Windermere Medical Centre

Quality Report

Windermere Avenue,
Moss Bank,
St Helens,
WA11 7AG
Tel: 01744624805
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

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

Summary of findings

Contents

Overall summary

We carried out an announced comprehensive inspection at Windermere Medical Centre on the 3rd August 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 reporting and recording significant events.
  - Risks to patients were assessed and well managed for example, arrangements to safeguard vulnerable patients and keeping medicines safe.
- 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 were positive about the practice and the staff team. They said they were treated with dignity and respect and felt involved in decisions about their treatment. Feedback from patients about their care was consistently positive.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.
- Information about services and how to complain was available and complaint records showed good responses to formal complaints.
- The practice had two buildings both single storey and one being a branch surgery. The branch surgery was in need of redecoration but was equipped to treat patients and meet their needs.
- The practice had strong and visible clinical and managerial leadership and governance arrangements. The practice had a clear vision with quality and safety as its top priority.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvements are:

Summary of findings

Update the recruitment policy to include all required documents and checks as listed within the regulations.

To ensure the complaints policy includes details of the practice phone number to help patients choose how to raise their concerns.

Letter from the Chief Inspector of General Practice

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 providing safe services.

- There was an effective system in place for reporting and recording significant events.
- When things went wrong patients received support and an apology.
- The practice had defined processes and practices in place to keep patients safe and safeguarded from abuse.
- Infection control procedures were well managed.
- Medicines management was organised and well managed.
- Recruitment checks were in place for all staff. The recruitment policy would benefit from being updated to include all required checks as listed within the regulations.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. The practice had well managed systems to show how data was utilised within the practice. They had a robust system for reviewing and recalling patients for their reviews.
- Staff assessed needs and delivered care in line with current evidence based guidance such as National Institute for Care and Excellence (NICE) guidelines and other locally agreed guidelines.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. Staff were trained and experienced in supporting the service. There was evidence of appraisals for all staff.
- Staff worked well with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice as at or above average than others for several aspects of care.

Summary of findings

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

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The majority of patients said they found it easy to make an appointment with a GP.
- 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.

Are services well-led?

Good

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

- The practice had a vision to deliver good quality care and promote good outcomes for patients.
- There was a governance framework which supported the delivery of good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The provider encouraged a culture of openness and honesty.
- The practice had systems in place for notifiable safety incidents. This information was shared with staff to ensure appropriate action was taken.
- The patient participation group supported patients' needs and welfare.
- Staff were clear about their responsibilities in putting their patients first.
- There was a focus on learning and improvement at all levels. The practice invested in their staff development and supported their career progression.

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 for the care of older people.

- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had identified those patients at risk of unplanned hospital admission and those needing extra care. They had agreed care plans in place for these patients.
- The practice kept up to date registers of patients with a range of health conditions (including conditions common in older people) and used this information to plan reviews of health care and to offer services such as vaccinations for flu.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were similar to or better than local and national averages.

People with long term conditions

Good

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

- Clinical staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. The practice kept up to date registers of patients with a range of health conditions and used this information to plan reviews of their health care needs.
- Home visits and urgent appointments were provided for patients with enhanced needs.
- Indicators for the care of diabetic patients were in line with local and national averages.
- The practice held regular multi-disciplinary meetings to discuss patients with complex needs.

Families, children and young people

Good

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

- The practice was performing higher than the local and national averages for cervical screening, data showed that the percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the last five years was 97% compared with the national average of 81%.

