

Court Street Medical Practice

Quality Report

Court Street
Madeley
Telford
Shropshire
TF7 5EE

Tel: 01952586616

Website: www.courtstreetmedicalpractice.org.uk

Date of inspection visit: 8 November 2016

Date of publication: 20/02/2017

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

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3
The six population groups and what we found	6
What people who use the service say	9

Detailed findings from this inspection

Our inspection team	10
Background to Court Street Medical Practice	10
Why we carried out this inspection	10
How we carried out this inspection	10
Detailed findings	12

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Court Street Medical Practice on 8 November 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with 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. Improvements were made to the quality of care as a result of complaints and concerns.
- Most patients said they found it easy to make an appointment with a named GP and 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.
- The provider was aware of and complied with the requirements of the duty of candour.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, information, and a written apology. They were told about any actions to improve processes to prevent the same thing from happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed. The practice's system to act upon medicines and equipment alerts issued by external agencies, for example from the Medicines and Healthcare products Regulatory Agency (MHRA) was effective.
- There were arrangements in place for managing medicines, including emergency medicines and vaccinations.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were in line with the national average.
- Staff assessed patients' 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 other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice in line with national averages 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.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified 93 patients as carers (2% of the practice list). A care navigator was employed to support and signpost patients to relevant support groups and voluntary organisations.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Most patients said they found it easy to make an appointment with a named GP and 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 about how to complain was available and easy to understand. Evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- 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 was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Good



Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. There were systems in place for notifiable safety incidents and information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population. All patients over 75 had been given a named GP.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Patients were invited to attend the surgery for vaccines to prevent illnesses such as the flu and shingles.
- All patients were offered an annual medication review to monitor their medication.
- The practice offered triage calls over the telephone.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes, on the register, who had had an influenza immunisation was 98%, this was higher than the CCG average of 94% and the national average of 95%.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification was 92% compared to the CCG average of 84% and the national average of 89%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

Good



Summary of findings

- 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.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice used social media to advertise and reach the younger population.
- The practice offered a Men's Health Clinic.
- There were positive examples of joint working with midwives and health visitors

Working age people (including those recently retired and students)

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. 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 reflected the needs for this age group.
- Social media was used to update patients with practice events and communicate important information.
- The practice offered triage calls over the telephone.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including patients with a learning disability.
- The practice offered longer appointments for patients with a learning disability as well as annual health checks.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice employed a care navigator that informed vulnerable patients about how to access various support groups and voluntary organisations.

Good



Summary of findings

- 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)

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

- 97% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their record, in the last 12 months. This was higher than the CCG average of 92% and the national average of 89%.
- 79% of patients diagnosed with dementia had been reviewed in a face-to-face meeting in the last 12 months, which was lower than the CCG average of 84% and the national average of 85%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told 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 had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing in line with local and national averages. Two hundred and eighty nine survey forms were distributed and 111 were returned. This represented 2% of the practice's patient list.

- 75% of patients found it easy to get through to this practice by phone compared to the CCG average of 70% and the national average of 73%.
- 79% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 80% and the national average of 76%.
- 81% of patients described the overall experience of this GP practice as good compared to the CCG average of 82% and national average of 85%.

- 73% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the CCG average of 75% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 22 comment cards which were all positive about the standard of care received. Patients told us they felt the practice offered an excellent service in a warm, clean and friendly environment. Patients felt the staff respected their privacy and dignity and were very caring and polite. Of the 22 comment cards, four people commented that it was sometimes difficult to get an appointment.

Court Street Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist advisor.

Background to Court Street Medical Practice

Court Street Medical Practice is registered with CQC as a partnership provider operating out of a new purpose built premises in Madeley. Car parking, (including disabled parking) is available at this practice. The practice is part of the NHS Telford and Wrekin Clinical Commissioning Group.

At the time of our inspection the practice had 5300 registered patients. The practice area is one of higher deprivation when compared with the local average and national average. The practice has a higher than average rate of male and female patients aged five to nine. The practice also has a higher than average rate of male patients aged 40 to 64 and females aged 45 to 69.

The practice staffing comprises of:

- One GP partner and one business partner.
- One salaried GP and one locum GP
- Two practice nurses
- One health care assistant
- A practice manager who oversees the operational delivery of services supported by a team of administrative staff.

The practice is open between 8.20am and 6.00pm Monday to Friday.

When the practice is closed patients are advised to call the surgery where their call will be diverted after 6.00pm to the designated out of hours service, which is provided by Shrop Doc.

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 the practice we reviewed information we held and asked key stakeholders to share what they knew about the practice. We also reviewed policies, procedures and other information the practice provided before the inspection day. We carried out an announced inspection on 8 November 2016.

