Parents we spoke with were very positive about the services available to them. Young people were able to book appointments without a parent being present, subject to satisfying GPs of their ability to understand the care and treatment suggested.

Working age people (including those recently retired and students)

Good

The practice is rated as good for working age people. The appointments system met the needs of these patients. Daytime appointments could be booked on the same day or the next day. Evening appointments were available for those people who could not attend the surgery during the day such as students or those at work. Patients could order repeat prescriptions online. The practiced promoted healthy living and appointments were available with the Practice nurse for lifestyle advice. This included smoking cessation and alcohol advice designed to prevent ill health in the future.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for people whose circumstances may make them vulnerable. A register was maintained of patients with learning disabilities and they were invited to attend an annual review or more frequently if considered necessary. A double appointment was made available to them to ensure their needs were covered. Carers of those living in vulnerable circumstances were identified and offered support including signposting them to external agencies.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good overall for people experiencing poor mental health but in relation to being responsive to their needs we found them to be outstanding. An in-house counselling service was available for patients to access. A representative from the MIND organisation, a mental health charity, attended to run a clinic twice weekly where patients could seek support and appropriate advice. Patients received a regular review of their mental health needs and were pro-actively contacted. A screening process was in place to identify those in the early stages of dementia and relevant guidance and support was offered including signposting patients to external organisations.

Summary of findings

What people who use the service say

Prior to our inspection we left comment cards for patients to complete about their views of the practice. We collected 29 cards that had been left for us and reviewed the comments made.

Patients were very complimentary about the GPs, the Nurse practitioner and the reception and administration staff. Areas that were praised included the kindness in the way care and treatment was provided, high dignity and respect levels, the quality of the service received, the cleanliness of the practice and the efficient appointment system. No negative comments were received and many patients commented that the practice was excellent.

We spoke with patients on the day of our inspection some of whom had children registered at the practice.

All of the patients we spoke with told us that they were extremely satisfied with the GPs, the Nurse practitioner and other staff working at the practice. We were told that appointments were always available and they were rarely kept waiting. They told us that explanations were clear and care and treatment was delivered to a high standard. In keeping with the comment cards, we did not receive any negative feedback about the practice at all and each person reported they would happily recommend the practice to relatives or friends.

The practice had undertaken a patient survey in December 2013. Patients were asked to complete a questionnaire covering 21 different areas and the results were analysed. The questions included patients' views about the availability of appointments, quality of consultations, explanations of care and treatment options and helpfulness of staff.

The results of the survey revealed that a high percentage of patients rated the practice as either excellent or very good across most areas. In particular, the following areas; 'seeing a GP of choice,' 'waiting at reception,' 'consultation experience,' 'receiving medicines/ prescriptions on time,' and 'staff helpfulness,' 100% of patients felt that the practice was either excellent or very good.

As a result of the survey, the practice had identified that there were improvements required to the premises. Accordingly an action plan relating to premises adjustments to be implemented over the next five years.

The most recent data available from the 2011 NHS Choices Patient Survey awarded the practice a rating of 4.5 stars out of 5. In addition, 96.4% of those taking part would have recommended the practice to family and friends. This is one of the highest ratings.

It is clear from the content of the comment cards, the views from patients spoken with on the day and the most recent practice and NHS survey, that there are high levels of patient satisfaction at the practice. Where areas for improvement had been identified, an action plan had been put in place to achieve them in order to further improve the patient experience.

Areas for improvement

Action the service SHOULD take to improve

The practice should devise a practice risk assessment that reflects the risks at the practice to patients and staff.

The practice should ensure fire drills are practised at appropriate intervals throughout the year.

Outstanding practice

An additional telephone line was available for the frail and elderly who were at risk, so that they could contact the practice in a timely manner. Those patients considered most in need of this facility were provided with the number. This enabled them to obtain advice and book an appointment more easily.

Summary of findings

A small card was available at reception for patients to present if they wished to discuss something of a confidential nature. This enabled them to raise an issue without other patients hearing them and giving them greater levels of privacy.

A representative from the MIND organisation, a mental health charity, attended the practice twice weekly to run a clinic to support patients experiencing poor mental health.

On one day each week, at the end of mother and baby clinics, walk-in paediatric consultations were available that did not require patients to make an appointment.

Palmerston Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector accompanied a GP Specialist Advisor**.**

Background to Palmerston Road Surgery

Palmerston Road Surgery is situated in Buckhurst Hill, Essex and is one of 38 GP practices in the West Essex Clinical Commissioning Group (CCG) area. The practice has a General Medical Services (GMS) contract with the NHS.

Facilities at the practice include parking at the front and the rear of the premises and there is a dedicated bay for those who are disabled. The practice is accessible by public transport and Buckhurst Hill underground station is a short walk away.

There are approximately 4500 patients registered at the practice.

There are three full time GPs working there in partnership, two of whom are female and one male. There is one female Nurse practitioner. There is also a full time and a part time Practice manager and three reception and administration staff.

GP sessions run each day in the morning (8.30am to 1pm) and afternoon (2pm to 6.30pm). On Tuesdays surgery hours are extended until 730pm. The Nurse practitioner works full time and has daily sessions.

The practice have opted out of providing out-of-hours services to their own patients so patients contact the emergency 111 service to obtain medical advice outside of normal surgery hours.

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.

This provider had not been inspected before and that was why we included them.

