

The Elms Medical Centre

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 The Elms Medical Centre on 12 January 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Risks to patients were assessed and managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was readily available in document form for patients.

- 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.

There were areas where the provider could make improvements as follows:

- The GPs should ensure that minutes are kept for safeguarding meetings attended by the GPs with other agencies.
- Undertake a risk assessment for the need to have a defibrillator at Blacon Clinic for use in an emergency. According to current external guidance and national standards, practices should be encouraged to have defibrillators.

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. There was a system in place for reporting and recording significant events. We found that where unintended or unexpected safety incidents had occurred, patients received reasonable support information, a verbal and written apology and 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 people safe and safeguarded from abuse. Risks to patients were assessed and well managed. There were infection control policies and procedures in place, staff were aware of their responsibilities in relation to these. There were safe systems in place for the management of medicines.

Good



Are services effective?

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

Good



Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. 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. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Good



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. Information about how to complain was available and easy to understand and evidence

Good



Summary of findings

showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders. The practice had good facilities and was well equipped to treat patients and meet their needs.

Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. The partners encouraged a culture of openness and honesty. The practice had systems in place for recording and reporting notifiable safety incidents. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

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. All patients aged over 75 years had a named GP contact. Support for carers was available signposting patients to support agencies and services in the local area. The practice offered proactive, personalised care to meet the needs of the older people in its population. This included weekly visits to a local older persons care home. The practice worked together with the integrated care team and other health and social care professionals to ensure that care plans were actively managed.

The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. Annual reviews of care plans took place with the patient and their carer, ensuring that unmet needs were identified. Annual flu clinics took place and this included stalls and information from care agencies and voluntary groups in attendance.

Safeguarding policies and procedures were in place. All older patients received an annual medications review.

The practice works in cluster partnership with four other surgeries to provide a nurse led discharge assessment and an active care planning service to elderly patients following hospital discharge. This was also extended to elderly patients with one or more long term conditions and also housebound patients. This new service provided an assessment and review of those who had been recently discharged from hospital with the aim of proactively managing a group of patients that were at risk of readmission to hospital.

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. Performance for diabetes related indicators was better than the CCG and national average. We saw that the diabetes service provided was part of 'The West Cheshire Way' - a £5 million initiative between GPs, hospitals, social care and mental health and well-being services to ensure services felt more joined up and were patient-friendly. The diabetic reviews provided at the surgery were in line with the West Cheshire CCG guidance and gave patients more time during their nurse appointment or check-up. Patients received a 20 minute appointment with the diabetic Lead Nurses following a previous 20 minute appointment with a healthcare assistant or junior practice nurse. The practice had

Good



Summary of findings

multi-disciplinary meetings to discuss the needs of palliative care patients and patients with complex needs. The practice worked with other agencies and health providers to provide support and access specialist help when needed.

Families, children and young people

The practice is rated as good for the care of families, children and young people. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses. 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.

The practice had dedicated weekly 'Baby Clinics' led by a Child Development Lead GP who liaised with the Health Visitors for any new issues that had arrived. With involvement of the PPG, the practice has developed a 'Younger Generation Newsletter' published bi-monthly on the practice website. The newsletter promoted a health and wellbeing awareness among the young adults within the practice population. The practice also engaged with young adults via social media (Facebook and Twitter).

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). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

With the recent move to a city centre location and in close proximity to University of Chester, the practice had worked collaboratively with the three surgeries at Fountains to develop a close working relationship with the local Student Union group and the University registration team. This enabled the practice to have an active presence during the registration time for new students providing them with health campaigns and ensuring that the students were registered with primary medical services early on in their university year. The aim was to ensure that the students had accessible GP services from the start hence avoiding unnecessary and avoidable A&E attendances.

Good



Summary of findings

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 and alerts were added to their medical records. They offered longer appointments for people with a learning disability. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. They told vulnerable patients about how to access various support groups and voluntary organisations. 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 was proactive in its support for carers and had a register of carers that was maintained by a named Care-Link Coordinator. The clinical system had alerts to flag up whether a patient was a carer. The carers were contacted annually for health checks and flu vaccinations. The practice ensured that the carers were provided with the support and information from Cheshire Carers Trust. On the day of the inspection the practice had invited the Cheshire Carer Link to hold an awareness session at the practice to opportunistically identify carers who may not be registered with the practice but who had accompanied the patients to their appointments. The practice was also working in collaboration with the cluster practices to offer a nurse led service to ensure that vulnerable house bound patients were reviewed regularly and the frail and elderly were assessed pro-actively and support was put in place to reduce avoidable admissions.

The Practice Child Safeguarding Lead GP regular reviews the register with the Health Visitor to ensure that the families that are vulnerable because of their circumstances have adequate support in place. The learning disability patients were invited annually for an extended appointment for a health review. The practice offers a 20 minute appointment with the practice nurse and an immediate follow up 10 minute appointment with the learning disability lead GP.