During our inspection we spoke with a range of staff including the GPs, practice nurses, health care assistant, practice manager, and members of the reception team. We observed how people were being cared and reviewed a selection of anonymised personal care or treatment records of patients. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Detailed findings

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

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

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

- Older people

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff knew their individual responsibility, and the process, for reporting significant events. Staff told us they would inform the practice manager of any incidents and there was a recording form available. A culture to encourage duty of candour was evident through the significant event reporting process. (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).
- Significant events had been thoroughly analysed and investigated. When required, action had been taken to minimise reoccurrence and learning had been shared and discussed formally at clinical meetings.
- Over 50 significant events had been recorded within the previous 12 months. This showed that the practice took patient safety very seriously. These significant events included incidences where patients had been diagnosed with cancer as a result of emergency admission to hospital and events which had occurred outside of the practice's control for example in secondary care.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

The practice had a formalised system to receive and act on medicines and equipment alerts issued by external agencies, for example from the Medicines and Healthcare products Regulatory Agency (MHRA).

Overview of safety systems and processes

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

- Effective arrangements to safeguard children and 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.

- The GP partner was identified as the safeguarding lead within the practice. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. GPs were trained to child protection or child safeguarding level three and nurses to level two. The practice training record showed that the HCA had received level three training.
- A notice in the waiting room and clinical rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The lead practice nurse was the infection control clinical lead. They 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. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). There were two fridges in the practice used for the cold storage of vaccines. Both fridges had data loggers inside, which sounded an alarm if temperatures exceeded the correct temperatures for storing vaccines. Whilst there was a system for recording fridge temperatures, staff were not recording minimum and maximum temperatures and re-setting the thermometer after each check.
- Processes were in place for handling repeat prescriptions, which included the review of high-risk medicines. 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. Blank prescription forms and 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 nurses to administer medicines in line with legislation.

Are services safe?

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken on staff 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. Up to date information relating to medical indemnity was not available for all staff on the day of the inspection. However, this information was sent to CQC following the inspection, which showed that the appropriate indemnity cover was in place.

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. 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 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 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. Panic buttons were also in use at reception and in each clinical room.
- All staff received annual basic life support training. There were emergency medicines
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- 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 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 2015/16 published results showed that the practice had achieved 89% of the total number of points available. This was lower than the local CCG average of 97% and the national average of 95%. The clinical exception rate was 11%, which was the same as the CCG rate of 11% and slightly higher than the national rate of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Data from 2015/2016 showed:

The practice's performance in the diabetes related indicators was comparable to or lower than the local and national average. For example:

- The percentage of patients with diabetes, on the register, who had had an influenza immunisation was 98%, this was higher than the CCG average of 94% and the national average of 95%. Clinical exception reporting for the practice was 21% compared to the CCG and the national average of 20%.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification

was 92% compared to the CCG average of 84% and the national average of 89%. Clinical exception reporting for the practice was 17% compared to the CCG average of 18% and the national average of 8%.

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading in the last 12 months was 140/80 mmHg or less was 66%. This was lower than the CCG average of 82% and the national average of 78%. Clinical exception reporting for the practice was 7% compared to the CCG average of 15% and the national average of 9%.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol was 5 mmol/l or less was 68% compared to the CCG average of 82% and the national average of 80%. Clinical exception reporting for the practice was 7% compared to the CCG average of 15% and the national average of 13%.

The practice had recognised that their performance in the management of diabetes could be improved. The practice had employed a nurse with a special interest in diabetes and staff were actively engaged in recalling patients. For example, for their foot examinations. .

Performance for mental health related indicators were comparable to the CCG and national averages. For example:

- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the last 12 months was 79%, which was lower than the CCG average of 84% and the national average of 85%. Clinical exception reporting for the practice was 20% compared to the CCG average of 12% and the national average of 7%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their record, in the last 12 months was 97% compared with the CCG average of 92% and the national average of 89%. However, clinical exception reporting for the practice was higher at 38% compared to the CCG average of 15% and the national average of 13%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the last 12 months

Are services effective?

(for example, treatment is effective)

was 95% compared with the CCG average of 94% and the national average of 89%. Clinical exception reporting for the practice was 17% compared to the CCG average of 12% and the national average of 10%.

There was evidence of quality improvement including clinical audit.

- There had been a number of clinical audits completed in the last two years, some of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking and accreditation.
- Findings were used by the practice to improve services. For example, recent action taken as a result included improving the monitoring of patients' renal function when on certain medication.

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 prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, staff reviewing patients with long-term conditions had received training in managing asthma and chronic obstructive pulmonary disease (COPD). One of the practice nurses had a special interest in diabetes and had obtained relevant qualifications.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. 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 and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support,

one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

- Staff received on-going training that included: safeguarding, fire safety awareness, basic life support and information governance. 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.
- 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 ongoing 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 on a quarterly basis when care plans were routinely reviewed and updated for patients with complex needs.

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. Training records showed that staff had received training in the requirements of the Mental Capacity Act, Deprivation of Liberty Safeguards and had received training on ensuring patient consent.
- 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, recorded the outcome of the assessment.

Are services effective?

(for example, treatment is effective)

- The process for seeking consent was monitored through patient records audits.

