Hatfield Health Centre

Quality Report

The Heathfield Centre
Ash Hill Road
Hatfield
Doncaster
DN7 6JH
Tel: 01302 **384200**
Website: www.hatfieldhealthcentre.co.uk

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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

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Hatfield Health Centre on 14 December 2015. 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.
- Risks to patients were assessed and well managed.
- 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.
- There was a clear leadership structure and staff felt supported by management. The practice sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- Patients said they found it difficult to get through to the practice by telephone and sometimes there were long queues at the reception desk to make appointments and pick prescriptions up. They did tell us there was continuity of care and all patients had a named GP. Urgent appointments were available on the same day.

The areas where the provider should make improvement are:

- Review procedures to guarantee all staff have access to appropriate up to date policies, procedures and guidance to carry out their role.
- Review the provision of disclosure and barring service checks to ensure a timely response and gain an understanding of the disclosure and barring service update service.

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.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology and were told about any actions which improved processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data showed patients rated the practice slightly lower than others for some aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Summary of findings

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. They had reviewed GP telephone consultation availability following feedback from patients.
- Most people we spoke with told us they were were able to get appointments when they needed them.
- 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.

Are services well-led?

Good

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

- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management.
- The practice had a number of policies and procedures to govern activity and held annual governance meetings. We noted one of the policies was not dated and others overdue the review date. For example the clinical governance policy was not dated and the infection prevention and control policy was due for review in 2010.
- The practice had a clinical governance policy which supported delivery of the strategy and good quality care. We noted the policy did not have an author or date published or date of review.
- The provider was aware of and complied with the requirements of the Duty of Candour. The GP partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.
- The practice proactively sought feedback from staff and patients, which it acted on.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- All patients had a named GP.
- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Each GP took the lead for one of the five nursing or residential homes allocated to the practice. They each held a weekly clinic at the home incorporating medication and long term condition reviews along with regular appointments. They used laptops to record the consultations directly onto the patient record.

People with long term conditions

Good

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

- Nursing staff had lead roles in long term condition management and 2% of patients at risk of hospital admission were identified as a priority.
- Diabetes care related indicators were 4% above the CCG and 11% above the national average.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP. Patients attended structured annual reviews to check their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency attendances. Immunisation rates were relatively high for all standard childhood immunisations.

Summary of findings

- Patients told us children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 94%, which was above the CCG average of 82% and the national average of 77%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses.
- The practice had recently offered local high school students the opportunity to come into the practice and learn more about careers in primary care and practice management.

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, 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.
- 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 hours opening every weekday.

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 living in vulnerable circumstances including those with a learning disability.
- It offered longer appointments for people with a learning disability.
- The practice regularly worked with multidisciplinary teams in the case management of those whose circumstances may make them vulnerable.
- Patients were told how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Summary of findings

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 living with dementia).

- 74% of people diagnosed as living with dementia had received a face to face review of their care in the last 12 months.
- 92% of people experiencing poor mental health had received an annual physical health check.
- The practice regularly worked with multidisciplinary teams in the case management of people experiencing poor mental health, including those living with dementia.
- It carried out advance care planning for patients living with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice was performing below local and national averages for the following. There were 115 responses and a response rate of 37.8% to the survey. This represented 1% of the practice population.

- 34% find it easy to get through to this surgery by phone compared with a CCG average of 70% and a national average of 74%.
- 75% find the receptionists at this surgery helpful compared with a CCG average of 86% and a national average of 87%.
- 83% say the last appointment they got was convenient compared with a CCG average of 91% and a national average of 92%.
- 58% describe their experience of making an appointment as good compared with a CCG average of 71% and a national average of 74%.
- 81% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 84% and a national average of 85%.
- 56% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 68% and a national average of 65%.
- 54% feel they don't normally have to wait too long to be seen compared with a CCG average of 61% and a national average of 58%.

The following response was above average:

- 73% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 54% and a national average of 60%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We noted not all of the results from the national GP patient survey reflected what patients told us in the practice and on the comment cards. We received 21 completed comment CQC cards which were all positive about the standard of care received. We also spoke with seven patients on the day of the inspection. All said they were happy with the care they received and thought staff were approachable, committed and caring. Patients told us on the comment cards and in discussions staff listened, were helpful and were very caring. They said they were treated with dignity and respect. They also said they found the practice to be clean and tidy.

Hatfield Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector, a practice manager specialist advisor and a GP specialist advisor.

Background to Hatfield Health Centre

The Hatfield Health Centre, is located in the Heathfield Centre in Hatfield on the outskirts of Doncaster. The practice provides services for 9,598 patients under the terms of the NHS General Medical Services contract. The practice catchment area is classed as within the group of the fourth more deprived areas in England. The age profile of the practice population is broadly similar to other GP practices in the Doncaster Clinical Commissioning Group (CCG). However there are more patients aged 65 to 69 years old registered at the practice.

The practice has four male GP partners and one female GP partner. They are supported by five practice nurses, two healthcare assistants, a practice manager and a team of administrative staff.