Good



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). The practice was pro-active in screening patients for dementia by offering an opportunistic screen during consultations with doctors and nurses. In the event of a diagnosis, they provided care planning during annual dementia reviews in line with the patient's wishes. Ninety eight per cent of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months

Good



Summary of findings

compared to 84% nationally. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia.

The practice had a Mental Health GP Lead who reviewed the mental health register with the nurse practitioner to ensure that the patients on this register who don't frequently attend the surgery were invited proactively for annual reviews. This has enabled the GP lead to establish a trusting relationship with this cohort to enable them to receive appropriate health care. The GP mental health lead also attended quarterly mental health meetings with the CCG to help evolve and improve mental health services in the area.

Summary of findings

What people who use the service say

The results from the national GP patient survey results published in July 2015 showed the practice was performing in line with local and national averages. There were 310 survey forms were distributed and 113 were returned, this is a completion rate of 36%. The survey results were below CCG and national averages in part and the practice had put an action plan in place. For example;

- 60% found it easy to get through to this surgery by phone, (CCG average of 71%, national average of 73%).
- 85% found the receptionists at this surgery helpful (CCG average 87%, national average 87%).
- 85% were able to get an appointment to see or speak to someone the last time they tried (CCG average 87%, national average 85%).
- 69% described their experience of making an appointment as good (CCG average 74%, national average 73%).

- 65% usually waited 15 minutes or less after their appointment time to be seen (CCG average 67%, 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 12 comment cards which were all positive about the standard of care received. Contrary to the national GP patient survey results patients commented positively about access to GP appointments, the friendliness of reception staff, the caring nature of GPs and all staff and how well their needs had been met.

We spoke with four patients during the inspection. All four patients said that they were happy with the care they received and thought that staff were approachable, committed and caring.

Areas for improvement

Action the service SHOULD take to improve

- The GPs should ensure that minutes are kept for safeguarding meetings attended by the GPs with other agencies.

- Undertake a risk assessment for the need to have a defibrillator at Blacon Clinic for use in an emergency. According to current external guidance and national standards, practices should be encouraged to have defibrillators.

The Elms Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to The Elms Medical Centre

The Elms Medical Centre is registered with CQC to provide primary care services, which include access to GPs, family planning, ante and post natal care. The practice is a long established GP practice which had recently moved to a new purpose built building 'Fountains Health' in May 2015. The building also has three other GP practices within it and all practices share the management of the premises and work together as a cluster at times to offer primary care services to the population of Chester. The practice also has a branch surgery named Blacon Clinic in a neighbouring area of Chester.

The practice has a General Medical Services (GMS) contract with a registered list size of 9,978 patients (at the time of inspection). The practice has four GP partners, three practice nurses, health care assistant, practice manager and a number of administration and reception staff.

The main practice is open between 8am to 6.30pm Monday to Friday with appointments bookable in a variety of ways. Home visits and telephone consultations were available for patients who required them, including housebound patients and older patients. There were also arrangements to ensure patients received urgent medical assistance out of hours when the practice was closed.

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, 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 12 January 2015. During our visit we:

- Spoke with a range of 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 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?

Detailed findings

- 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. We found that where unintended or unexpected safety incidents had occurred, patients received reasonable support information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again. The practice carried out an analysis of significant events and held quarterly meetings or more frequently as required to review the incident to prevent it occurring again. Safety records, incident reports and minutes of meetings were seen.

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 which reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding both adults and children. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. We noted that minutes were not kept of these meetings however. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs and clinical staff were appropriately trained.
- A notice in the waiting room advised patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role, the practice had a written policy and staff 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. Monthly housekeeping checks

were made at both premises. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical leads 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 four 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.

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 drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella.

Are services safe?

- Arrangements were in place for planning and monitoring the number 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 for responding 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. Rooms had panic buttons. All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a defibrillator available at the main premises, but not at the Blacon clinic, and oxygen with adult and children's masks. There was a first aid kit and accident book available. Regular checks were made and records kept to ensure the medicines and emergency kit was fit for purpose at all times. EThe practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage.

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 practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was better than the CCG and national average. For example the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (April 2013 – March 2014) was 92%, compared to 88% nationally.
- The percentage of patients with hypertension having regular blood pressure tests was better than the national average (the practice achieved 85% compared to 83% nationally).
- Performance for mental health related indicators was better than the CCG and national average. For example the percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months (01/04/2013 to 31/03/2014) was 88% compared to 84% nationally

Clinical audits demonstrated quality improvement. We looked at a sample of three clinical audits completed in the last two years; these were all completed audits where any

improvements made or needed were implemented and monitored. All of these audits (sedative and addictive drugs, diabetes and minor surgery) demonstrated positive outcomes for patients had been achieved.

The practice participated in applicable local audits, national benchmarking and research. Findings were used by the practice to improve services.

Staff worked with other health and social care services to meet patients' needs. For example, the practice had monthly multi-disciplinary meetings to discuss the needs of patients with complex needs, quarterly palliative care meetings and bi-monthly meetings with the health visiting service to discuss the needs of younger children. Clinical staff spoken with told us that frequent liaison occurred outside these meetings with health and social care professionals in accordance with the needs of patients.

