

Dr NJ Tresidder and partners

Quality Report

Hassengate Medical Centre
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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 Dr NJ Tresidder and Partners, also known as Hassengate Medical Centre on 29 February 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

- Staff and patients were involved and updated about changes at the practice.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted upon.
- There was an active and valued Patient Participation Group.

The areas where the provider should make improvements are:

- Identify a named infection control lead to monitor the systems and processes in place.
- Put in place suitable arrangements to track prescription stationery through the practice.
- Audit patients prescribed Thyroxine medication to ensure that they have had blood tests to check their medicine is being prescribed at the correct and safe dose.

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.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information and an apology as appropriate. They were told about any actions to improve processes to prevent the same thing happening again.
- There were no systems in place to track prescription stationery through the practice.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safeguarded from abuse.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were above average for the locality and compared to the national average.
- The practice had identified patients who had a number of long-term conditions and arranged for their checks to be carried out during one appointment, where possible.
- The practice did not consistently record when implied consent had been given.
- Clinical audits demonstrated quality improvement.
- Records of patients prescribed Thyroxine medication had not been audited to ensure that blood tests were done to check this medicine was being prescribed at the correct and safe dose.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.

Summary of findings

- The practice sought to identify carers to respond appropriately to their health needs.
- 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.
- Staff treated patients with kindness and respect.

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 and advice of changes to services where a need was identified.
- Patients said they could get an appointment when they needed one.
- 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 stakeholders.

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 good 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, transparent leadership structure in place 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 not a named infection control lead identified.
- 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 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.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The percentage of female patients aged 50-70 who had been screened for breast cancer within the last six months of invitation was 76%. This was better than the local average of 70%.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The percentage of patients aged 60-69 who had been screened for bowel cancer in the last 2.5 years was 67%. This was better than the local average of 55%.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice had identified patients who had a number of long-term conditions and arranged for their routine checks to be carried out during one appointment, where possible.
- 97% of patients with diabetes had received a flu jab in the last year. This was comparable to the national average of 95%.
- Appointments with the diabetic specialist nurse were available at the practice.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

Good



Summary of findings

- Immunisation rates were relatively high for all standard childhood immunisations. For children under two, vaccination rates were between 93% and 98%, compared to the local average of 92% and 97%.
- There were effective procedures in place which sought to keep children and young people safeguarded from abuse.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- A midwife held weekly clinics at the practice.
- There was joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

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

- The practice was proactive in offering online services. Appointments could be made or cancelled in person, on-line or over the telephone and text reminders advised patients of their appointment time.
- The percentage of women aged 25-64 whose notes record that a cervical screening test had been performed in the preceding five years was comparable to other practices.
- 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.
- There was a full range of health promotion and screening that reflected the needs for this age group.

Good



People whose circumstances may make them vulnerable

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

- The practice offered longer appointments for patients with a learning disability.
- There were 29 adult patients on the register who had a learning disability. Of these, 25 reviews had been carried out and four patients had declined.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- 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.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

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

- 96% of patients with schizophrenia, bipolar affective disorder and other psychoses had a care plan documented in their record, in the last 12 months. This was better than the national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice advised patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Good



Summary of findings

What people who use the service say

The most recent National GP Patient Survey results were published in January 2016. These related to information collated in January to March 2015 and July to September 2015. The results showed the practice was performing better, or in line with local and national averages. 284 survey forms were distributed and 118 were returned. This represented a response rate of 42%.

- 96% found it easy to get through to this surgery by phone compared to a Clinical Commissioning Group (CCG) average of 73% and a national average of 73%.
- 94% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 83% and a national average of 85%.
- 97% described the overall experience of their GP surgery as good compared to a CCG average of 79% and a national average of 85%.
- 96% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to a CCG average of 71% and a national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 20 comment cards. 17 of these were very positive and patients complimented the helpful, friendly attitude of staff and the care they received. Three patients raised concerns about the availability of appointments when they wanted to see a preferred GP.

We spoke with nine patients during the inspection. Most patients said they were very happy with the care they received and told us they could get an appointment when they needed one. They gave examples of when the GPs had provided thoughtful, considerate care at a time when they needed it. A small amount of patients told us they had difficulty making appointments, whereas others explained that when there were no appointments available, they received a timely phone call from a GP to discuss their health concerns..

We also spoke with a representative of the local Healthwatch. Healthwatch voices patients' concerns about healthcare providers and gives feedback to service providers and commissioners. The Healthwatch representative told us they received very few concerns about the practice, although there had been some issues raised recently regarding the practice temporarily ceasing to register new patients.

We met with six members of the Practice Participation Group. They told us that the patients that they represent were happy with the services provided although they were aware of some concerns relating to the availability of appointments. They told us they felt very involved and valued by the practice and they gave examples of how they had, and continued to, influence change and improvement.