The practice is open from 8.30am to 6pm Monday to Friday. Appointments are available throughout the day with all staff. Extended hours surgeries are offered from 6.30pm to 7pm every day other than Wednesday and Wednesday mornings from 7.15am to 8am. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people who need them. When the practice is closed calls are answered by the out-of-hours service which is accessed via the surgery telephone number or by calling the NHS 111 service.

Diabetic, asthma and coronary heart disease clinics are run each week. They also offered six to eight week old baby checks as necessary.

Hatfield Health Centre is registered to provide maternity and midwifery services; treatment of disease, disorder or injury; surgical procedures and diagnostic and screening procedures from Ash Hill Road, Hatfield, Doncaster, DN7 6JH.

Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the registered 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 that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 14 December 2015. During our visit we:

Detailed findings

- Spoke with a range of staff (GP partners, practice nurses, the practice manager and members of the administration team) and spoke with patients who used the service.
- Observed how people 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 are provided for specific groups of people and what good care looks like for them. The population groups are:

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

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 and there was also a recording form available on the practice's computer system.
- The practice carried out an analysis of the significant events.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, we were told how the acute prescribing procedure was reviewed following an incident. The incident record contained the investigations undertaken and reported how to avoid the situation happening again. The minutes of the monthly staff meeting documented the change in procedure had been shared with staff who attended. We noted the minutes were hand written and kept in a locked office and would not be available to all staff. We were told staff who did not attend the meetings would be briefed accordingly following the meeting.

When there were unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology and were told about any actions which improved 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 people safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and adults from abuse which 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. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. All staff demonstrated they understood their responsibilities and had received training relevant to their role. The GP partners and practice manager were trained to safeguarding level three.
- A notice in the waiting room advised patients practice nurses or healthcare assistants would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had a disclosure and barring service check (DBS check) completed or in progress. (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). We noted for those staff who had more recently joined the practice, DBS checks had been applied for but the practice had not yet had received all the results. We were told by the practice manager DBS checks could take up to three months to be completed.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the IPC teams to keep up to date with best practice. There were IPC protocols in place and staff had received up to date training. We noted the IPC policy was due for review in 2010 and this had not been completed. The registered manager told us this was currently in progress. Annual IPC audits were undertaken. We saw evidence actions identified from previous audits had been addressed and any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow practice nurses to administer medicines in line with legislation.
- The practice was one of the lowest prescribers of oral antibacterial items in the CCG for the year 2014/15. A GP partner was also the GP prescribing lead at the CCG.

Good

Are services safe?

- We reviewed three personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. The practice was still waiting for two DBS checks to be returned for two members of clinical staff. Both members of staff had enhanced DBS checks completed in their previous roles.

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 which the practice submitted to the commission following the inspection. We observed two health and safety posters available in the room behind reception and the staff restroom. We noted neither contained details of the health and safety representative or their contact details. They were displayed on a separate notice next to the poster. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and legionella.
- 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 that enough staff were on duty.

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. Treatment and consultation rooms also had buttons to activate an alarm if necessary.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. We noted the medicine used in the treatment of angina had expired. This was still located with the emergency medicines which included an in date replacement. We were later informed by the practice nurse the out of date medicine had been removed and disposed of following practice protocol. All the other medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments and review of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 were 100% of the total number of points available, with 8.1% exception reporting. Data from 2014/15 showed:

- Performance for diabetes related indicators was 4% above the CCG and 11% above the national average.
- The percentage of patients with hypertension having regular blood pressure tests was 1% above the CCG and 2% above the national average.
- Performance for mental health related indicators was 4% above the CCG and 7% above the national average.
- Performance for dementia related indicators was 2% above the CCG and 5% above the national average.
- The practice was one of the lowest prescribers of antibacterial items in the CCG for the year 2014/15.

Clinical audits demonstrated quality improvement. There had been six clinical audits completed in the last two years, four of these was a completed audit where the improvements made were implemented and monitored. The practice participated in applicable local medicine reviews and national benchmarking. Findings from these were used by the practice to improve services. For example, recent action taken as a result included ensuring female patients who were prescribed combined oral contraceptive pills were reviewed, their risk factors identified and referred to the GP.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff which covered such topics as safeguarding, IPC, fire safety, health and safety and confidentiality.
- The practice could demonstrate how it ensured role specific training and updating for relevant staff, for example those reviewing patients with long term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training which included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and 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 people to other services.

Good

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 people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence children and family meetings took place monthly, adults at risk every two weeks and quarterly palliative care meetings. Care plans were routinely reviewed and updated during the meetings.

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. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

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

- These included patients with palliative care needs, carers, those at risk of developing a long term condition and those requiring advice on their diet, smoking and alcohol cessation and social prescribing. Patients were then signposted to the relevant service.
- The practice participated in the social prescribing project in Doncaster.The GPs and practice nurses had the option to prescribe non-medical support to patients.This included for loneliness and social isolation, housing or advice on debt.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 94%, which was above the CCG average of 82% and the national average of 77%. There was a policy to send reminder letters 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.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to two year olds were between 83% to 100% and five year olds from 93% to 100%. Flu vaccination rates for the over 65s were 73%, and at risk groups 50%. These were also comparable to CCG and national averages.