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. 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 smoking cessation.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG and national averages of 81%. There were failsafe 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 also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

- 72% of eligible females aged 50-70 had attended screening to detect breast cancer. This was lower than the CCG average of 75% but the same as the national average of 72%.
- 52% of eligible patients aged 60-69 were screened for symptoms that could be suggestive of bowel cancer. This was lower than the CCG and national average of average of 58%. The practice had trained a member of staff to contact patients who did not take up screening to improve the screening of patients.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 100% and five year olds from 90% to 100%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with 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; 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.
- Reception staff had received customer care training.

All of the 22 patient Care Quality Commission comment cards we received were positive about the standard of care received. 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. Some patients felt that staff went the extra mile to support them.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The results were comparable to or lower for its satisfaction scores on consultations with GPs and nurses. For example:

- 84% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 86% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 79% of patients said the last GP they spoke to was good at treating them with care and concern compared to CCG average of 83% and the national average of 85%.

- 84% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 85% of patients said they found the receptionists at the practice helpful compared to the CCG average of 82% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback 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:

- 75% 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%.
- 77% of patients said the last GP they saw was good at involving them in decisions about their care compared to CCG average of 79% and the national average of 82%.
- 83% 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% national average of 85%.

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. Information was also available in large print with patients who may be visually impaired.

Patient and carer support to cope emotionally with care and treatment

Patients and carers gave positive accounts of when they had received support to cope with care and treatment. For example, many patients commented that they and their family had been with the practice for many years and had been well supported during their illness.

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.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 93 patients as carers (2% of the practice list). Written information was available to direct carers to the various avenues of support available to them. The practice employed a care navigator

who provided support to patients and signposted them to the various support agencies and voluntary organisations. Annual flu vaccinations were offered to patients who were also carers.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Services were planned and delivered to take into account the needs of different patient groups, flexibility, choice and continuity of care. For example:

- There were longer appointments available for patients with complex needs including for example, people with a learning disability and for reviews of long term conditions.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Patients were offered online access to book appointments and request repeat prescriptions. The practice used a text reminder service to remind patients about their appointment.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice offered a triage service over the telephone.
- The practice operated from modern, purpose built premises. There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open between 8.20am to 6.00pm Monday to Friday. Appointments were from 8.30am to 11.30am every morning and from 2.30pm to 5.30pm in the afternoon. In addition to pre-bookable appointments that could be booked in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to the local and national averages in some areas. For example:

- 70% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group (CCG) average of 74% and the national average of 76%.

- 75% of patients said they could get through easily to the practice by phone compared to the CCG average of 70% and the national average of 73%.
- 79% of patients said they were able to get an appointment or speak to someone the last time they tried, compared to the CCG average of 80% and the national average of 85%.
- 65% of patients felt they did not normally have to wait too long to be seen compared to the CCG average of 56% and the national average of 58%.
- 93% of patients said the last appointment was convenient compared with the CCG average of 93% and the national average of 92%.
- 75% of patients described their experience of making an appointment as good compared with the CCG average of 70% and the national average of 73%.
- 54% of patients with a preferred GP usually got to see or speak to that GP, compared with the CCG average of 58% and the national average of 59%.

Four patients, who completed CQC comment cards, told us that they sometimes found it difficult to get an appointment. The practice had an action plan in place for addressing appointment availability, which included making more appointments available online.

Listening and learning from concerns and complaints

The practice had an effective 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.

We looked at three complaints received in the last 12 months and found that they were satisfactorily handled, dealt with in a timely way, and with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, further training was offered to a member of staff in response to a complaint.

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 provide evidence-based medical excellence in a caring, non-judgmental environment which responded to the needs of patients, staff and clinicians within the restraints of NHS budgets. Staff we spoke with were aware of and worked within the practice's ethos. Staff told us it was a good place to work and staff retention was high.

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.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised excellent safe quality medical services which met their patients' health needs. Staff told us the partners were approachable and always took the time to listen to all members of staff. The culture was described as being patient centred, caring and friendly.

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). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty.

There was a clear leadership structure in place and staff felt supported by the management. Staff told us that the GP's and managers were all approachable.

- Staff told us the practice held regular team meetings, which included weekly clinical and management meetings. Staff met quarterly during their protected learning time and staff meetings involving all staff were regularly held.
- 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. All staff were involved in discussions about how to run and develop the practice. The partners arranged and funded social outings such as theatre trips for the staff team to show their appreciation.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice planned to work with the PPG to help raise greater patient awareness of online services. Information about how to join the PPG was on the practice's website and included in the patient information leaflet.
- The practice had developed an action plan as a result of the GP Patient Survey and shared this with us.
- The practice had gathered feedback from staff 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.

Are services well-led?

Good 

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

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice was adaptable in its approach to delivering care. The staff we spoke with told us they felt supported to develop professionally and all staff had received recent appraisals.

The practice had clear plans for the future, which included expanding the range of patient services available. The practice had strong links with Clinical Commissioning Group (CCG), Out of Hours and local medical committees.