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.

We then carried out an announced visit on 14 October 2014. During our visit we spoke with a range of staff including the GPs, Nurse, Practice Manager, reception and administration staff and spoke with patients who used the service. We observed how people were being cared for and talked with carers and/or family members and reviewed the

Detailed findings

policies, protocols and other documents used at the practice. Before we visited we provided comment cards for patients to complete about their experiences at the practice and we viewed them afterwards.

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 living in vulnerable circumstances
- People experiencing poor mental health (including people with dementia)

Good

Are services safe?

Our findings

Safe Track Record

The practice monitored patient safety using a range of different methods including significant events analysis, complaints, national patient safety alerts and safeguarding adults and children.

Staff we spoke with were all aware of the systems in place at the practice to record incidents involving safety and to bring such incidents to the attention of the practice manager or one of the GPs.

We reviewed the significant events that had been recorded in the last 12 months and found that they had been analysed effectively. Where learning had been identified this had been cascaded at staff meetings or through informal discussions and recorded in writing. Staff spoken with confirmed that this was taking place and displayed an awareness of the significant events.

There had been no complaints in the last 12 months but systems were in place to analyse them for safety issues and to review procedures at the practice.

National patient safety and medicines alerts were handled effectively and actioned where appropriate to ensure patients were safe.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events. On the day of our inspection we looked at three incidents that had been analysed since February 2014. There was evidence that an effective investigation had taken place, learning identified and any action taken had been recorded. We saw that as a result of one incident all GPs were advised of the side effects of a particular medicine so that clearer instructions were given to patients in the future.

On speaking with staff at the practice, we found they were aware of any learning from significant events and confirmed that it was discussed at their meetings, but not recorded. At the time of our inspection the practice agreed to produce an agenda and minutes of each staff meeting in the future.

Staff we spoke with told us that they were encouraged to raise any safety issue either at team meetings or directly to the GPs or Practice Manager. They also displayed their knowledge of safeguarding and whistleblowing and felt confident that any concerns they raised would be dealt with in a professional way.

Since it registered with CQC we have not received any safeguarding or whistle blowing incidents about the practice.

National patient safety alerts were received by email and a member of staff had been allocated responsibility for them. These were discussed with the GPs and appropriate action taken to ensure patients were safe and received the most appropriate care and treatment based on research and guidance.

Reliable safety systems and processes including safeguarding

The practice had appointed a dedicated GP safeguarding lead for vulnerable adults and children. All GPs and the Nurse practitioner had been trained to safeguarding level 3. In-house training took place to ensure all other staff were aware of safeguarding procedures and issues.

Reception staff we spoke with had received informal training in safeguarding and were aware of the different signs of abuse that could take place in relation to older people, vulnerable adults and children. They told us that any suspected abuse would be brought to the immediate attention of the safeguarding lead, GPs, or the practice manager.

Staff were aware of the role of the local authority in relation to safeguarding responsibilities and a document was available that identified how to contact the relevant agencies.

The practice operated a computerised patient record system and this enabled vulnerable patients to be identified easily so they could be monitored and reviewed when attending for appointments.

Patients were able to have a chaperone present during appointments with the GPs. The Nurse practitioner had received formal chaperone training. Signs were available to notify patients that this facility was available for them to use. Although reception staff were occasionally used for this purpose they had not received any formal training but had been made aware of the procedures to follow and their responsibilities during an examination, by the Nurse practitioner.

Good

Are services safe?

Staff had received training in repeat prescribing protocols. On receipt of a request, the patient's records were checked to see if a review was due and if so, the request was referred to a GP who would decide whether to issue a prescription or insist that a review take place. Patients we spoke with said that there had been no prescription errors and confirmed that reviews took place. Where changes of prescription had been made these were checked by GPs before being given to patients.

Any urgent prescription requests or test results received indicating that a prescription was required, would be passed to and assessed by a GP to ensure that patients received timely medication.

The practice had considered the security of blank prescription pads and forms and was following its own policy. They were signed for when delivered to the practice with the name and date of the person receiving them and the pad numbers were recorded. These were locked in a cupboard at the end of each day.

Medicines Management

Medicines in use were stored in line with relevant guidance and only accessible to authorised staff. Each GP had their own emergency drugs bag that they took with them on home visits to patients. All drugs were in date and checked regularly.

There was an effective system in place for the management of controlled drugs including disposal procedures. The Controlled Drugs Register had been signed in line with relevant legislation covering the supply and use of controlled drugs. Medicines we checked were all within their expiry date and the monitoring of this was robust.

We found that the practice monitored its prescribing data and was aware of their performance in this area. One such medicine that was being monitored was the use of non-steroidal anti-inflammatory drugs (NSAID's) which have been linked to an increased risk of cardiovascular disease. The practice was aware of the need to reduce the use of this medicine and offer less risky alternatives and they were on track to achieve their performance target.

Vaccines were administered by GPs and the Nurse practitioner in line with recommended guidelines.

They were stored correctly and stocks and expiry dates monitored. On receipt of vaccines they were placed in a fridge as soon as possible after arrival to maintain their effectiveness. Records were kept of fridge temperatures and these were in an acceptable range.

The fridge was tested annually to ensure it was working correctly. It was not hard-wired to the mains supply but the risk of it being switched off accidentally had been recognised by the practice. A clear sign was placed near to the plug that said 'Do not switch off'.

