

Willowbank Surgery




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

On 3 November 2015 we carried out a full comprehensive inspection at Willowbank Surgery. The inspection was rated as requires improvements and improvements were specifically required in the following areas:

- Regulation 12 of the Health and Social Care Act (Regulated Activity) Regulations 2014, Safe care and treatment.
- Regulation 15 of the Health and Social Care Act (Regulated Activity) Regulations 2014, Premises and Equipment.
- Regulation 17 of the Health and Social Care Act (Regulated Activity) Regulations 2014, Good governance

We carried out an announced comprehensive inspection at Willowbank Surgery on 22 November 2016. We inspected each domain.

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.
- The practice had a risk assessment profile in place to ensure risks and hazards 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.
- 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.
- 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.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvements are:

- Add the full address of the Parliamentary and Health Service Ombudsman(PHSO) in the complaints policy.
- Have a formal written succession plan in place.
- Review and increase the carers numbers in the practice.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- Previous concerns relating to arrangements of risks to patients had been reviewed and assessed, with actions taken to improve safety identified. Such as new flooring and examination couches had been replaced.
- Previous concerns relating to infection control had improved.
- The practice had a new defibrillator and oxygen with adult and children's masks in place.
- There was a 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, truthful information, and a written apology. They were 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 patients safe and safeguarded from abuse.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Staff had the skills, knowledge and experience to deliver care and treatment. A formal training programme had been introduced throughout the practice with different learning needs identified such as face to face sessions.
- The practice had developed a programme of continuous quality improvement through clinical and internal audits.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- There was evidence of appraisals and personal development plans for all staff.
- Multidisciplinary working was taking place and records of multidisciplinary meetings were kept to ensure all professionals were able to access information about patients with complex needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- We received 39 positive comment cards from patients who use the service. Patients said they were treated with compassion, dignity and respect.
- Information for patients about the services available was easy to understand and was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- 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
- 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 provided extended hours on Thursdays 7.30pm.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised.

Are services well-led?

The practice is rated as good for providing well-led service.

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.
- There was a clear leadership structure and staff felt supported by management.
- 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.
- 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 patient participation group was active.

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.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Longer appointments and home visits were available for older people when needed.
- Nursing staff had lead roles in chronic disease management. The practice had registers in place for several long term conditions including diabetes.

Good



People with long term conditions

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

- 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 GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met.

Good



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.
- Immunisation rates were in line with or above average for all standard childhood immunisations.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Good



Summary of findings

Working age people (including those recently retired and students)

Good



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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Telephone consultations and online appointments were available.
- There was additional out of working hour's access to meet the needs of working age patients with extended opening hours every Thursday until 7.30 pm.
- Routine health checks were also available for patients between 40 and 74 years old
- Health promotion information was available in the waiting room.

People whose circumstances may make them vulnerable

Good



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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- 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 regularly worked with multi-disciplinary teams in the case management of vulnerable people.

People experiencing poor mental health (including people with dementia)

Good



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

- 92% of patients diagnosed with severe and enduring mental health problems had care plans in place.
- The practice worked with the local mental health team to offer an in-house counselling service to reduce waiting times for their patients. This had resulted in the practice being able to offers patients direct access to this service.

Summary of findings

- 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.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing mostly above local and national averages. 344 survey forms were distributed and 77 were returned. This represented 5% of the practice's patient list.

- 96% of patients found it easy to get through to the practice by phone which was above the national average of 73%.
- 98% of patients were able to get an appointment to see or speak to someone the last time they tried which was above the national average of 76%.

- 84% of patients described the overall experience of the practice which was similar to the national average of 85%.
- 73% of patients said they would recommend this GP practice to someone who had just moved to the local area which was below 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 39 comment cards which were all positive about the standard of care received.

The practice took part in the friends and families test.

Areas for improvement

Action the service **SHOULD** take to improve

The areas where the provider should make improvements are:

- Add the full address of the Parliamentary and Health Service Ombudsman(PHSO) in the complaints policy.
- Have a formal written succession plan in place.
- Review and increase the carers numbers in the practice.