In the year prior to our inspection, there had been 464 responses received to the Friends and Family Test. Of these, 77% said they would be extremely likely or likely to recommend the practice.

Areas for improvement

Action the service **SHOULD** take to improve

- Identify a named infection control lead to monitor the systems and processes in place.
- Put in place suitable arrangements to track prescription stationery through the practice.
- Audit patients prescribed Thyroxine medication to ensure that they had blood tests to check their medicine is being prescribed at the correct and safe dose.

Dr NJ Tresidder and partners

Detailed findings

Our inspection team

Our inspection team was led by:

a Care Quality Commission (CQC) Lead Inspector. The team included a GP specialist adviser.

Background to Dr NJ Tresidder and partners

Dr NJ Tresidder and Partners, also known as Hassengate Medical Centre is situated in Stanford-le-Hope, Essex. It provides GP services to approximately 13,200 patients living in Stanford-le-Hope. The practice boundary starts at the practice side of Lampits Hill Road, through Stanford and Corringham to St Clere's Golf Course.

Dr NJ Tresider and Partners is one of 33 practices commissioned by the Thurrock Commissioning Group. The practice holds a General Medical Services contract (GMS) with the NHS. This contract outlines the core responsibilities of the practice in meeting the needs of its patients through the services it provides.

The practice population has a slightly higher number of children aged five to 18 years compared to the England average as well as patients aged over 65 years. There are fewer patients over 75 years. Economic deprivation levels affecting children and older people are significantly lower than average, as are unemployment levels. The life expectancy of both male and female patients is higher than the local average by two years. There are more patients on the practice's list that have long standing health conditions and a comparable number of patients with health-related problems in daily life. A majority of this data relates to the year 2013/2014.

The practice is governed by a partnership that consists of three male GPs, three female GPs and the practice manager, who is not a GP. The partnership is supported by a male salaried GP, a female salaried GP and a female registrar. A registrar is a qualified doctor who is training to become a GP.

There are two nurses (one of whom is a prescribing nurse), two healthcare assistants and a phlebotomist (a person who performs blood tests) working at the practice.

Administrative support consists of a full-time practice manager, a part-time administration manager as well as 13 part-time reception and administrative staff.

The practice is open from 8am until 6.30pm on a Monday, Thursday and Friday, from 7am until 6.30pm on a Tuesday and from 8am until 8pm on a Wednesday. It is closed on the weekends.

Practice appointments are from 8.10am until 10.40am every weekday morning, except on a Tuesday when surgery starts and finishes an hour earlier. Afternoon surgery starts at 1.20pm and finishes at 4pm on a weekday except Wednesday, when surgery starts at 3.30pm and finishes at 8pm.

The practice has temporarily ceased to register new patients. This is because they had experienced a surge in registrations and felt that a temporary cessation was required to meet the demands of the existing practice population. This was under continual review by the provider and NHS England.

Why we carried out this inspection

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

Detailed findings

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

How we carried out this inspection

Before visiting, we reviewed a range of information we held about the practice. We carried out an announced visit on 29 February 2016. During our visit we:

- Spoke with two GPs, a registrar, a nurse, healthcare assistant, the practice manager, the administration manager and three reception and administration staff. We spoke with patients who used the service, a representative from the local Healthwatch and six members of the Patient Participation Group.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

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

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

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

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 or administration manager of any incidents.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. The management were proactive in their recording and analysis of significant events and used all opportunities to learn from these. All staff were aware of past and current significant events as the outcome of these was circulated via the meeting minutes.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information and an apology, as appropriate. Staff and patients were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding, and clinical and non-clinical staff were trained to an appropriate level.
- A notice in the waiting room and information on-line advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and although not all staff had received a Disclosure and Barring Service check (DBS check) (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in

roles where they may have contact with children or adults who may be vulnerable), a risk assessment had been undertaken which sought to ensure that patients were safe.

- There were systems in place to action and cascade patient safety and medicine alerts received into the practice, and to monitor patients prescribed high risk medicines.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. 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 vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice worked with local Clinical Commissioning Group (CCG) medicines management teams to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Prescription stationery was stored securely, although the issuing of prescription pads was not being recorded so the practice were unable to monitor their use effectively.
- One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The health care assistant had undertaken training so that they could administer certain vaccinations and vitamin B12 injections.
- We reviewed four personnel files. We found that appropriate recruitment checks, including identification, references, qualifications, registration with the appropriate professional body had been undertaken for staff recently employed.

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 at the premises. There was a health and safety policy available. The practice had up to date fire risk assessments and carried out regular fire drills. All

Are services safe?