Cleanliness & Infection Control

The practice had a lead member of staff for infection control who was responsible for managing and minimising the risk of patients and staff contracting a health care related infection. An infection control policy was in place which had been reviewed and updated in April 2014. The policy contained a range of information to support staff including who to contact for advice, hand hygiene techniques, the use of personal protective equipment and the action to take in the event of a needle stick injury.

Sufficient numbers of relevant staff had received training in infection, prevention and control. GPs and the Nurse practitioner had received formal training by eLearning. Other staff had an awareness of the procedures to follow supported by an infection control policy which they had read.

An effective cleaning system was in place for both clinical and non-clinical areas of the practice. Records we viewed demonstrated that cleaning schedules were in place and the quality of the cleaning was monitored. Reception staff made use of a checklist each morning to ensure that the cleaning undertaken the night before was of an acceptable standard. If any issues were found these were reported to the Practice manager who spoke with the cleaning contractor.

There were a small number of toys and a desk for children to play with and reception staff were responsible for cleaning these at the end of each day. A checklist was used regularly for this purpose and this had been completed. The toys we viewed were clean and in good condition.

An infection control audit had been carried out in April 2013 by an externally appointed company and this identified a number of areas where improvements were

required. We saw that an action plan was in place that clearly identified the issues and the risks, with a timescale for completion. We found that actions were being carried out in order to achieve improvements.

The premises looked clean and tidy throughout. The flooring in the treatment room had been designed so that it could be easily cleaned. There were hand washing signs in staff and patient toilets and a ready supply of wall mounted hand gels and paper towels. Patients told us that the practice always looked clean and tidy and that staff used appropriate personal protective equipment when necessary whilst undertaking consultations and examinations. Adequate supplies of disposable gloves and aprons were available for staff to use.

Reception staff were aware of the need to manage patients with infectious illnesses to try and keep them away from other patients where possible. This included making use of home visits or reducing the amount of time they waited in reception to see a doctor.

Clinical waste was segregated and stored safely in line with published guidance and a contract with an external company was in place for collection and disposal. Records we viewed confirmed that this was taking place. Legionella testing of the water supply had been identified as an improvement area in the infection control audit and a system was being put in place to ensure regular tests took place.

Equipment

Staff we spoke with were satisfied that the practice had the most appropriate equipment and in sufficient quantities, to enable them to carry out examinations, assessments and treatments that kept patients safe.

Equipment in use at the practice included blood pressure monitors, weighing scales, ultra sound equipment and a fridge for the storage of vaccinations. We found there was a regular service, testing and calibrating system in place undertaken by an external company specialising in this area. Single use equipment was used once then discarded.

Oxygen and a mask were available if required for use by a patient. These were both in date and staff demonstrated their use correctly.

We viewed the most recent report, completed in June 2014 and found that the equipment was in good working order. Where a particular item had not passed the testing procedure it was taken out of use and either repaired or replaced. There was also a long term plan in place to replace treatment couches in stages. Portable appliance testing (PAT) had also been carried out and electrical equipment certified as safe.

Staffing & Recruitment

Staffing levels for GPs, nursing, reception and administration were the subject of continuous monitoring. Where annual leave, training or sickness occurred there was a system in place to arrange additional staff to ensure that patients received a satisfactory and safe service. As this was a small practice the staff were able to cover for each other at times of staff shortages.

The practice rarely made use of locums but when they were required we saw that these were planned well in advance of any anticipated GP absences. There was an effective system in place to ensure sufficient numbers of qualified staff were present.

Staff told us that staffing levels met patient needs and there were always sufficient numbers of people on duty to keep people safe. Patients we spoke with said that there were always enough members of staff available at the practice and that they seemed qualified and experienced to carry out their role. Patients told us that they felt safe.

The practice had a recruitment policy that was fit for purpose and the Practice manager had recently attended a course on the correct procedures to follow when recruiting staff at the practice. It was noted that the majority of staff had been there a number of years and that documentation in relation to their employment was no longer available. We were assured however, that any new employees would be subject to a robust recruitment process, as described in the practice policy. This included checking registration with their appropriate professional body, proof of their identity, references, qualifications and experience and a Disclosure and Barring Service check in relation to criminal records and safeguarding.

One of the long serving GPs was due to retire in April 2015 and this had been recognised as a potential risk to patients, due to the reduction in numbers of GPs if a replacement could not be found. Early steps had been taken to place advertisements for a new GP and to increase the hours for one of the other GPs. A number of candidates for the new role had already been identified.

Good

Are services safe?

Monitoring Safety & Responding to Risk

The practice monitored risks to patients and staff through their systems, policies and procedures. These included an infection control audit, cleaning schedules, medicines management, hepatitis B monitoring of staff and the way they dealt with emergencies.

The practice had a health and safety policy that was accessible to all staff. The practice could benefit from a practice risk assessment to identify and monitor risks to patients and staff and for this to be monitored regularly.

Although staff meetings were not recorded were assured, after speaking with clinical and non-clinical staff, that risks were being discussed and action taken when required.

There was a system in place to monitor changing risk to patients who were taking high risk medicines for their condition. The use of the medicines was regularly reviewed by the GPs and alternatives offered. Where patients preferred to remain on the higher risk medicines, they were counselled about the risk, offered support and their records updated.