Summary of findings

- There were systems in place to identify and follow up children who were at risk. A GP was the designated lead for child protection. Staff we spoke with had appropriate knowledge about child protection and they had access to safeguarding policies and procedures. Staff meet with the health visitor on a bi-monthly basis.
- Staff update computer systems to ensure all routine vaccinations were up to date and followed up with families when they were due to help their continuity of care.
- Urgent appointments accessible on the day for children were always available and triaged by the doctors.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population and those recently retired had been identified and the practice had adjusted the services it offered to ensure these were accessible and flexible.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered extended open hours on Mondays from 6pm-8pm. Patients were offered telephone consultations for those patients who preferred to call the GP.
- The practice manages extra services on site including minor surgery for joint injections, a podiatry service and audiology support by providing batteries for hearing aids. These services are for registered and non-registered patients.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients who had special needs such as patients with learning disabilities, palliative care and patients who were carers. They offered reviews to their vulnerable patients every three months.
- The practice offered longer appointments for patients with a learning disability and annual multi-disciplinary health checks to the 16 patients registered with the practice.
- The practice informed patients about how to access various support groups and voluntary organisations.
- The staff used a translation service for any patient needing the services of a translator to help with communication.

Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable patients. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies.
- The practice used the 'Gold Standard Framework' (this is a systematic evidence based approach to improving the support and palliative care of patients nearing the end of their life) to ensure patients received appropriate care.

People experiencing poor mental health (including people with dementia)

Good

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

- The practice supported patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who did not attend appointments.
- Processes were in place to prompt patients for medicines reviews and for annual reviews for patients with dementia. Some patients had care plans in place that were reviewed every three months.
- Staff had a good understanding of how to support patients with mental health needs and they supported 21 patients with dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages, 385 survey forms were distributed and 120 were returned. This represented approximately 4% of the practice's patient list. The results were comparably and sometimes higher in comparison to local and national averages and showed;

- 91% found the receptionists at this surgery helpful compared to the national average of 86 % and CCG average of 85 %.
- 86 % of patients found it easy to get through to this practice by phone compared to the national average of 73 % and the CCG average of 66 %
- 84 % described their experience in making an appointment as convenient compared to the national average of 73 % and the CCG average of 71 %.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 35 comment cards and we spoke with nine patients and one members of the Patient Participation Group (PPG) during this inspection. All of the patients were positive about the practice. Their positive comments aligned with the results of the GP national patient survey. Two patients offered their opinions about various aspects of the service regarding difficulties accessing appointments.

The practice had carried out their own patient questionnaire in 2015 and had developed a detailed action plan following patient's feedback. They had regular engagement with their patients. They had plans to review their findings of their 'Friends and family test' with their PPG before developing an action plan and sharing with patients.

Areas for improvement

Action the service SHOULD take to improve

Update the recruitment policy to include all required documents and checks as listed within the regulations.

To ensure the complaints policy includes details of the practice phone number to help patients choose how to raise their concerns.

Windermere Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist adviser, a specialist practice manager and an expert by experience.

Background to Windermere Medical Centre

Windermere Medical Centre falls within St Helens Clinical Commissioning Group (CCG). The medical centre is owned by Dr Praveen Gupta. The practice has one male GP provider and one long term locum male GP. The practice is a long established GP practice within St Helens. The practice has one branch surgery called Sandfield Medical Centre which is managed from the main office at Windermere Medical Centre. There is one practice manager, a practice nurse, a health care assistant and a team of administration and reception staff.

The building is single story in design and wheelchair accessible. There were approximately 2,700 patients in total on the practice list at the time of inspection. Patients can access appointments at both sites. The practice is based in one of the more deprived areas when compared to other practices nationally. The male life expectancy for the area is 78 years compared with the CCG averages of 77 years and the national average of 79 years. The female life expectancy for the area is 82 years compared with the CCG averages of 81 years and the national average of 83 years.

The practice is open from 8.30am to 6pm Monday to Friday with extended opening hours 6pm to 8pm each Monday.

Appointments were offered from 9am Monday to Thursday till 12 noon. Friday's appointments started at 9am. Afternoon surgery starts at 2.30pm and finishes at 6pm each day.

The practice offers a range of enhanced services including flu vaccinations, joint injections and learning disability health checks.

Patients requiring GP services outside of normal working hours are referred on to the St Helens Rota who are the local out of hour's provider. The practice has a GMS contract (General Medical Services).

Why we carried out this inspection

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 hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on the 3rd August 2016. During our visit we:

• Spoke with a range of staff including GPs, a practice nurse, the practice manager, administration and reception staff and spoke with patients who used the service.