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 and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The administration manager held a weekly meeting to ascertain clinical staffing levels so that surgery times could be planned in advance. Administration staff were multi-skilled so that they could cover reception in the event of an unexpected absence.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. Further, there was a freestanding emergency button as well as an alarm on the telephone system.
- 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 was available and staff knew of its location.
- Emergency medicines were easily accessible to staff in a secure area of the practice. All the medicines we checked were in date.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

The practice had systems in place to keep all clinical staff up to date through regular meetings, discussion and information cascade.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice.

The most recent results published in 2014/2015 indicated that Dr NJ Tresidder achieved just under 100% of the total number of points available, with 5% exception reporting. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects. The practice's exception reporting was 2% below the local average.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed;

- Performance for diabetes related indicators was better than the Clinical Commissioning Group (CCG) and national average. The percentage of patients on the diabetes register, with a record of a foot examination and risk classification in the last year was 95% which was better than the national average of 88%.
- 91% of patients with hypertension had a blood pressure reading measured in the last year of 150/90mmHg or less. This was better than the national average of 84%.

Clinical audits demonstrated quality improvement. There had been two clinical audits in the last two years in relation to prescribing. Both of these audits had undergone two cycles, one was due to be re-audited again in the next six months and one was a completed audit. These demonstrated that improvements had been made.

The practice had a system in place for monitoring medicines taken by patients who requested repeat prescriptions. However, we found that records had not been audited of patients taking thyroid medicine to ensure that they had received an appropriate blood test in the last 18 months. The practice told us that they would review their review system to ensure it was effective.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions and offering health promotion clinics. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training. The newly qualified healthcare assistant had received a competency check from the nurse.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings and appraisals. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and infection control. Staff had access to and made use of e-learning training modules

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, emails, information cascade and the shared drive.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Are services effective?

(for example, treatment is effective)

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and 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 of legislation.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- There was a consent policy in place, although audits indicated that GPs did not consistently record when implied consent had been given. The practice manager had raised this with the GPs for action.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and lifestyle. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 85% which was comparable to the national average of 82%. There was a policy to offer written reminders for patients who did not attend for their cervical screening test.

Childhood immunisation rates for vaccinations given were comparable to national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 98% and five year olds from 91% to 99%.

Flu vaccination rates for people with diabetes were 97% which was in-line with the national average of 95%.

Patients had access to appropriate health assessments and checks. The practice had identified patients who had a number of long-term conditions so that they could provide them with a combined health-check in one appointment. This avoided the inconvenience of multiple visits to the practice.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with kindness and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received 20 comment cards. 17 of these were very positive and patients complimented the helpful, friendly attitude of staff and the care they received.

We spoke with nine patients during the inspection. Most patients said they were very happy with the care they received from all the staff at the practice. They gave examples of when the GPs had provided thoughtful, considerate care at a time when they needed it. A small amount of patients told us they had difficulty making appointments, whereas others explained that when there were no appointments available, they received a timely phone call from a GP to discuss their concerns further.

We also spoke with a representative of the local Healthwatch. Healthwatch voices patient's concerns about healthcare providers and gives feedback to service providers and commissioners. The Healthwatch representative told us they received very few concerns about the practice, although there had been some issues raised recently regarding the practice temporarily ceasing to register new patients.

We met with six members of the Practice Participation Group. They told us that the patients that they represented

were satisfied with the services provided. They told us they felt involved and valued by the practice and they gave examples of how they had, and continued to, influence change and improvement.

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

- 93% said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 83% and national average of 89%.
- 89% said the GP gave them enough time compared to the CCG average of 79% and national average of 87%.
- 99% said they had confidence and trust in the last GP they saw compared to the CCG average of 91% and national average of 95%.
- 88% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 77% and national average of 85%.
- 83% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 91%.
- 98% said they found the receptionists at the practice helpful compared to the CCG average of 88% and 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 on the comment cards we received was also positive and aligned with these views.

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

Are services caring?

- 89% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 78% and national average of 86%.
- 85% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 73% and national average of 82%.
- 83% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 85%.

There were several portable hearing loops available at the practice that could be used during consultations. Further, a note was put on the system to alert receptionists and clinical staff to if a patient was deaf or blind. Patients in the waiting room were alerted to their appointment by an audible sound and their name being displayed on a television screen. We were advised that the tannoy system would be used if a patient was blind or partially sighted.

Staff told us that they had not had the need for translation services for patients who did not have English as a first language, although these could be accessed if required.