Arrangements to deal with emergencies and major incidents

The practice had a business continuity plan that had been reviewed in April 2014. This document detailed the steps to take if there was an emergency that affected the provision of services and daily operation of the practice. It covered such eventualities as failure of the electricity supply, an illness pandemic, severe weather conditions and how to obtain alternative accommodation. The document was available for staff to read and those we spoke with were aware of its contents.

The document was clear and outlined the action staff should take in an emergency. This included the steps to take to transfer vaccines and other medication to a nearby practice, contact details of agencies that could provide support and reciprocal arrangements with other practices to enable patients to be seen by a GP.

All staff had been trained in basic life support and training certificates were viewed confirming this in staff files. Emergency medicines and equipment were readily available and accessible to staff members and all knew where they were located. Medication and other equipment were all in date and there was an effective system in place to monitor stock and expiry dates. Oxygen was also available and in working order. Documents were viewed that reflected that this was subject to a maintenance and servicing schedule and that it had been recently examined and was operating correctly.

Reception staff we spoke with were aware of the action to take in a medical emergency at the practice. They were also aware to advise patients phoning in to the practice, to contact the emergency services if a person was describing having chest pains and wishing to see a GP.

The staff at the practice had not undertaken any fire drill training or rehearsals. We discussed this on the day of our inspection and the practice has agreed to remedy this in the near future and keep records.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

We spoke with GPs and nursing staff on the day of our inspection and were satisfied that care and treatment was being delivered in line with best practice and legislation. They were aware of the guidance provided by the National Institute for Health and Care Excellence and how to access the guidelines. There was an effective system in place to monitor national patient safety alerts and medicines and health care products. This ensured patients received effective consultations and treatment.

Patients were referred to specialists and other services in a timely manner and where urgent, often on the same day. Patients we spoke with had experienced being referred to other health care providers and they were happy with the service and the timeframes.

The GPs and the Practice nurse were allocated lead roles in relation to conditions such as diabetes, heart disease and asthma and patients with these conditions were seen and monitored. Data held in relation to the performance of the practice reflected that they were effective in providing regular screening to ensure patients received appropriate care and treatment to manage their condition.

A diabetic clinic was held monthly and lifestyle advice provided to help patients manage their condition to receive the best outcome possible. The Practice nurse saw patients with asthma on an appointment basis rather than holding a separate clinic. Patients requiring flu vaccinations were contacted in a pro-active way and encouraged to attend.

Patients with long term conditions and those approaching the end of their lives through illness had their needs assessed and were provided with effective care and treatment. Support from external organisations was signposted to them and their families.

Management, monitoring and improving outcomes for people

The practice had a system in place for completing clinical audit cycles. Audits and reviews were on a rolling programme, planned up to March 2015.

We looked at several clinical audits on the day of our inspection. An analysis of the findings had taken place and where areas for improvements were identified these had been documented. There were plans for further audits to take place to ensure improvements had been maintained.

One such audit conducted in relation to patients receiving medicines for long term conditions, identified that a reduction in use had been achieved and financial savings made, resulting in an improved service for patients and better value for money.

The results of an audit for cervical screening performed in August 2013 revealed that 83% of eligible patients had been screened. This reflects an above average performance in this area.

A member of staff had been allocated the responsibility for the quality and outcomes framework (QOF) for patients at the practice. The QOF is a national measurement tool that can be used to collect information to compare their performance against national screening programmes to monitor outcomes for patients. This includes such areas as ensuring diabetic patients receive an annual medical review and patients who may require cervical smear tests.

A system was in place to ensure that patients receiving repeat prescriptions were regularly reviewed by a GP. Where a review was due the prescription was not issued until one had been carried out. The IT system in use at the practice made staff aware when a review was due and this information was relayed to patients when requesting repeat prescriptions or sooner if possible.

They also reviewed whether patients had received a health check for long term conditions or for those with learning disabilities. We found that the practice was able to demonstrate that their use of the IT system included regular checks to ensure that these health checks were undertaken and patients contacted when they were due.

Effective staffing

All GPs were up to date with their yearly continuing professional development requirements and all either have been revalidated or had a date for revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by NHS England can the GP continue to practise and remain on the performers list with the General Medical Council).

Good

Are services effective?

(for example, treatment is effective)

The Nurse practitioner had received an appraisal and told us that they felt supported in the workplace. They were given time to undertake their continuous professional development and this helped maintain their skill levels.

All other non-clinical staff at the practice had received an annual appraisal. We looked at the records for two members of staff. We saw that the staff member had completed an appraisal form to describe their views on their own performance, what their training needs were and what development they might need. This was followed up with a formal interview with their line manager where a discussion about their performance was held. Where relevant, training needs were agreed and actioned.

We found that although the appraisal process was meaningful for the member of staff, the appraisal did not contain any comments or grading from the line manager about whether the staff member had achieved the appropriate level of performance over the preceding year. This was acknowledged by the practice who will make comment in appraisals whether staff are achieving satisfactory levels of performance.

Staff we spoke with felt that the appraisal process was fair and gave them an opportunity to identify training and development opportunities. They confirmed that their training needs were being met and they felt supported in the workplace. They all said that the management at the practice were very helpful and always available for advice and guidance.

The staff files we viewed reflected that staff had the right qualifications, skills, knowledge and experience to deliver effective care and treatment. All staff had received training in basic life support and repeat prescribing protocols had been explained to them. An induction process was in place for new members of staff who were not permitted to work on their own until they had satisfied a supervisor that they were competent to do so. New staff were mentored and supported to achieve the required standards.