The GPs and nurses had key roles in monitoring and improving outcomes for patients. These roles included the management of long term conditions, palliative care, cancer, alcohol and drug misuse, dementia, safeguarding and promoting the health care needs of patients with a learning disability and those with poor mental health. The clinical staff we spoke with told us they kept their training up to date in their specialist areas. This meant that they were able to focus on specific conditions and provide patients with regular support based on up to date information.

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 e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Are services effective?

(for example, treatment is effective)

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Good appraisal records were observed. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.

Coordinating patient care and information sharing

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

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

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 was made easier because a number of practices were housed in the same building and regular networking meetings was taking place. 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 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 82% compared with the national average of 81%. The practice was aware of this and had developed a specific 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.

Childhood immunisation rates for the vaccinations given were comparable to Clinical Commissioning Group (CCG) /national averages. Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people dignity and respect. Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 12 patient CQC comment cards we received were positive about the service patients experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We also spoke with two members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was at or above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 93% said the GP was good at listening to them (CCG average of 83%, national average of 89%).
- 90% said the GP gave them enough time (CCG average 90%, national average 87%).
- 93% said the last GP they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).
- 98% said they had confidence and trust in the last GP they saw (CCG average 97%, national average 95%).
- 97% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 91%).

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. Results were in line with local and national averages. For example:

- 88% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 86% said the last GP they saw was good at involving them in decisions about their care (CCG average 85% , national average 82%)

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.

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. Practice nurses regularly signposted patients to local voluntary and charitable support groups. The practice computer system alerted GPs if a patient was also a carer. The practice had identified all those patients listed as carers to provide extra support if needed. Written information was available to carers on 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.

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.

- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- The practice plays a proactive role in the care of patients at a local care home for older people. Weekly 'ward rounds' were undertaken by the lead GP
- The practice worked in close partnership with the Fountains cluster of GPs to provide a nurse led discharge assessment and active care planning service to older patients just discharged from hospital.

Access to the service

The practice is open between 8am to 6.30pm Monday to Friday with appointments bookable in a variety of ways. 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.

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

- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 75%.
- 60% patients said they could get through easily to the surgery by phone (CCG average 71%, national average 73%).
- 69% patients described their experience of making an appointment as good (CCG average 74%, national average 73%).
- 65% patients said they usually waited 15 minutes or less after their appointment time (CCG average 67%, national average 65%).

Patients we spoke with on the day aligned with these views.

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, posters and a complaints leaflets were available in the patient reception area.

We looked at a sample of complaints received in the last 12 months and found these were dealt with in a timely way and in accordance with the practice complaints policy. We saw that when complaints were reviewed, the practice displayed openness and transparency when 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 vision to deliver high quality care and promote good outcomes for patients. A formal mission statement was in place setting out their aim to improve the health, well being and lives of those they care for. All staff adhered to the practice mission statement and this ethos.

Governance arrangements

The practice had governance arrangements in place. This outlined the structures and procedures in place and ensured that:

- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions
- Practice specific policies were implemented and were available to all staff. This included online and written policies and procedures.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- A comprehensive understanding of the performance of the practice. This included close monitoring of patient outcomes and data to gain a better understanding of practice performance against national and local health indicators and targets.

Leadership, openness and transparency

There was a clear leadership structure in place and staff felt supported by management. We saw the practice held regular team meetings. Detailed minutes of these meetings were kept. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings, were confident in doing so and felt supported if they did. We also noted that team away days were held annually as well as regular social events.

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff. The provider was aware of and complied with the requirements of the Duty of Candour. We spoke with a wide range of staff during the inspection and they confirmed the partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents. When there were unexpected or unintended safety incidents the practice gave affected people reasonable support, truthful information and a verbal and written apology.

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 regularly collected patients' views informally or via the Friends and Family survey, which was monitored on a monthly basis. The results were shared with practice staff, the Patient Participation Group (PPG) and on the practice website.

There was a PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. The PPG meetings were advertised on the practice website and social media to reach out to all members of the population including newer members who attend the local university. The practice produced a PPG annual report which detailed the work of the group and their priorities for the coming year. They also undertook an annual patient survey, the results of which were detailed in the PPG report for 2013/14. We met with two of the group members who gave us examples of when they had recommended changes to the practice and how they had been acted upon. The members told us about a xmas festive fayre event they organised for the practice and in partnership with the other practices in the building. The aim was to help raise awareness of 'health and wellbeing' across the whole community. Local businesses, charities, craft stalls and other events were held to with various demonstrations to help raise awareness for a healthy lifestyle. Live music was also available to attract the general public along with a festive

Are services well-led?

Good 

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

theme and choir. The event was well attended by the public and considered a successful event by the PPG and the practices involved. The practice also produced a quarterly newsletter for younger people advertising health issues and advice that would be relevant to this age group.

The practice had also gathered feedback from staff through the regular team meetings that take place. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.