Patient and carer support to cope emotionally with care and treatment

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

The practice asked patients to identify themselves as a carer, either online, at reception or during their consultation. Patients who performed this role explained how the GP was sympathetic and responsive to their needs as a carer. Information about respite and support was available on the practice website.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

The practice has temporarily ceased to register new patients, as of 1 November 2015, unless the person seeking to register lived in the same household as an existing patient. We were told that this was because they had experienced a surge in registrations and felt that a temporary cessation was required to meet the demands of the existing practice population. This was under continual review by the provider and NHS England and patients had been informed via the website and practice newsletter.

- The practice offered later appointments on a Wednesday evening until 8pm and earlier appointments from 7am on a Tuesday morning for patients who could not attend during normal opening hours.
- There were longer appointments available for patients who needed them.
- Home visits were available for patients who were unable to attend the surgery in person.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were phlebotomy clinics (blood tests) at the surgery on a Monday, Tuesday and Thursday morning.
- A touch screen was positioned at reception to enable patients to book in for appointments themselves.
- Appointments could be made or cancelled in person, on-line or over the telephone.
- Text reminders advised patients of their appointment time.
- Repeat medicines could be requested at the practice, over the internet or by telephone to a medicine delivery service who would deliver at the patient's request. Repeat medicines could be sent to a local chemist for collection.
- There were facilities for the disabled, a hearing loop and translation services available.

- There was an onsite carpark which the practice, with the support of their Patient Participation Group, was petitioning to be increased in size to meet patient demand.
- The premises were accessible for patients using wheelchairs or pushchairs.
- A midwife held weekly clinics at the surgery.
- Patients could access their health records on-line.

Access to the service

Surgery appointments were from 8.10am until 10:40am every weekday morning, except on a Tuesday when surgery began and finished an hour earlier. Afternoon surgery began at 1.20pm and finished at 4pm every weekday except Wednesday, when surgery started at 3:30pm and finishes at 8pm.

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. The practice appointed a duty GP every day. The duty GP telephoned patients if no appointments were available, to triage their needs and invite them to come to the surgery if they needed urgent GP care. Patients that we spoke with told us this system was effective.

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

- 90% of patients were satisfied with the practice's opening hours compared to the CCG average of 70% and national average of 75%.
- 96% patients said they could get through easily to the surgery by compared to the CCG average of 88% and national average of 87%.
- 73% patients said they always or almost always see or speak to the GP they prefer compared to the CCG average of 58% and national average of 59%.

Listening and learning from concerns and complaints

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

- There was a complaints policy which was available online or at reception.
- Complaints were dealt with by the most appropriate person at the practice, depending on whether these were administrative or clinical in nature.

Are services responsive to people's needs?

(for example, to feedback?)

- We saw that information was available to help patients understand how to make a complaint, and this was displayed online and in the practice leaflet.

There had been 10 complaints received in the last 12 months. We found that these were dealt with in an open and timely manner. Lessons were learnt from concerns and

complaints and action was taken as a result to improve the quality of care. For example, we saw that a complaint regarding a late diagnosis was thoroughly investigated and responded to by a GP and the analysis and findings were shared with staff.

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. The practice had a robust strategy in place and supporting business plans which reflected the needs, vision and values of the practice.

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. This staffing structure was evident on policies and procedures.
- There was an infection control policy in place; however, this identified job roles as leads rather than one named person, so it was unclear who had overall responsibility.
- Practice specific policies were implemented and available to all staff. Staff knew the contents of policies and where to find them.
- A comprehensive understanding of the performance of the practice was maintained.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure good quality care. They prioritised safe, high quality and compassionate care. Staff told us that partners were approachable and that they were involved and understood what was happening at the practice.

When there were unexpected or unintended safety incidents, the practice gave affected people reasonable support, truthful information and an apology, if appropriate.

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

- Staff told us the practice held regular team meetings. There was a monthly meeting involving the administration manager, a GP partner, a nurse and a healthcare assistant. The administration manager asked for feedback from the administration team and fed this back to the meeting. Administrative staff told us that they felt their views were represented and that they were updated on discussions as minutes were circulated.
- Staff told us that they could request a practice meeting at any time if there was something they needed to discuss.
- Staff said they felt respected, valued and supported. They told us that the management promptly responded to concerns raised.

Seeking and acting on feedback from 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.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care. The PPG met regularly and were continually looking at ways to communicate with patients, through social media and a monthly newsletter. They were currently working with the practice to secure improvements to the car park and reduce the number of patients who failed to attend for their booked appointments.
- The practice had gathered feedback from staff through appraisals, email, meetings and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.
- The practice circulated a regular newsletter to its patients which was available at reception as well as information on the website.

Continuous improvement

Are services well-led?

Good 

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

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice manager and partner had roles in the Clinical Commissioning Group (CCG) and the GP federation to inform and identify areas of development.

The practice was continually reviewing patient list numbers and monitoring how most appropriate to meet their needs in relation to car parking, premises, staff and the appointment system.