Working with colleagues and other services

The practice worked with other health care providers in a coordinated way. This included referrals to other specialists, multi-agency working for patients with complex needs and out of hour's services.

The practice received updates, letters and test results in a number of different formats, such as letters, emails and faxes. These were updated on the patient record system and a GP was notified, who was then responsible for acting on the information and recording any decisions made.

We saw evidence that the practice worked with health care partners as part of a local strategy to reduce the number of patients who were frail or elderly being re-admitted to hospital. A monthly multi-disciplinary meeting took place where cases were discussed and a joint approach planned to provide the most appropriate care and treatment. These meetings were attended by GPs, social workers and district nurses. Minutes of these meetings were viewed which confirmed that discussions were held about patient needs and care planned accordingly.

The practice had a palliative care register and quarterly meetings took place attended by GPs, district nurses and a Macmillan nurse. These were designed to discuss, monitor and support patients nearing the end of their lives to ensure they received the most appropriate care and treatment.

Patients could receive test results by calling the practice after 2pm on each day. The computerised records identified when a patient had not called for a result and this would be highlighted to staff. If the test result revealed an adverse result, patients were contacted in a timely way and asked to attend the practice to speak with a GP.

Patients we spoke with told us that they had experienced continuity of care after seeing a specialist and that the GPs had been made aware of all relevant facts when they had a follow-up appointment. They also told us that any changes of medicines had been passed on correctly to the GP.

The practice was working with two other local surgeries to discuss complex cases where they were reviewed and shared learning obtained and cascaded. This was designed to improve care and reduce hospital referrals and admissions. There were plans to extend these meetings to include other clinical areas.

Information Sharing

We found that information was being shared appropriately between other health care providers and the practice in

relation to their patients. Where hospital discharge letters had been received these were brought to the attention of one of the GPs, action taken if necessary and the patients record updated in a timely manner.

When patients received 'out of hours' emergency treatment, information on the consultation and diagnosis was passed to the practice the following morning so that information about the patient was always current.

A 'choose and book' system was in use that enabled patients, referred for specialist treatment, to select their preferred hospital and administration staff helped support patients to use this facility.

The practice used a computerised patient record system known as 'system one' and staff made effective use of it. Consultations, test results and out patient outcomes were saved into the system so all staff could access the latest information about a patient to enable them to meet their needs.

Consent to care and treatment

Reception staff we spoke with had an understanding of consent issues that were relevant to their role. This included whether consent should be taken in writing or verbally. All had knowledge of the Mental Capacity Act 2005 and the need to assess whether a patient was able to consent, in line with the legislation that protects them. All of the clinical staff had a clear understanding of the issues of consent and applied it in the workplace.

Where staff had identified that a patient wished a friend or relative to be able to receive test results on their behalf, consent was recorded in writing on a form suitable for the purpose. This was then noted on the patient record computer system so that all staff were aware. This included taking written consent from a parent if a relative brought a young child to the practice for their immunisations.

Young persons under the age of 16 were encouraged to attend with a parent or guardian if booking an appointment but if they wished to see a GP without one being there, an appointment was booked and the GP advised of the situation. The GP would then undertake further enquiries with the young person to ensure they understood the implications of any medical examination and care and treatment suggested. This is in line with the Gillick Competence, when a person aged 16 or under is judged as competent to give consent to care and treatment without an adult being present.

Health Promotion & Prevention

New patients to the practice were supplied with an information pack, registration forms to complete and a questionnaire about their medical history. They were then booked in for an appointment with the Nurse practitioner who initially assessed their medical needs and history. They were offered healthy living advice if required. Once assessed they were invited to book an appointment with one of the GPs if a health concern had been identified.

Patients were also able to book appointments with the Practice nurse to receive lifestyle advice on how to live healthier. If any issues of concern arose they were encouraged to seek a consultation with one of the GPs.

The reception and waiting room area contained a range of information in leaflet and poster form to encourage people to live healthier lives. There were leaflets available on smoking cessation, dietary advice and chlamydia screening.

For the elderly or those patients with relevant medical conditions, posters were displayed advising them of the date when flu vaccinations were available. These were in a prominent position in the practice.

The computerised patient record system was able to identify those patients who were eligible for vaccinations and they were contacted by letter to advise them that they were due. If patients did not attend for their vaccination, these were followed up.

The practice had a small number of patients with a learning disability and these were monitored effectively to ensure they received an annual health check. They were identified on a patient register and contacted and appointments arranged.

The practice monitored patients who required cervical smear tests. Using their IT system, the practice was aware of the number of eligible patients and the percentage uptake by them. The practice was on course to achieve an above average outcome in this area. Patients were identified, contacted and encouraged to attend. The Practice nurse told us they were pro-active with this

Good

Are services effective?

(for example, treatment is effective)

screening and when patients attended for general appointments, they would be asked when they last had a test and either carried out the test on the day of the visit or another appointment was arranged when it could be taken.

We spoke with several mothers with young babies on the day of our inspection and they told us that they were all very happy with the immunisation programmes in place for their children. They told us they had been contacted by letter advising them of the programmes and they thought that this service was effective. The patient record computer system showed that the practice was on course to achieve a high percentage of delivery on all of their vaccination programmes. The practice also offered travel vaccinations.

