St Stephen's Gate Medical Practice

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at St Stephens Gate Medical Practice on 18th November 2015.

We have rated the practice overall as providing a good service. Specifically we found the practice to be good for providing safe, effective, caring, responsive and well led services. It was also found to be providing good services across all the patient population groups.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

However there were areas of practice where the provider needs to make improvements.

Summary of findings

Importantly the provider should:

- Ensure all staff have training relevant to their roles and responsibilities in order to safely undertake that role.

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. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. 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 referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing mental capacity and promoting good health. Training appropriate to their roles had been scheduled and completed with the exception of some administration staff members where training was outstanding. The training had been identified but no date allocated. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several 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.

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 (CCG) to secure improvements to services where these were identified. The practice had a standard 15 minute surgery appointment. Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. Information

Summary of findings

about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings and training events. The practice took part in local pilot projects.

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. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

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. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication 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 A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. 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 a room available for privacy for breast feeding mothers.

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

Summary of findings

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. At time of inspection, 67% of the practice's patients were of working age.

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 homeless people, travellers and those with a learning disability and patients' notes were highlighted to make staff aware. It had carried out annual health checks for people with a learning disability and 100% of these patients had received a follow-up. It offered longer appointments for people with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). 79.1% of patients with dementia had received an annual physical health check and 87.9% of mental health patients had a care plan on their records. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was performing higher than the national and Clinical Commissioning Group (CCG) averages. There were 274 surveys sent out and 114 responses which was a response rate of 42%.

- 85% found it easy to get through to this surgery by phone compared with a CCG average of 73% and a national average of 73%.
- 90% found the receptionists at this surgery helpful compared with a CCG average of 87% and a national average of 87%.
- 73% with a preferred GP usually got to see or speak to that GP compared with a CCG average of 61% and a national average of 60%.
- 93% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 87% and a national average of 85%.
- 92% said the last appointment they got was convenient compared with a CCG average of 93% and a national average of 92%.
- 82% described their experience of making an appointment as good compared with a CCG average of 74% and a national average of 73%.
- 81% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 65% and a national average of 65%.
- 71% felt they didn't normally have to wait too long to be seen compared with a CCG average of 58% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 39 comment cards which were all positive about the standard of care received.

Areas for improvement

Action the service SHOULD take to improve
Importantly the provider should:

- Ensure all staff have training relevant to their roles and responsibilities in order to safely undertake that role.

St Stephen's Gate Medical Practice

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 and a practice manager specialist adviser.

Background to St Stephen's Gate Medical Practice

St Stephens Gate Medical Practice is situated in Norwich, in the county of Norfolk. The practice provides services for approximately 12700 patients. It is one of four surgeries who also run the Norfolk Surgical and Diagnostic Centre. They hold a General Medical Services (GMS) contract. They are a training practice and had four GP trainees at the time of our inspection. St Stephens Gate Medical Practice has nine GP partners, four male, five female, one female nurse practitioner partner, three female nurse practitioners, two female practice nurses and three female health care assistants. The practice also employs a practice manager, a surgery manager, a finance manager, a prescribing team, an IT team, a reception/administration and secretarial team and cleaners.

The practice's opening times are from 8am until 6.30pm Monday to Friday with extended hours Monday and Wednesday mornings from 7.30am to 8am and Monday to Thursday evenings from 6.30pm to 7pm. The practice is also open from 8am to 9.45am on Saturday mornings. Appointments can be booked six weeks ahead. The practice has opted out of providing GP services to patients outside of normal working hours such as nights and weekends. During these times GP services are provided by IC24.

Why we carried out this inspection

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

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.

How we carried out this inspection

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?

Detailed findings

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

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

Before inspecting, 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 18 November 2015. During our visit we spoke with a range of staff which included six GP partners, the nurse practitioner partner, the practice manager, one nurse practitioner, one practice nurse, one healthcare assistant, two members of reception staff, one member of the prescribing team and we spoke with eight patients who used the service and the patient participation group (PPG). We observed how people were being cared for and talked with carers and/or family members and reviewed the personal care. We reviewed 39 comment cards where patients and members of the public shared their views and experiences of the service.

Good

Are services safe?

