

Dr Simon Woolf

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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Simon Woolf (also known as Mitchley avenue surgery) on 17 December 2015. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events. However we noted that improvements could be made in the capturing of significant events.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

- 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.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider should make improvement are:

- The practice should ensure its significant events management process is improved to capture the full range of relevant events
- Ensure a patient participation group is made available in the practice for the patient population
- Ensure revision histories of its policies and procedures are well documented so authorising person(s), review and revision dates are included.

Summary of findings

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 a system in place for reporting and recording significant events. However we noted that improvements could be made in the capturing of significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Risks to patients were assessed and managed

Are services effective?

The practice is rated as good for providing effective services.

Good



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

Are services caring?

The practice is rated as good for providing caring services.

Good



- 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.

Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- 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 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.

Good



Are services well-led?

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

- It had a clear vision and strategy to deliver patient-centred care. 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. However the revision information was not always complete on these documents.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents
- The practice proactively sought feedback from staff and patients, which it acted on. However the practice did not have a patient participation group.
- There was a strong focus on continuous learning and improvement at all levels.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice liaised with the District Nursing team for appropriate visits for house bound patients.
- The GPs visit the elderly to give flu jabs. Patients over the age of 65 were routinely invited for flu clinics and they were opportunistically inoculated during consultations with consent. Flu vaccination rates for the over 65s in the practice was 73%, which was in line with the national averages.
- The practice had adopted a number of measures aimed at helping elderly patients and those with sensory problems. For example, they had all their signage regularly reviewed to ensure that it was clear and large enough.
- The practice had informed all their elderly patients of their registered GP and recorded information about their next of kin and any carer information.

People with long term conditions

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

Good



- Nursing 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 medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Patients with long term conditions were managed according to the various national guidelines for these conditions. The GPs and nurse had additional training and specialisations in the management of certain long term conditions, including diabetes and chronic obstructive pulmonary disease (COPD).

Summary of findings

- Patients with chronic disease as well as elderly patients who may have poor health and increased health needs were enrolled (with their consent) into the practice's Avoidance of Unplanned Admissions scheme. Patients have care plans included in their records and these plans were reviewed each time the patient was seen and updated if there was a change of medication and/or diagnosis.

Families, children and young people

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.
- The practice offered the full range of recommended childhood immunisations. 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 provided a number of 'book on the day' and urgent appointments specifically for families, children and young people
- The practice reception staff was trained to prioritise ill children to be seen immediately regardless of the overall state of appointments on any day.
- We saw good examples of joint working with midwives and health visitors. The practice provided antenatal clinics and baby checks
- The practice did not have its own website, but online services were available in the practice through the patient access website
- The practice participated in health promotion programmes aimed at reducing sexual health risks including contraception and safe sex advice and screening for sexually transmitted diseases.
- The practice provided all forms of contraceptive advice, but referred those requesting intrauterine devices (IUDs) / intrauterine systems (IUSs) or contraceptive implants to the local sexual health clinics.

Good



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).

Good



Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice provided extended hours GP and nurse appointments on Tuesday and Thursday mornings (7.30 -8.00am).
- The practice provided telephone feedback, consultations and advice to patients who cannot come to the surgery.
- The practice provided online access services for patients of working age including booking and cancelling appointments, requesting repeat prescriptions, viewing test results and other investigations, amending patient details, and sending messages to the surgery particularly regarding prescriptions.

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 homeless people, and those with a learning disability.
- 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.
- The practice had safeguarding leads and all staff had undertaken safeguarding training. There were a number of layers of alerts regarding people who may be vulnerable and these alerts appeared on patients' records. They included children in care or on the Child protection register. They also included vulnerable adults. The practice ensured that their diagnosis and their needs are fully recorded in their records as well as details of their carer, other responsible adult or next of kin / closest relative.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

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

- 83% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. The practice worked closely with the local mental health services and followed the relative guidelines and referral protocols.
- The practice participated in all the shared care protocols including shared care prescribing guidelines.
- 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 where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia. The practice participates in regular updates and training regarding mental health issues. The lead GP had recently attended a teaching session on making your Practice dementia friendly.

Good



Summary of findings

What people who use the service say

The latest national GP patient survey results were published on 02 July 2015. For this practice, of the 270 survey forms distributed, 124 were returned. This practice's results showed they were performing consistently better than the local and national averages. For example:

- 95% found it easy to get through to this surgery by phone, compared to a CCG average of 74% and a national average of 73%.
- 96% found the receptionists at this surgery helpful (CCG average 86%, national average 87%).
- 98% were able to get an appointment to see or speak to someone the last time they tried (CCG average 84%, national average 85%).
- 100% said the last appointment they got was convenient (CCG average 91%, national average 92%).