Good

Are services caring?

Our findings

Respect, Dignity, Compassion & Empathy

Patients we spoke with on the day of our inspection were highly complementary about the way they were treated at the practice and said there were high levels of dignity, respect, compassion and empathy. They told us that explanations about their care and treatment were clearly delivered to them in a way they could understand. They were also given advice on how to obtain further information about their condition. The reception area had a wide range of health information leaflets that patients could refer to.

When we looked at the outcomes of the most recent practice and NHS patient surveys. The results reflected that the patients were very satisfied with the way they were treated, many rating the practice as either very good or excellent in this area. In relation to comparisons with other GP practices, the practice was above average on consultations with clinical staff.

Patients had also completed 29 CQC comment cards about their experiences at the practice and all of them contained positive comments about their experience of the care and treatment they had received and that their privacy and dignity was respected.

During the inspection we observed staff at reception speaking with patients who had attended the practice. They were treated courteously and with respect. Due to the open plan nature of the reception area we could hear conversations amongst staff through the reception window but we did not hear anything personal or confidential being discussed. There was also a glass screen at reception which could be closed so that patients waiting in reception could not overhear staff conversations.

Staff we spoke with were very aware of the lack of privacy at reception due to its design and made considerable efforts to ensure patient privacy and confidentiality. They told us that if a patient appeared to be upset or distressed they would take them to a quiet room where they could discuss the issue in private. They also made use of a small card, the size of a business card that patients could select at reception and show to reception staff. This card contained the words 'I would like to speak to someone in private please.' The use of this card enabled patients to inform staff they had a private matter to discuss, without having to speak about it and thereby alerting other patients in the waiting room.

Staff told us that when discussing test results over the telephone or at reception, they would always confirm who they were speaking to before passing on the relevant information. Where there was any doubt, further checks would be made. Should a patient wish to authorise a friend or a relative to act on their behalf, there was a system in place to obtain consent in order to maintain confidentiality. Patients we spoke with told us that they were happy that their information was kept confidentially.

Consultation and treatment rooms were closed during examinations and we could not hear conversations taking place inside them. There were curtains provided for physical and intimate examinations to ensure patients' privacy was maintained. We observed staff knocking on the consultation room doors and waiting to be invited in, if a consultation was in progress. This helped maintain patients' privacy and dignity.

There were clear signs indicating the availability of chaperones if they were required and GPs told us that this facility was offered. Patients could request a male or a female GP and this was accommodated whenever possible.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that they had been involved in the planning of their care and treatment. They told us they felt listened to and were not rushed. They said that the explanations they received were clear and they were given time to make a decision about their care and treatment options.

The results of the practice survey reflected that patients were very satisfied with the consultations and the information they received form the GPs and nurse. The CQC comment cards that were completed also reflected high levels of satisfaction amongst patients for being involved in the decisions around their care and treatment. An NHS patient survey reflected that the practice was doing very well in this area and above average compared with other practices in the Clinical Commissioning Group (CCG).

Due to the nature of the practice population, there had not been the need to call on the services of an interpreter to

support patients who did not have English as a first language. However staff were aware of the potential for such an issue and had access to an interpreter service if required.

Patient/carer support to cope emotionally with care and treatment

Patients we spoke with told us that all staff at the practice were compassionate and offered support when they needed it. One patient told us about the kindness they were shown by the GPs and other staff after a close member of their family had passed away after being ill. They had been given support and advice and signposted to organisations where further help was made available. This had helped them come to terms with their loss.

Where bereavement had occurred, relatives and/or carers were contacted by the practice and offered support and information to help them cope emotionally. This included bereavement counselling where required.

Literature in the form of leaflets and posters were displayed in the waiting room area signposting a number of support groups and organisations that could be accessed for patients, relatives and carers. These included information about support for those suffering from long term conditions such as cancer and diabetes and advice for carers in relation to equipment and benefit payments.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found that the practice understood the needs of the patients using the service and they were tailored to their needs to ensure flexibility, choice and continuity of care.

Patients over 75 years of age had a named GP to ensure continuity of care for the elderly. Patients could request to see a GP of their choice or choose whether they were seen by a male or a female GP and this was accommodated whenever possible. Chaperones were also available for patients who wished to make use of them when undergoing examinations.

Home visits were available for older people, those with long term conditions and those with limited mobility. Telephone consultations took place when appropriate and time was allocated to these each day so all patients received a call back. Although patient appointments were generally of ten minutes duration, the practice recognised when these needed to be extended for patients with complex needs. This included making a double appointment available for people with learning disabilities who required a health check or dealing with multiple issues. Patients we spoke with told us that they never felt rushed, that the GPs listened and understood their concerns and gave them the time they needed.

The appointment system was effective for the various population groups that attended the practice. Patients told us that they rarely had to wait until the next day to obtain an appointment and they were very complimentary about the speed at being able to see a GP or the nurse.

An additional telephone line was available for the frail and elderly who were at risk, so that they could contact the practice in a timely manner. Those patients considered most in need of this facility were provided with the number. This enabled them to obtain advice and book an appointment more easily.

Patients we spoke with confirmed that they could see the GP of their choice whenever they requested it and only when GPs were on annual leave or otherwise absent could this not be accommodated. They told us that they found this reassuring and provided them with continuity of care.

