

The Sandringham Practice

Quality Report

The Sandringham Centre
Sandringham Road
Intake
Doncaster
DN2 5JH

Tel: 01302 321521

Website: www.thesandringhampractice.co.uk

Date of inspection visit: 29 September 2015

Date of publication: 19/11/2015

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

Ratings

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

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3
The six population groups and what we found	5
What people who use the service say	7

Detailed findings from this inspection

Our inspection team	8
Background to The Sandringham Practice	8
Why we carried out this inspection	8
How we carried out this inspection	8
Detailed findings	10

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Sandringham Practice on 29 September 2015. 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. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- 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.

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. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed.

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 referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Good



Are services caring?

The practice is rated as good for providing caring services. The national GP patient survey data which represented 1.3% of the practice population showed patients rated the practice lower than others for some aspects of care. However, the patients we spoke with 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.

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 (CCG) to secure improvements to services where these were identified. Patients said there was continuity of care, with urgent appointments available the same day following telephone triage by the practice nurse. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to

Good



Summary of findings

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

Are services well-led?

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

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

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. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

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 accident and emergency attendances. Immunisation rates were relatively high for all standard childhood immunisations. Patients told us children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses.

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

Good



Summary of findings

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.

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 travellers and those with a learning disability. It had carried out annual health checks for people with a learning disability and offered longer appointments. The practice regularly worked with multi-disciplinary teams in the case management of those whose circumstances may make them vulnerable. Patients were given advice and information about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in 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.

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). Of those experiencing poor mental health, 91% had received an annual physical health check. 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 and staff had attended dementia awareness sessions.

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 received training on how to care for people with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on 4 July 2015 showed the practice was performing below other practices located within Doncaster Clinical Commissioning Group (CCG) and nationally. There were 121 responses and a response rate of 34.7% to the survey. This represented 1.3% of the practice patient population.

- 56% find it easy to get through to this surgery by phone compared with a CCG average of 70% and a national average of 74%.
- 76% find the receptionists at this surgery helpful compared with a CCG average of 86% and a national average of 87%.
- 20% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 54% and a national average of 60%.
- 71% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 84% and a national average of 85%.
- 86% say the last appointment they got was convenient compared with a CCG and a national average of 91%.

- 59% describe their experience of making an appointment as good compared with a CCG average of 71% and a national average of 74%.
- 66% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 68% and a national average of 65%.
- 60% feel they don't normally have to wait too long to be seen compared with a CCG average of 61% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received two completed comment CQC cards both of which were positive about the standard of care received. We also spoke with seven patients on the day of the inspection and they were all very positive about their experience of the service. Patients told us on the comment cards and in discussions staff were helpful, polite and were caring. They said they were treated with dignity and respect. They also said they found the practice to be clean and tidy.

The Sandringham Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to The Sandringham Practice

The Sandringham Practice is located within the Intake area of Doncaster. The practice provides services for 9,239 patients under the terms of the locally agreed NHS General Medical Services contract. The practice catchment area is classed as within the group of the third more deprived areas in England. The age profile of the practice population is broadly similar to other GP practices in the Doncaster Clinical Commissioning Group (CCG).

There are four GP partners, two male and two female, who work at the practice. They are supported by a male long term locum GP, two female advanced nurse practitioners, five practice nurses, four healthcare assistants, a practice manager and assistant practice manager and a team of administrative staff.

The practice is open from 8.00am to 6pm Monday and Friday. Calls to the practice between 6pm and 6.30pm are answered by the out-of-hours service. It is open from 7.30am on Tuesday, Wednesday and Thursday mornings and until 7.30pm on Wednesday evening. Clinic times are variable for each GP, advanced nurse practitioner, practice nurse and healthcare assistant between those times. Home

visits are performed after morning surgery. Patients contacting the practice for an urgent appointment would speak to the triage nurse and an appointment arranged if needed.

Out-of-hours care can be accessed via the surgery telephone number or by calling the NHS 111 service.

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. This inspection was planned to check whether the registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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

How we carried out this inspection

Before visiting, we reviewed information we hold about the practice and asked Doncaster CCG and NHS England to share what they knew. We carried out an announced visit on 29 September 2015. During our visit we spoke with a GP, three practice nurses a healthcare assistant, the assistant practice manager and six members of the administrative team. We also spoke with seven patients who used the service and reviewed two comment cards. We observed communication and interactions between staff and

Detailed findings

patients, both face to face and on the telephone within the reception area. We 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)

Are services safe?