- 92% described their experience of making an appointment as good (CCG average 72%, national average 73%).
- 93% usually waited 15 minutes or less after their appointment time to be seen (CCG average 58%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 42 comment cards which were all positive, with patients praising the clinical team for providing a high standard of care and treatment, and the reception staff for being helpful and respectful.

We spoke with eight patients during the inspection. All the patients we spoke with told us they were happy with the care they received, that they were able to get appointments when they needed them, they were satisfied with the consultations they received from the GPs and nurse and thought that all staff treated them with dignity and respect.

Dr Simon Woolf

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist advisor and a second CQC inspector.

Background to Dr Simon Woolf

Dr Simon Woolf (also known as Mitchley Avenue Surgery) operates from a single location in Sanderstead, Croydon. It is one of 49 GP practices in the Croydon Clinical Commissioning Group (CCG) area. There were 3629 patients registered at the practice at the time of our inspection.

The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of treatment of disease, disorder or injury, and diagnostic and screening procedures. The practice is not currently registered for the regulated activity of surgical procedures, but is approved to carry out the minor surgeries direct enhanced service (DES). Under the DES the practice provides joint injections only.

The practice has a personal medical services (PMS) contract with the NHS and is signed up to a number of enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). These enhanced services include childhood vaccination and immunisation, flu and pneumococcal immunisations, risk profiling and case management, and extended opening hours.

The practice clinical team is made up of the lead GP and a salaried GP (both male), and a female practice nurse. The clinical team is supported by a practice manager, a team of 4 reception and administrative staff members, and a cleaner.

The practice is open between 8am to 1pm, then 3pm to 6.30pm on Mondays, Wednesdays and Fridays. On Tuesdays and Thursdays the practice is open from 7.30am to 1pm. On Tuesdays and Thursdays, the GPs are on call in the afternoon, and the practice phone lines are manned by a local GP practice.

The practice has opted out of providing out-of-hours (OOH) services and directs their patients to a contracted out-of-hours service.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. This provider had not been inspected before and that was why we included them.

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.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 17 December 2015. During our visit we:

- Spoke with a range of staff (GPs, practice manager and reception staff) and spoke with patients who used the service.
- Observed how people were being cared for and talked with carers and/or family members
- Reviewed the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?
- Is it effective?

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

We also looked at how well services 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)

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 a system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.
- There was a policy in place in relation to the management of significant events and accidents (SEAs).

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, following a delayed referral, the practice policies and published guidance were reviewed and reiterated among the staff team.

When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.

However we noted that improvements could be made in the capturing of significant events. For example at the time of our inspection, the defibrillator in the practice was not in working order, and this had not been captured and managed as a significant event.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of

staff for safeguarding. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs and the practice nurse were trained to Safeguarding level 3.

- A notice in the waiting room advised patients that they could have a chaperone attend their appointment, if they required. The practice team told us that the nurse would normally act as chaperone. However reception staff confirmed that occasionally they had acted as chaperones. Reception staff had not been trained for the role, but had received a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The practice nurse confirmed to us at the end of our inspection that they would be carrying out chaperone training for the reception staff.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. 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 drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed two personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Are services safe?

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 with a poster in the reception office. The practice had up to date fire risk assessments and carried out regular fire alarm testing. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available.
- 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 did not have a working defibrillator available on the premises and there was no oxygen with adult and children's masks. Immediately after our inspection the practice made arrangements for the defibrillator to be serviced and ordered pads for use with the machine. They also made the decision not to purchase oxygen for use in medical emergencies, citing their location and quick response that could be achieved by calling 999.
- There was a first aid kit and accident book 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 relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 96.2% of the total number of points available, with 5% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. The QOF data showed:

- The practice achieved maximum scores (100%) for its performance in many clinical domain areas including asthma, chronic obstructive pulmonary disease (COPD), hypertension, heart failure and osteoporosis
- There were only five of the 19 clinical domain areas that the practice did not achieve maximum scores -diabetes mellitus, mental health, peripheral arterial disease, secondary prevention of coronary heart disease, and stroke and transient ischaemic attack. The practice scores were in line with the CCG and national averages for three of these, but for peripheral arterial disease and stroke and transient ischaemic attack the practice performance was significantly below the local and national averages. The practice was aware of this, and their need for their greater focus on these particular long term conditions.

Clinical audits demonstrated quality improvement.

- The practice provided us with three examples of clinical audits carried out in the last two years, relating to bowel screening, atrial fibrillation and high dose inhaled steroids. The bowel screening audit was a completed audit where the improvements made were implemented and monitored.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.

Information about patients' outcomes was used to make improvements. For example the practice engaged with a local practice in peer review exercises of their referrals and made changes and improvements as a result of these reviews.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that 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, for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training through the local clinical commissioning group that included sessions such as safeguarding, basic life support and information governance awareness.
-

Coordinating patient care and information sharing

Are services effective?

(for example, treatment is effective)

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.