The practice had a weekly antenatal and postnatal clinic for mothers and babies on one afternoon each week. At the end of this clinic, walk-in paediatric consultations were available that did not require an appointment. Patients we spoke with were extremely satisfied with the services provided for mothers and babies. The appointment system met their needs and was at a time that did not conflict with taking or collecting other children from school. They explained that the service they received in relation to their children was excellent and they had no complaints at all. Mothers and babies were also referred to health visitors and midwives who worked away from the practice.

A service was provided for patients with poor mental health. A counsellor from MIND, the mental health charity, attended twice weekly to hold a clinic to meet with patients. In addition, these patients received a regular physical and mental health review by one of the GPs.

The practice had a register for people whose circumstances made them vulnerable. They were reviewed every six months and additional time was given to them for their consultations.

Patients with long term conditions such as diabetes and chronic obstructive pulmonary disorder (COPD) were able to attend clinics to help them manage their conditions. The diabetes clinic was held on one day each month where they could receive information about their diet and speak with the diabetic lead at the practice. The Nurse practitioner saw patients with COPD regularly during surgery hours.

Working age and student patients were able to book appointments at an evening surgery if they could not attend the practice in work/college hours.

Older people could request repeat prescriptions by telephone if they found it difficult to get to the practice. An arrangement was in place with several local chemists who would deliver prescriptions direct to their homes.

Other patients were able to request repeat prescriptions by email or to attend the practice personally. Prescriptions would be ready within 48 hours but patients we spoke with told us that they were often ready for collection earlier.

The practice did not have a Patient Participation Group but were planning on starting one in the near future.

Tackling inequity and promoting equality

The practice was available for patients to register with regardless of their personal circumstances or vulnerability.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

This included the homeless, persons living with mental health, those with learning disabilities and any other vulnerable group. Registers were held at the practice so that appropriate support could be provided and monitored and patients from cultures, religions and beliefs were welcome to register at the practice.

Although the majority of patients at the practice were English speaking, if translation services were required, staff were able to contact an interpreter service if they needed it.

The premises and services available met the needs of people with disabilities. There was plenty of space available for wheelchair users, all consultation rooms were accessible and suitable toilet facilities were available.

Access to the service

Patients we spoke with, results from patient surveys and feedback left for us on CQC comment cards, demonstrated that the patients were extremely satisfied with the appointment system at the practice, for both GPs and the Nurse practitioner. On the day of our inspection and from the records we viewed, we did not receive any negative feedback about the appointment system at all.

Patients told us they could book same day appointments by telephone from 8am each day and if there were none available they could make an appointment for the next day without having to call back the following morning. If there was an urgent need to see a GP, patients said they would be given an appointment the same day. Several patients commented upon this during our inspection and told us that they rarely had to wait if it was an urgent matter as the GPs made themselves available to see them. We were told that there were always appointments available for follow-ups and within the timeframe required by the GP and these could be booked with reception immediately after a consultation.

Of the patients taking part in the practice survey, 89% graded the practice as excellent or very good at providing an appointment that was convenient with them, 89% graded them as excellent in being able to see a doctor quickly and 69% graded them as excellent for the length of time to wait for an appointment with the remaining 31% grading them as good or very good. This demonstrated that there were high levels of satisfaction with the appointment system and that it met the needs of the patients.

The GPs spoken with told us that they would do their best to accommodate all appointment requests and were prepared to extend morning and afternoon sessions to ensure patients received a consultation if they required one, particularly if the matter was urgent. Reception staff confirmed with us that this was the case and that GPs made themselves available over and above normal surgery hours if there was a patient need or urgent health condition. They told us that the attitude of the GPs and Nurse practitioner was to try and provide patients with consultations that suited them, even if it meant that morning and afternoon sessions were extended. They had an effective system in place to triage those patients requiring urgent appointments without being intrusive about the reasons why they wished to see a GP. They discussed other options with patients, including a call back from a GP to speak with them.

Where patients were housebound or unable to attend the practice for other reason, the practice had a system in place so that the patient received a telephone call the same day and/or received a home visit.

The practice had opted out of providing an out of hour's service but patients were able to access medical advice and assistance through the 111 service. This was clearly identified in the practice leaflet and on signs at the entrance to the surgery.

From the information we received from patients we spoke with and from surveys and comment cards we viewed, it was clear that the GPs and Nurse practitioner made themselves available to see patients over and above the stipulated opening hours. As a result of this, patients were able to see a GP more or less when they wished to, providing a high level of satisfaction amongst patients.

On Tuesdays, appointments were available until 7.30pm which helped those people of working age. Also on Tuesdays a walk-in paediatric surgery took place between 1.45pm and 2.45pm. This was useful for parents with children who were able to access an appointment time that didn't clash with picking up other children from school.

The practice had a system in place to monitor those patients that did not attend for their appointment. Although we were told that this was not a common

occurrence, those patients who did not attend were brought to the attention of the GPs, who provided them with feedback at their next consultation to explain the effect of their non-attendance on other patients.

The practice was situated on a ground floor property with a car park at the front and rear. A dedicated parking bay was available for those with limited mobility and a handrail was fitted to help patients when entering the premises. There was also sufficient space for patients with mobility scooters. Wheelchair users could access the main entrance of the practice and the waiting room area was spacious. There were comfortable chairs and some with arm rests that would be suitable for elderly patients. There were also toilet facilities for the disabled. All consultation rooms were accessible to wheelchair users.