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

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and 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.

Most of the 21 CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Less positive comments related to access to the surgery.

We also spoke with seven patients and they also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey did not reflect what patients told us in the practice and on the comment cards. The practice was just below average for its satisfaction scores on consultations with doctors and nurses. For example:

- 75% said the GP was good at listening to them compared to the CCG average of 87% and national average of 87%.
- 80% said the GP gave them enough time compared to the CCG and national average of 86%.
- 89% said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and national average of 95%.
- 79% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.
- 85% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 90%.
- 75% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and national average of 87%.

The practice manager told us a customer care course had been arranged for reception staff to attend in the new year following themes identified through feedback to the practice.

Care planning and involvement in decisions about care and treatment

Patients told us that 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 less positively to questions about their involvement in planning and making decisions about their care and treatment. This did not reflect what patients told us. For example:

- 81% said the last GP they saw was good at explaining tests and treatments compared to the CCG of 84% and national average of 86%.
- 71% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and national average of 81%.

Staff told us interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them.

Good

Are services caring?

Staff told us that if families had experienced a bereavement, their usual GP contacted them. This call may be followed by a visit at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

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. They had reviewed GP availablility for telephone consutlations following feedback from patients. One of the partners was the Locality Lead at the CCG and another was the Chair of the Area Prescribing Committee.

- Every patient had a named GP.
- Extended hours surgeries were offered from 6.30pm to 7pm every day other than Wednesday and Wednesday mornings from 7.15am to 8am for those who could not attend during normal opening hours. This is usually the patients of a working age, but can also be working carers of patients.
- There were longer appointments available for those who needed them.
- Home visits were available for older patients / patients who would benefit from these. This included those patients with end of life care needs.
- Same day appointments were available for those who needed them.
- Each GP took the lead for one of the five nursing or residential homes allocated to the practice. They each held a weekly clinic at the home incorporating medication and long term condition reviews along with regular appointments. They used laptops to record the consultations directly onto the patient record.
- There were disabled facilities, a hearing loop and interpretation services available. A British sign language interpreter attended the practice as required.
- The practice offered more recently local high school students the opportunity to come into the practice and learn more about careers in primary care and practice management.

Access to the service

The practice was open from 8.30am to 6pm Monday to Friday. Appointments were available throughout the day with all staff. Extended hours surgeries were offered from 6.30pm to 7pm every day other than Wednesday and Wednesday mornings from 7.15am to 8am. 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. When the practice was closed calls were answered by the out-of-hours service which was accessed via the surgery telephone number or by calling the NHS 111 service.

Results from the national GP patient survey showed patient satisfaction with how they could access care and treatment was lower than local and national averages. For example:

- 57% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 76%.
- 33% of patients said they could get through easily to the surgery by phone compared to the CCG average of 70% and national average of 74%.
- 58% of patients described their experience of making an appointment as good compared to the CCG average of 71% and national average of 74%.
- 56% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 68% and national average of 65%.

Most people we spoke with told us they were were able to get appointments when they needed them. However, one comment on a comment card reported a long wait at the reception desk to pick up prescriptions and make an appointment in person. Another reported a wait in the practice after the appointment time to be seen. We were told following feedback from the patient participation group the reception team had introduced a system if more than four people were waiting at the reception desk, extra members of staff would help out. We saw this in operation on the day of our visit. The practice did offer online appointment booking and routine appointments could be booked up to four weeks in advance.

The partners explained they had no influence over the current telephone system as the contract was included with the premises and changes could not be made. The contract was changing in the new year and they would have more control over the new system. We saw notices in the reception area advertising when GPs would be available for telephone consultations. One patient told us this was a good idea as they could ring at that time rather than first thing in the morning to speak with a GP.

Listening and learning from concerns and complaints

Good

Are services responsive to people's needs?

(for example, to feedback?)

The practice had a system in place for handling complaints and concerns. We saw information was available to help patients understand the complaints system in the practice leaflet, on the website and a notice in reception. We noted the complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

We looked at eight complaints received in the last 12 months and found they were handled satisfactorily in a timely way and there was openness and transparency dealing with the compliant. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, reception staff told us, following on from feedback to the practice, new patients registering at the practice could make an appointment with a GP or practice nurse before their new patient health check.

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 mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had a clinical governance policy which partially supported delivery of the strategy and good quality care. We noted the policy did not have an author or date published or date of review. The registered manager told us this policy, along with others, was currently under review. We did observe:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- The partners held a comprehensive understanding of the performance of the practice.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Practice specific policies and procedures were implemented and were available to all staff in paper format. We noted some of the policies were not dated and others overdue the review date. For example, the clinical governance policy was not dated and the IPC policy was due for review in 2010.

Leadership, openness and transparency

The senior staff in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. GPs were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the senior staff in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Seeking and acting on feedback from patients, the public and staff

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

- It gathered feedback from patients through the patient participation group (PPG) and through surveys. They had previously submitted proposals for improvements to the practice management team. Feedback included informing patients of times GPs would be available for telephone consultations.
- The practice had also gathered feedback from staff through through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.