Our findings

Safe track record and learning

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

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared with staff at meetings to make sure action was taken to improve safety in the practice. For example, we were told how the procedure to scan documents onto the patient record was reviewed when it was noted incorrect documents had been uploaded to a patient record. The incident record contained the investigations undertaken and reported how to avoid the situation happening again. We saw evidence of this and saw the findings were discussed at the practice meeting.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation 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 were lead members of staff who had deputies to cover in their absence for adult and children safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A notice was displayed in the waiting room, advising patients staff would act as chaperones, if required. All staff who acted as chaperones were trained for the role. Not all staff who acted as chaperones had received a disclosure and barring check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable) We were shown the risk assessment dated November 2014 which documented DBS checks were not required for reception staff as they were not allowed to remain alone at any time with the patient whilst acting as chaperones.
- 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 regular fire drills were carried out. 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 prevention and control and legionella.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The lead practice nurse was the infection prevention and control clinical lead who liaised with the local infection and 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 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). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. The practice showed us data which confirmed they were the lowest prescriber per denominator for antibiotics in the Doncaster CCG region. Prescription pads were securely stored and there were systems in place to monitor their use.

Are services safe?

- Recruitment checks were carried out and the three files we reviewed showed appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the checks through the Disclosure and Barring Service for medical, practice nursing and management staff.
- 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

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book 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 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 utility companies.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment 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 ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. We noted information was passed to relevant staff but a log was not kept of actions taken. We reported this to the registered manager who told us the procedure would be reviewed.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Results for 2013/14 were 97.5% of the total number of points available, with 6.4% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013/14 showed;

- Performance for diabetes related indicators was 0.2% below the CCG and 3% above the national average.
- The percentage of patients with hypertension having regular blood pressure tests was 7% better than the CCG and 12% above the national average.
- Performance for mental health related indicators was 4% better than the CCG and 10% above the national average.
- The adjusted dementia diagnosis rate was 8% below the national average.

The registered manager shared with us their QOF achievement of 98.8% for the year 2014/15. At the time of inspecting the practice and writing this report the QOF results for the year 2014/15 were not in the public domain so the practice achievement could not be compared to CCG and national averages. Staff identified the adjusted dementia diagnosis rate was low for the year 2013/14 and all staff had undertaken dementia awareness training to raise awareness and offer screening.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. There had been two clinical audits completed in the last two years, all of these were completed audits where the improvements made were implemented and monitored. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, recent action taken as a result included review of diabetic medicines to ensure patients were receiving the most effective treatment regimes.

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 which covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- 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 on going support during sessions, one-to-one meetings, appraisals, coaching and mentoring and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training which 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.
- Patients who requested a same day appointment were contacted by the practice nurse by telephone to triage their symptoms and arrange an appropriate appointment if the patient needed to be seen.

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 test results.

Are services effective?

(for example, treatment is effective)

Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on going care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence multi-disciplinary team meetings took place quarterly and care plans were routinely reviewed and updated.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients with

palliative care needs, 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. Smoking cessation advice was available from the healthcare assistants. Staff at the practice told us how patients could be referred to the Doncaster Social Prescribing Scheme which offered support for emotional well-being, social isolation and manage money and welfare issues.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 79%, which was comparable CCG average of 82% and above the national average of 76%. 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.

Childhood immunisation rates for the vaccinations given to two year olds ranged from 87% to 99% and five year olds from 87% to 97%. Flu vaccination rates for the over 65s was 75% which was 2% higher than the CCG and national average. Flu vaccination for at risk groups was 52% which was comparable to the CCG and national average.

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone and people were treated with dignity and respect. Curtains were provided in consulting rooms so patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted consultation and treatment room doors were closed during consultations and 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.

The two patient CQC comment cards we received were positive about the service experienced. We also spoke with two members of the patient participation group (PPG) and five patients on the day of our inspection. They said the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

Results from the national GP patient survey showed patients were mostly happy with how they were treated and this was with compassion, dignity and respect. The practice was below average for its satisfaction scores on consultations with doctors and nurses. For example:

- 75% said the GP was good at listening to them compared to the CCG average of 87% and national average of 87%.
- 80% said the GP gave them enough time compared to the CCG average of 86% and national average of 87%.
- 82% said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and national average of 95%
- 73% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.
- 79% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 90%.
- 76% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and national average of 87%.