Our findings

Safe track record and learning

There were systems in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and an incident form was available on the practice's computer system. The practice had an open and transparent approach to incident reporting. All complaints received by the practice were entered onto the system and automatically treated as a significant event. The practice carried out an analysis of the significant events.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. The practice kept a database of complaints / significant events and these were checked for trends and discussed regularly at meetings.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. The practice used the National Reporting and Learning System eForm to report patient safety incidents.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation. Local requirements and policies were accessible to all staff and 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. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A notice was displayed in the waiting room and in the clinical rooms, advising patients that staff could act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and regular fire drills were carried out. 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, infection control and legionella.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The nurse practitioner partner in the practice was the infection prevention and control (IPC) clinical lead who liaised with the local IPC teams to keep up to date with best practice. There was an IPC protocol in place and staff had received up to date training. Annual IPC audits were undertaken. We saw evidence of the practice's two most recent audits and action that had been taken to address any improvements identified as a result with action plans in place.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines. Prescription pads were securely stored and there were systems in place to monitor their use.
- Recruitment checks were carried out and three staff files we reviewed showed that appropriate recruitment checks had been undertaken prior to staff's employment. For example, references, qualifications, registration with the appropriate professional body and the checks through the Disclosure and Barring Service.

Good

Are services safe?

- Arrangements were in place for planning and monitoring the number of staff and skill 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

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a defibrillator available on the premises and oxygen with masks. There was also an accident book available and a first aid kit. 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 business continuity plan in place for major incidents such as power failure or building damage. The plan was reviewed regularly and included up to date emergency contact numbers for utilities and practice staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards. This included National Institute for Health and Care Excellence (NICE) best practice guidelines and used this information to develop how care and treatment was delivered to meet needs. The practice had systems in place to ensure all clinical staff were kept up to date. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long-term conditions e.g. diabetes and implementing preventative measures. The results are published annually). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. In 2014/2015 the practice achieved 96.4% of the total number of points available (539 out of 559 points), with an 8.3% exception reporting (exception reporting ensures that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect) .Data from 2014/2015 showed;

- Performance for diabetes related indicators were comparable to the CCG and England average at 88.4%.
- Performance for asthma related indicators was 100% which was above the CCG and England average.
- The percentage of patients with hypertension having regular blood pressure tests measuring less than 150/90 was better than the CCG and England average at 85.7%.

Performance for mental health related and hypertension indicators were comparable to the CCG and England average at 89.1%.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. We saw evidence of eight clinical audits and saw evidence of completed audit cycles where the improvements made were implemented and monitored. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example; an audit of Bisphosphonate prescribing (Bisphosphonates are a class of drugs that prevent the loss of bone mass) showed a learning need for clinicians. The practice facilitated learning by holding a clinical meeting at the surgery with a guest speaker, a specialist Endocrinologist in osteoporosis and Vitamin D and all clinicians attended.

Effective staffing

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

- The practice had an induction programme for newly appointed members of staff that covered topics such as safeguarding, fire safety, health and safety and confidentiality.
- 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.
- The majority of staff had received training that included: safeguarding, fire procedures, basic life support and information governance awareness, however some administration staff training was still outstanding. It was documented and on the training schedule to be completed but a date had yet to be allocated. The practice should ensure staff have received training relevant to their roles and responsibilities in order to safely undertake their role. Staff had access to e-learning training modules, in-house and external 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

Good

Are services effective?

(for example, treatment is effective)

assessments, care plans, medical records and test results. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

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 are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

Patients' consent to care and treatment was always sought 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, assessments of their capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The process for seeking consent was monitored through records audits to ensure it met the practice's responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

Patients who might be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet. Patients were then signposted to the relevant service. Smoking cessation advice and alcohol and drug services were available from a local support group.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 86.6%, which was above the CCG average by 3.5% and above the England average by 4.8%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

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 0.7% to 100% for the practice with the CCG range from 0.5% to 97.1% and five year olds from 89.7% to 96.8% and CCG range from 90.6% to 96.1%. Flu vaccination rates for the over 65s were 72.89%, and at risk groups 49.84%. These were both comparable to the national average.

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 throughout the inspection that members of staff were courteous and very helpful to patients, both attending at the reception desk and on the telephone. We saw that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 39 CQC patient comment cards we received contained positive patients' views about the service. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients were happy with how they were treated. The practice performed above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 98% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 93% said the GP gave them enough time compared to the CCG average of 89% and national average of 87%.
- 98% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%
- 95% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and national average of 85%.
- 94% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 90%.
- 90% patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and 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 we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above the local and national averages. For example:

- 94% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 86%.
- 90% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 81%.

Staff told us that translation services were available for patients who did not have English as a first language. The receptionists, the website and the practice leaflet informed 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. For example, leaflets were available for the Norfolk Recovery Partnership, which gives advice and treatment for alcohol and drug addiction; Equal Lives, which is an information, advice and advocacy service; and a local bereavement counselling service.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers and they were being supported by, for example, offering flu vaccinations and referrals for social

Good

Are services caring?

services support. The practice did not provide annual health checks for carers. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation 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 worked with the local CCG to plan services and to improve outcomes for patients in the area. The practice held information about the prevalence of specific diseases. This information was reflected in the services provided. They offered screening programmes, vaccination programmes and family planning. These were led by Clinical Commissioning Group (CCG) targets for the local area The practice engaged regularly with the CCG to discuss local needs and priorities.