Willowbank Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008, on 3 November 2015, as part of our regulatory functions. The inspection found that the practice was not meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

This second comprehensive inspection, carried out on 22 November 2016, was undertaken to assess the progress the practice had made to meet the regulations and to provide an updated rating for the service under the Care Act 2014.

Background to Willowbank Surgery

Willowbank Surgery is located on the outskirts of Manchester and is part of North Manchester Clinical Commissioning Group (CCG).

The practice is in an area with high deprivation which sees a higher than average health problems in drug and alcohol addiction and a range of mental health issues.

The male life expectancy for the area is 73 years compared with the CCG average of 73 years and the National average of 79 years. The female life expectancy for the area is 79 years compared with the CCG average of 78 years and the national average of 83 years.

The practice consists of one single handed male GP and a female salaried GP who attends once a week. There is one Advanced Nurse Prescriber (ANP) and two practice nurses. Members of the clinical team are supported by a practice manager and reception staff.

The practice is open 8am to 6pm Monday, Tuesday and Friday and Thursday open 8am to 7.20pm. Every Wednesday afternoon the surgery is closed from 1pm and is closed each day between 1pm and 2pm. There is access into the surgery during lunchtime if required by patients. In addition to pre-bookable appointments that can be booked up to four weeks in advance, urgent appointments are available for patients that need them. Extended hours are offered on Thursdays until 7.20pm.

Patients requiring a GP outside of normal working hours are advised to call "Go-to- Doc" using the usual surgery number and the call is re-directed to the out-of-hours service. The surgery is part of a neighbourhood access scheme which offers Sunday appointments between the hours of 10am and 6pm.

The practice has a General Medical Service (GMS) contract with NHS England. At the time of our inspection 1700 patients were registered.

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, on 3 November 2015, as part of our regulatory functions. The inspection found that the practice was not meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Detailed findings

This second comprehensive inspection, carried out on 22 November 2016, was undertaken to assess the progress the practice had made to meet the regulations and to provide an updated rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 22 November 2016.

During our visit we:

- Spoke with a range of staff, one GP, advanced nurse prescriber the practice manager and reception staff.
- We reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed a number of policies and processes.

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

The practice was previously inspected on 3 November 2015. The inspection was a comprehensive inspection under the Health and Social Care Act 2008. At that inspection, the practice was rated requires improvement overall. However, within the key question safe, overview of safety systems and processes was identified as requires improvement, as the practice was not meeting the legislation at that time; Regulation 12 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment and Regulation 15 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014: Premises and Equipment.

During this inspection we found that improvements had been made in all these areas.

Safe track record and learning

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

- Staff told us they would inform the practice manager and record any incidents in an incident book. .
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice.

Overview of safety systems and processes

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

- Arrangements were in place 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. There was a lead

member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.

- A notice in the waiting room 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 GP was the infection control clinical lead and the practice manager acted as the deputy 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. There had been two infection control audits 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). 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 (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- 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 about notifiable safety incidents.

Are services safe?

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and all staff had the appropriate checks through the Disclosure and Barring Service (DBS).
- The main access into the building was very compact; for example wheelchair users would need assistance from another person. There was a bell which could be used for assistance in accessing the practice. The practice did have toilet facilities in the waiting area; however this was not accessible for patients who used a wheelchair. The practice had been seeking to move premises since 2013. They were in contact with the CCG and NHS England to help address these concerns. We did see that the practice were continuing to look for a solution.

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 which identified local health and safety representatives. 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.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator and oxygen with adult and children's masks. A first aid kit and accident book were 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 stored securely.
- 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 published results were 96% of the total number of points available with 6.1% exception reporting (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).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16

showed:

- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less
- The percentage of patients with hypertension having regular blood pressure tests was 82% which was above the national average of 81%

There was evidence of quality improvement including clinical audit.