Listening and learning from concerns & complaints

The practice had a system in place for handling complaints and concerns. Their complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice.

The practice leaflet contained details of how to make a complaint and this was available in the reception area for patients to view. Reception staff spoken with were aware of the complaints procedure and the forms to use. They told us that they would try and deal with the complaint in the first instance to the satisfaction of the patient but if this was not possible it would be recorded and referred to the Practice Manager. The Practice manager told us that they would try and deal with matters immediately but if a further investigation was required they would follow the complaints procedure in respect of timescales and updating the patient.

Patients spoken with on the day of the inspection would bring any complaint to the attention of reception staff or the Practice Manager. All those we spoke with had not ever felt the need to complain but felt confident that their complaint would be listened to and investigated correctly. When we asked to look at records of complaints we found that there had been none made in the last 12 months.

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 statement of purpose that outlined their vision, aims and objectives and their strategy. This had been reviewed in March 2014. It included their wish to deliver high quality medical care and treatment, to work in partnership with their patients and staff to provide the best primary care services and to provide a rewarding place to work. It covered such areas prevention of disease by promoting health and well-being, staff training and competency and working in partnership with patients and other health care providers.

It was clear from speaking with staff that they understood the vision and values of the practice and were working towards achieving them as a team. The results of the patient survey and the comment cards we viewed confirmed that the strategy was effective and being monitored and reviewed in order to achieve the stated aims and objectives.

Governance Arrangements

We viewed a number of policies and procedures in use at the practice and they had all been the subject of regular review and circulation to staff. These included infection control, confidentiality, prescribing and recruitment.

Staff we spoke with were clear about their roles and responsibilities and who was accountable for each area of the practice so they were able to direct queries or concerns to the most appropriate person. These responsibilities were in job descriptions and appraisals.

The practice had appointed a Caldicott lead who had received online training. This is a role that identifies the person responsible for protecting the confidentiality of patient information and enabling information sharing where it is appropriate.

The performance of the practice was monitored by a dedicated member of staff who ensured that services were provided and targets achieved. This monitoring took place across a range of services provided and was discussed amongst the clinical staff. Where it was identified that improvements were required this was actioned then subject to future monitoring.

There was a system of clinical audit in place, including reviews and action plans. Several of these audits were seen on the day of the inspection and included infection control, cervical screening and antibiotic prescribing. These reflected that guidance had been followed and showed satisfactory performance.

The practice had a health and safety policy that was accessible to all staff. The practice would benefit from a practice risk assessment to identify and monitor risks to patients and staff. This should be the subject of regular assessment and monitoring to ensure patients and staff are safe.

Leadership, openness and transparency

We found that the partner GPs and Practice manager were leading the practice effectively. The staff all worked together as a team to achieve the objectives that had been set. Leadership roles were clear and the culture of the practice was centred on high quality care.

All staff we spoke with told us that they were happy with the leadership at the practice. They told us that the GPs and Practice manager were very supportive, approachable and had a positive caring attitude towards their patients with an ethos of continuous improvement. Relationships between all members of staff were positive and there was a willingness to support each other.

Training was readily provided for staff where required and there was a supportive working environment. All staff spoken with told us they felt supported and valued. All commented that they were encouraged to provide ideas for improvement and to highlight poor practice if it came to their attention. Regular meetings took place and staff felt included in the way the practice was managed.

Leadership in relation to recruitment succession planning was evident and steps had been taken to advertise for a new GP in advance of the retirement of one of the current staff members. This included extending the number of hours worked by a GP at the practice to ensure patient needs were met and services maintained.

Practice seeks and acts on feedback from users, public and staff

The practice held a patient survey every 12 months. The last survey took place in November 2013 over a two week period. Questionnaires were handed out to patients covering a range of services they provided. These included

Are services well-led?

Good

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

the availability of appointments, waiting time at reception, cleanliness of the premises, information given to patients and the quality of consultations with clinical staff. The results were then analysed and areas for improvement identified.

The results of the survey reflected that the overall satisfaction of patients was either excellent (88%) or very good (12%).

Staff we spoke with told us that clinical and non-clinical meetings were used to seek feedback from them about where the practice could be improved. They also said that they were given opportunities to contribute ideas at their annual appraisal process.

In addition informal staff conversations took place each Monday to gather views that affected not only patients but improved the way the practice functioned from a staff perspective. We were told that ideas were acted upon and improvements made.

Whilst we were assured that this feedback had been given and acted upon, there was no record kept by the practice so we were unable to see evidence that this took place. During our inspection the practice agreed to record this information and any actions resulting from staff ideas, in a written format.

The practice had not yet started a Patient Participation Group (PPG). This is a group of volunteer patients who meet regularly and discuss ideas as to how the practice could be improved. This is something they were planning to have in place in the future.

Management lead through learning & improvement

The appraisal process was used to positive effect to identify learning and improvement opportunities. Each staff member was required to complete a form that asked them to identify where the practice could improve. This included individual training needs and ideas for the practice that could improve the patient experience.

Audits, the results of a patient survey and the analysis of complaints were used to improve the quality of services. A five year plan had been agreed to enhance the premises and facilities at the practice as a result of patient feedback and practice vision and values. Where audits had taken place these were part of a cycle of re-audit to ensure that any improvements identified had been maintained.