Detailed findings

• Observed how patients were being cared for and talked with carers and/or family members.

• Reviewed an anonymised sample of the personal care or treatment records of patients.

• 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.

Good

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, they received support and an apology.
- The practice carried out a detailed analysis of significant events. We reviewed a sample of safety records and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. 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. The GPs provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and they had received training on safeguarding relevant to their role.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones was trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. Nominated staff were identified as the infection control lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. The last infection control audits undertaken in November 2015 scored 99% for Windermere Medical Centre and 92% for Sandfield Medical Centre. They showed good compliance with infection control standards. The audit for Sandfield acknowledged the building needed upgrading and refurbishment but had been deemed safe. The practice had developed an action plan that they were working towards.
- The arrangements for managing medicines, including emergency medicines and vaccines in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing were in line with best practice guidelines for safe prescribing. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed a sample of staff personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However one file did not have their references stored on file.Following this inspection the practice submitted evidence of the staff references carried out and had ensured they were appropriately stored. The recruitment policy was detailed but did not include the full list of required checks as listed in the regulations.
- **Monitoring risks to patients**
- Risks to patients were assessed and well managed.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available to all staff. The practice had up to date fire risk assessments and carried out regular fire checks. The practice did not have a fire alarm. They had discussed this with their local fire brigade and accounted for this within their fire risk assessment with various instructions to ensure safe procedures were in place for fire safety. Electrical equipment was checked to ensure the equipment was

Good

Are services safe?

safe to use and clinical equipment was checked to ensure it was working properly. The electrical installation certificated needed to be updated. Following this inspection the practice submitted evidence of an updated electrical installation check for both buildings used by the practice being in place. 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. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.
- **Arrangements to deal with emergencies and major incidents**
- The practice had appropriate arrangements in place to respond to emergencies and major incidents. There was an instant messaging system which alerted staff to any emergency.
- All staff received annual basic life support training. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use. The practice had a defibrillator available on the premises. A first aid kit and accident book were available.
- The practice had a detailed business continuity plan in place for major incidents such as power failure or building damage. The practice had recently actioned this plan when they had a power failure. The staff explained they were easily able to move services temporarily to Sandfield Medical Practice.

Good

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 and Care Excellence (NICE) with best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

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 published results showed the practice achieved 100% of the total number of QOF points available. This was higher than the CCG average of 96% and the national average of 94%. This practice was not an outlier for any QOF (or other national) clinical targets.

Performance for diabetes related indicators was comparable and higher than the national average. For example, the percentage of patients with diabetes, on the register, who had had influenza immunisation was 99% compared to a national average of 94%.

The performance for mental health related indicators was comparable and higher than the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan in the preceding 12 months was 96% compared to a national average of 89%.

We looked at the processes in place for clinical audit. Clinical audit is a way to find out if the care and treatment being provided is in line with best practice and it enables providers to know if the service is doing well and where they could make improvements. The aim is to promote improvements to the quality of outcomes for patients. There was evidence of quality improvement including clinical audit.

- There had been one full clinical audit completed in the last 12 months and several audits over the last two years with plans for re-audits in the next 12 months, to help show where improvements had been implemented and monitored.
- Findings were used by the practice to show positive outcomes with improvements to the ordering, supply and management of patients' prescriptions. Members of the patient participation group (PPG) explained that some patients had previously experienced problems with requests for prescriptions and supply of their medication. The PPG had met with the practice staff and given feedback in regard to how the staff had resolved the issues raised. Staff met various personnel including local pharmacists and had addressed this problem to show marked improvements. The second round of audit showed improvements in requests for repeat prescribing ensuring that prescriptions were managed according to guidelines.
- Clinicians attended a weekly clinical meeting to discuss clinical matters and review the care and treatment provided to patients with complex needs. Sometimes the meetings were informal and not always minuted. Multi-disciplinary meetings were also held to review the care and treatment provided to people receiving end of life care.
- The practice had introduced a series of services, including an anti-coagulation clinic and services such as podiatry, audiology services by providing batteries for patients and joint injections all provided for both registered and non-registered patients. Some of the services provided onsite meant that patients could have their needs met at the practice rather than travelling to the local hospital /external clinics.