- There had been multiple clinical audits completed in the last year, two of these were completed audits where the improvements made were implemented and monitored.

- The practice participated in local audits, national benchmarking, accreditation and peer review.

Effective staffing

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

- Staff received training that included: safeguarding, chaperone, 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 including face to face sessions..
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training 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 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.

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

Are services effective?

(for example, treatment is effective)

referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly 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.
- 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.
- 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, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 80%, which was higher than the CCG average of 78% and lower than 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 demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 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.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed, they were able to offer patients a private room..

All of the 39 patient Care Quality Commission comment cards we received were extremely positive about the service experienced. Patients said they felt the practice offered an excellent service with access to appointments being available and accessible. They also stated the high standard of care received by the GP and nursing staff. They told us the staff were kind, friendly and helpful.

Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice had mixed responses for its satisfaction scores on consultations with GPs and nurses. For example:

- 84% of patients said they had confidence and trust in the last GP they saw, compared to the clinical commissioning group (CCG) average of 94% and the national average of 95%.
- 69% of patients said the last GP they spoke to was good at treating them with care and concern, which was lower than the CCG average of 83% and the national average of 85%.
- 82% of patients said the GP gave them enough time, compared to the CCG average of 84% and the national average of 87%.
- 86% of patients said the GP was good at listening to them compared to the CCG average of 87% and the national average of 89%.

- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 89%.

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. We also saw that care plans were personalised.

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 generally below local and national averages. For example:

- 79% of patients said the last GP they saw was good at explaining tests and treatments compared to the national average of 86%.
- 69% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.

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. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 18 patients as carers (1% of the practice list). 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.

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 GP and practice manager were involved in The Macmillan Cancer Improvement Programme (MCIP) which is about working together to find new ways that will give patients a better cancer care experience and ultimately increase survival rates.
- The practice had been awarded a gold award "Pride in Practice" certificate.
- Patients had access to a drug and alcohol support service hosted by a nearby practice.
- The practice was part of a Neighbourhood Hub service in conjunction with other practices, to offer extended hours opening times at weekends and bank holidays for patients.
- The practice offered extended opening hours on Thursday evening for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were a hearing loop and translation services available.

Access to the service

The practice was open between 8am to 6pm Monday, Tuesday and Friday and Thursday open from 8am to 7.20pm. Every Wednesday afternoon the surgery is closed from 1pm. Appointments were available from 9am until 6pm. Extended hours were offered on Thursday evening until 7.20pm. In addition to pre-bookable appointments

that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them on the day. The practice also was part of a neighbourhood scheme for Sunday appointments.

The practice told us that they offered online appointments to patients.

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

- 76% of patients were satisfied with the practice's opening hours compared to the national average of 79%.
- 96% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England, however, the full address of the Parliamentary and Health Service Ombudsman (PHSO) was not included in the policy.
- 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.

The practice had received no complaints over the last year. The staff had a clear understanding of verbal and written complaints. Staff also understood the process to escalate complaints to the practice manager.

Are services well-led?

Good 

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

Our findings

The practice was previously inspected on 3 November 2015. The inspection was a comprehensive inspection under the Health and Social Care Act 2008. At that inspection, the practice was rated requires improvement overall. However, within the key question well led, we found processes and policies identified as requires improvement, as the practice was not meeting the legislation at that time; Regulation 17 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014: Good Governance.

During this inspection we found that improvements had been made in all these areas.

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a mission statement displayed in the waiting areas and staff knew and understood the values.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A 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 robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the provider demonstrated that they had the experience, capacity and capability to run the practice and ensure quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the management team were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support and training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected and supported, particularly by management in the practice.

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

The practice had gathered feedback from patients through the patient participation group (PPG). We were shown two action plans dated 2015 and 2016.

- The practice had gathered feedback from staff through staff meetings 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 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. The practice had recently shared a diabetic audit and improvement outcomes identified with the CCG and other practices in the area.