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

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, 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

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

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

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

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 85%, which was above the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice provided an enhanced service for bowel screening.

Childhood immunisation rates for the vaccinations given were above the CCG averages. For example, childhood immunisation rates for the vaccinations recommended at 12 and 24 months of age ranged from 93% to 100%, and for vaccinations recommended at five year of age, ranged from 77% to 97%.

Flu vaccination rates for the over 65s were 73%, and at risk groups 53%. These flu vaccination figures were in line with the national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40 to 74. New patients were provided double appointments for their initial appointment to allow for their new patient health checks to be completed. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

We received 42 comment cards which were all positive, with patients praising the clinical team for providing a high standard care and treatment, and the reception staff for being helpful and respectful.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice results showed respondents rated them higher than the local area and national averages for satisfaction scores on consultations with doctors and nurses. For example:

- 94% said the GP was good at listening to them compared to the CCG average of 86% and national average of 89%.
- 95% said the GP gave them enough time (CCG average 83%, national average 87%).
- 98% said they had confidence and trust in the last GP they saw (CCG average 93%, national average 95%).
- 92% said the last GP they spoke to was good at treating them with care and concern (CCG average 81%, national average 85%).
- 96% said the last nurse they spoke to was good at treating them with care and concern (CCG average 86%, national average 90%).

- 96% said they found the receptionists at the practice helpful (CCG average 86%, national average 87%).

Care planning and involvement in decisions about care and treatment

Patients told us that they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

- 92% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 89% said the last GP they saw was good at involving them in decisions about their care (CCG average 77%, national average 81%).

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

Patient and carer support to cope emotionally with care and treatment

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

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

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

One patient we spoke with during our inspection told us that when they lost their spouse the lead GP was particularly supportive through their bereavement.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered earlier opening times on Tuesday and Thursday mornings between 7.30am and 8am for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients who had that need, such as people with a learning disability.
- Telephone consultations were available for patients.
- Home visits were available for patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Access to the practice premises was improved by a ramp to the entrance.
- The practice patient areas were all on the ground floor of the premises.
- The practice offered online services via the patient access website, including booking and cancelling appointments, requesting repeat prescriptions, viewing test results and other investigations, amending patient details, and sending messages to the surgery particularly regarding prescriptions.

Access to the service

The practice was open between 8am and 1pm, then 3pm to 6.30pm on Monday, Wednesday and Friday, and between 7.30am and 1pm on Tuesdays and Thursdays. The practice offered varied appointment times throughout the week. On Mondays, nurse appointments were available from 8am to 12noon, then from 3.30pm to 6.10pm and GP appointments were available from 8.20am to 12noon, and then from 3pm to 6pm. On Tuesdays and Thursdays, nurse appointments were available from 7.30am to 12.10pm, and GP appointments from 7.30am to 12noon. On Wednesdays, nurse appointments were available from 7.30am to 12.10pm, then from 3.30pm to 6.10pm. GP appointments

were available from 7.30am to 11.40am, then from 3pm to 6pm. There were no nurse appointments on Fridays, but GP appointments were available from 8.30am to 11am, then 3.30 pm to 6pm.

Extended hours surgeries were offered between 7.30am and 8am on Tuesdays and Thursdays. In addition to pre-bookable appointments that could be booked up to eight weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was higher than local and national averages. Patients we spoke with during our inspection and those who left their feedback on CQC comments cards also told that they were able to get appointments when they needed them.

- 95% patients said they could get through easily to the surgery by phone (CCG average 74%, national average 73%).
- 92% patients described their experience of making an appointment as good (CCG average 72%, national average 73%).
- 93% patients said they usually waited 15 minutes or less after their appointment time (CCG average 58%, national average 65%).
- 74% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.

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 in the practice leaflet.

We looked at the one complaint received in the last 12 months and found it was satisfactorily handled, dealt with

Are services responsive to people's needs?

(for example, to feedback?)

in a timely way, openness and transparency with dealing with the complaint. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

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 commitment to be patient centred. This commitment was reflected in what patients fed back to us about their experiences of the practice.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff. However the revision information was not always complete on these documents.
- A comprehensive understanding of the performance of the practice
- A programme of continuous clinical and internal audit which is 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 lead GP 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 lead GP and practice manager worked in a transparent way with the staff team, and staff told us that they were approachable and always took the time to listen to all members of staff.

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

When there were unexpected or unintended safety incidents:

- The practice gives affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.

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

- Staff told us that the practice held team meetings but these were not formalised and regularly held. However staff felt able to raise concerns and speak to the management in the practice as they needed.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues and were confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported.

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. However the practice did not have a patient participation group (PPG).

- The practice had also 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.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example they were signed up to participate in the bowel cancer screening programme using the faecal immunochemical test (FIT), which is single sample kit, rather than the current test two sample test.