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. This covered such topics as safeguarding, infection control, fire safety and confidentiality. Staff had access to and made use of e-learning training modules and in-house training.
- 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. Staff administering vaccines and taking samples for the cervical screening programme had received specific training necessary for their role. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources.

- 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 on-going support, one-to-one meetings, mentoring, and facilitation and support for revalidating GPs. GPs had input into nurse appraisals. Staff we spoke with told us that they were fully supported within the practice both with their training needs and via the management team. They told us about the time and investment given to them to help develop their skills and to help with progression with their career. Staff told us of plans to provide regular updates on chronic disease for their administration staff. They felt this would be beneficial to their staff team to help give them wider knowledge regarding topics that affect their patients. The practice had employed several apprentices over the last five years with three staff being successful in attaining permanent positions within the practice.

- **Coordinating patient care and information sharing**

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

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

- Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals every four to six weeks when care plans were routinely reviewed and updated for patients with complex needs.

- The practice used the 'Gold Standard Framework' (this is a systematic evidence based approach to improving the support and palliative care of patients nearing the end of their life) to ensure patients received appropriate care.

- **Consent to care and treatment**

  Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Staff carried out assessments of capacity to consent in line with relevant guidance.

- **Supporting patients to live healthier lives**

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service. The practice had also set up telephone access to the practice for various patients such as those with chronic obstructive airways disease (COPD.) This helped to ensure they could receive support and advice in a timely way when needed.

- The practice's uptake for the cervical screening programme was 97%, higher than the CCG average of 83% and the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice had robust systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice staff sent personal reminder letters to patients which helped them to better engage with patients in attending appointments.

Good

Are services effective?

(for example, treatment is effective)

- Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97% to 100% compared with the CCG averages 91% to 96%.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

- We observed members of staff were courteous and helpful to patients and treated them with dignity and respect.
- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations and treatments.
- We noted that consultation and treatment room doors were closed during consultations. Patients told us that doors were kept closed and they felt that their privacy was maintained.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs

We received 35 comment cards and we spoke with nine patients during this inspection and one member of the PPG. In total 45 patients were positive about the practice. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. Two patients offered their opinions about problems they felt they encountered regarding making appointments.

Following the results of the national GP patient survey for 2015 the practice had developed a detailed response and action plan. The practice had showed they were responding to patient feedback and continued to work on main themes. Results from the national GP patient survey showed scores were comparable to the local CCG and national averages.

Results from the survey showed:

- 82% of respondents to the GP patient survey stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern, compared to the clinical commissioning group (CCG) average of 85% and the national average of 85%.
- 95% of patients had confidence and trust in the last nurse they spoke with compared to the CCG average of 97% and the national average of 97%).
- 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 86%).
- 91% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%).
- **Care planning and involvement in decisions about care and treatment**

  During the inspection 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 decisions about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views.

  Results from the national GP patient survey showed patients 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:

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 93% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 89%.
- 79% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 81%.
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86%and compared to the national average of 85%.
- **Patient and carer support to cope emotionally with care and treatment**

  The practice provided facilities to help patients be involved in decisions about their care:

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

Good

Are services caring?

- Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Patient newsletters were regularly advertised and shared with patients to offer them various information and support. Staff displayed local community activities and posters advertising local events for patients to take part in.
- The practice staff regularly supported patients receiving palliative care by ringing them on a regular basis.
- The practice supported patients in accessing food bank vouchers when needed.
- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 57 patients as carers. Written information was available to direct carers to the various avenues of support available to them and a carer's notice board was on display in the waiting area.

Good

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. For example:

- There were longer appointments available for patients who may need this, for example, for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were disabled facilities and translation services available.