Staff at the practice identified changes to the partnership with the retirement of two longstanding GPs had affected

patient satisfaction. They were addressing this by keeping patients updated with changes through the quarterly practice newsletter and openly asking for feedback through the comment system. The patients we spoke with on the day of our inspection, and comments on the CQC cards we received did not align with the survey responses. They informed us they felt listened to and involved in the decisions made about the care they received and the choice of treatment available to them.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey we reviewed showed patients responded fairly positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line with local and national averages. For example:

- 76% said the last GP they saw was good at explaining tests and treatments compared to the CCG of 84% and national average of 86%.
- 65% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and national average of 81%

Staff told us interpretation services were available for patients who did not have English as a first language. A member of the reception team also spoke Polish. 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.

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

Are services caring?

offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us if families had experienced bereavement, their usual GP contacted them and would send them a

sympathy card. This call was either followed by a meeting 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 worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, we were shown audits of medicines completed with support from the CCG to improve prescribing of appropriate medicines to patients.

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

- The practice offered pre-booked appointments from 7.30am on Tuesday, Wednesday and Thursday mornings and Wednesday evenings until 7.30pm for people who found it difficult to get to the practice during normal office hours.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- The practice nurses visited local care and nursing homes where patients resided on a weekly basis to review patients.
- Nurses visited those patients at home to perform their annual review if they were unable to get to the surgery.

Access to the service

The practice was open from 8.00am to 6pm Monday and Friday. Calls to the practice between 6pm to 6.30pm were answered by the out-of-hours service. It was open from 7.30am on Tuesday, Wednesday and Thursday mornings and until 7.30pm on Wednesday evening. Clinic times were variable for each GP, advanced nurse practitioner, practice nurse and healthcare assistant between those times. Home visits were performed after morning surgery. Patients contacting the practice for an urgent appointment would speak to the triage nurse and an appointment arranged if needed. Routine appointments were available to book up to a week in advance.

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

- 58% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 76%.
- 56% patients said they could get through easily to the surgery by phone compared to the CCG average of 70% and national average of 74%.
- 59% patients described their experience of making an appointment as good compared to the CCG average of 71% and national average of 74%.
- 66% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 68% and national average of 65%.

Staff told us they were actively promoting the online appointment booking system for routine appointments and practice nurse triage for same day appointments.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. A comments and suggestion box was located in the waiting room area and staff told us any feedback received was discussed at practice staff meeting. The 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 a complaints information leaflet on the practice website was available to help patients understand the complaints system. We were told a notice about how to complain in was available to patients in the lobby. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at complaints received in the last 12 months and found they were handled satisfactorily in a timely way and there was openness and transparency dealing with the complaint.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a statement of purpose and staff spoke enthusiastically about working at the practice and they told us they felt valued and supported. They told us their role was to provide the best care to patients. We asked if the practice had developed an overall vision or practice values staff had taken time out to contribute to and staff told us this happened informally at the bi-monthly practice meetings where all staff contributed.

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:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff on the practice's intranet.
- The partners monitored the performance of the practice using online tools.
- Clinical audits and reviews were used to monitor prescribing of medicine and outcomes of surgical procedures performed to identify areas for improvement.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

The partners in the practice have 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 they were approachable and always took the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

Practice staff meetings were held every other month. Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. Staff said they felt respected, valued and supported, particularly by the partners in the practice. 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. We were shown a book kept in the reception area for staff to document any feedback or questions they had for managers which were addressed at the weekly partners' meeting. Staff told us they found this beneficial as most worked part time and they could ask questions and find out the response in the book.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis and submitted proposals for improvements to the practice management team. For example, the PPG reported patients were not being informed when clinics were running late. The patient calling TV screens in the reception area now display a message if a clinic is running late. The registered manager told us the practice had not formally asked patients for feedback about the nurse telephone triage system in relation to access to same day appointments.

The partners had also gathered feedback from staff through staff meetings, appraisals, discussions and the communication book in reception. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues, management or facilities. Staff told us they felt involved and engaged to improve how the practice was run.