Services were planned and delivered to take into account the needs of different patient groups and to help ensure flexibility, choice and continuity of care.

- There were longer appointments available for patients with a learning disability or patients who needed a translation service.
- Home visits were available for older patients or patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- Telephone consultations with a clinician of choice was available or with the duty GP throughout the day.
- Flexible appointments were available for long term condition reviews rather than set clinic times.
- There were disabled facilities, a hearing loop and translation services available.
- All clinical rooms had wide door frames and large rooms with space for wheelchairs and prams/pushchairs to manoeuvre.
- A private room was available for breast feeding mothers.
- A care home that the practice supported was visited weekly and additionally when requested.

Access to the service

The practice offered extended hours on Monday and Wednesday mornings from 7.30am and on Monday to Thursday evenings from 6.30pm to 7pm which benefitted patients who could not attend during normal opening hours. Saturday morning appointments were available from 8am to 9.45am.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was above the local and national averages. People we spoke with on the day were able to get appointments when they needed them. For example:

- 87% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 85% patients said they could get through easily to the surgery by phone compared to the CCG average of 73% and national average of 73%.
- 82% patients described their experience of making an appointment as good compared to the CCG average of 74% and national average of 73%.
- 81% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 65% and national average of 65%.

Listening and learning from concerns and complaints

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

We saw that information was available to help patients understand the complaints system. Posters were displayed and information in the practice leaflet and on the practice website was available. The practice had a comment box in the waiting room. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at 18 complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. Staff were open and transparent when with dealing with the complaint and they worked in line with the practice's own complaints policy.

Lessons were learnt from concerns and complaints and actions were taken as a result to improve the quality of care. For example; a complaint from a patient regarding not being seen due to arriving late for their appointment. The self check-in screen did not allow patients to check in if they were more than five minutes late for their appointment time, instead it would ask the patient to report to reception. The receptionist would instant message the clinician to advise them of the late arrival, the

Good

Are services responsive to people's needs?

(for example, to feedback?)

clinician could then make a decision about seeing the patient or asking them to re-book. Receptionists could contact the duty GP if they had concerns about the patient or if the patient insisted on being seen. The practice acknowledged the complaint and explained the policy to the patient and learnt that a sign needed to be placed in reception outlining the late arrivals policy for patient information.

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 and strategy to deliver high quality care and promote good outcomes for patients in an open, friendly, and community based environment. Staff we spoke with were aware of the vision and values for the practice and told us that they were supported to deliver these. The practice was active in focusing on outcomes in primary care. We saw that the practice had recognised where they could improve outcomes for patients and had made changes accordingly through reviews and listening to staff and patients. The practice had business plans which reflected the vision and values.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- There was a comprehensive understanding of the performance of the practice
- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

The partners 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. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff.

Staff told us that regular monthly team meetings were held and that there was an open culture within the practice. They had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did. Staff said they felt respected and valued by the partners in the practice. Staff were involved in discussions about how to develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. There was a staff suggestion box for ideas and issues to be raised.

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

The practice encouraged and valued feedback from patients by proactively engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG), the NHS friends and family test and through surveys and complaints received. There was an active PPG since 2009 which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. The PPG had nine patients in the group who met every three months, the meetings had agendas and an example was given where a diabetic evening was organised where a specialist from the local hospital attended. They were also setting up a social media account to encourage younger patients to join the PPG.

The practice had also gathered feedback from staff through an annual staff survey and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Innovation

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and had taken part in local pilot schemes to improve outcomes for patients in the area including the Homeward Rapid Response Service (a service developed to help enable patients to remain at home and avoid the need to attend A&E) and the Equal Lives project (provides information, advice and advocacy services).

A partner at the practice was part of the Homeward Rapid Response steering group which enabled acutely ill patients to be assessed at home, cared for at home and to be discharged home early. The partner was attending monthly meetings where representatives from the CCG, the community providers, care homes, out of hours service, the ambulance service and social services met. It was a single point of access where a clinician signposted to cooperating

Are services well-led?

Good

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

services, with the aim of offering safe care at home. There was also a well-developed community service for patients with bone infections and cellulitis alongside Homeward. A nurse practitioner, the practice manager and another GP practice within the pilot scheme met at the end of the pilot and reported back to the CCG. Homeward was still being further developed. The pilot was a good opportunity for primary care and secondary care to work together and bring patient care closer to home.

The Equal Lives project gained feedback from GPs as a really valuable resource for patients who were vulnerable and with mental or physical disabilities for advice on benefits, debt, employment issues and signposting to local services. The pilot project was opened to patients from other surgeries. The project ran sessions from the practice regularly.