Access to the service

The practice is open from 8.30am to 6pm Monday to Friday with extended opening hours 6pm to 8pm each Monday. Appointments were offered from 9am Monday to Thursday till 12 noon. Friday's appointments started at 9am-12pm. Afternoon surgery started each day at 2.30pm and finished at 6pm each day.

The practice offered a range of enhanced services including flu vaccinations, joint injections and learning disability health checks.

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

- 80% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 86% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- **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. For example:

- There were longer appointments available for patients who may need this, for example, for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were disabled facilities and translation services available.
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The practice is open from 8.30am to 6pm Monday to Friday with extended opening hours 6pm to 8pm each Monday. Appointments were offered from 9am Monday to Thursday till 12 noon. Friday's appointments started at 9am-12pm. Afternoon surgery started each day at 2.30pm and finished at 6pm each day.

The practice offered a range of enhanced services including flu vaccinations, joint injections and learning disability health checks.

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

- 80% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 86% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- Staff had regular engagement with their patients. Patients overall were very happy with the services provided by the practice.

Listening and learning from concerns and complaints

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. Information on how to complain was displayed in the waiting area. The policy advised patients to put their complaint in writing and did not offer a telephone number for contact. The practice manager advised they would review the policy and add further contact for those patients who would prefer to ring someone to discuss their concerns. There was a designated responsible person who handled all complaints in the practice.
- We looked at a sample of complaints received over the last 12 months. They had been dealt with in a timely way. The practice encouraged openness and transparency when dealing with complaints, focussing on lessons learnt and from analysis of any trends. We saw that action was taken as a result to improve the quality of care for patients and apologies were given to patients when staff had identified this response. The practice had also stored patient complements which showed a high regard from patients towards the practice and the service they received.

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 good quality care and promote good outcomes for patients.

- The practice staff shared this vision and worked hard to support clinicians in delivering a high quality service to patients. Staff we spoke with were clear about their commitment to provide patients with good quality care and that their patients came first.
- **Governance arrangements**

  There was a governance framework which supported the delivery of good quality care. The governance framework outlined the structures and procedures in place and ensured that:

- There was a staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff and were accessible via their computer system.
- The management team had a good understanding of the performance of the practice and regularly met the clinicians to review practice performance and patient outcomes. Various development plans and audits showed close monitoring of the developments and performance of the practice. Some of the meetings were held informally and unminuted although some meetings were fully documented.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- **Leadership and culture**

- The provider had the experience, capacity and capability to run the practice and ensure good quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the GPs were always approachable and supportive to all members of staff.
- The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment: The practice had systems in place to give affected patients support and a verbal/ written apology that was transparent and open in approach.
- There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings. Minutes of meetings showed a wide range of topics discussed that kept staff fully informed regarding the practice.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Staff said they felt respected, valued and supported. We spoke to a range of staff who were all long standing staff members who said they enjoyed working at the practice.
- **Seeking and acting on feedback from patients, the public and staff**

  The practice encouraged and valued feedback from patients, the public and staff.

- The practice had gathered feedback from patients through surveys, a suggestion box, the PPG group and compliments and complaints received. The practice displayed a lot of information accessible to patients in the reception area to help keep them fully Informed.
- The PPG group met on a regular basis and covered a large range of topics with detailed minutes developed from each meeting. This group were very positive about their inclusion in the developments of the practice and the services provided. For example, they worked together with the practice to improve on comments and suggestions regarding prescriptions and orders from pharmacies. They felt that the practice staff had listened to their views and took effective action to improve the service.
- The practice sought patient feedback by utilising the Friends and Family test. The NHS friends and family test (FFT) is an opportunity for patients to provide feedback on the services that provide their care and treatment. It was available in GP practices from 1 December. Their results over the last 12 months were very positive.

Are services well-led?

Good

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

- The practice had gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.
- **Continuous improvement**

There was a focus on learning and improvement at all levels within the practice. Staff told us they felt well supported with their training needs and in supporting them with progression with their careers, constantly developing their skills and capabilities. Staff engaged with training within the CCG and events managed for practice nurses via their primary care forums.