Chingford Medical Practice

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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Chingford Medical Practice on 3 November 2015. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had 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 were able to get an appointment when they needed one including urgent same day appointments, but they found it difficult to get through to the practice on the telephone.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw one area of outstanding practice:

The patients had an impact on what posters to display in the waiting area and the content of the practice leaflet, which included the introduction of female genital mutilation. The PPG worked alongside the practice to organise and lead on a meeting with the Chief Executive of a hospital to improve the response time in relation to blood tests results.

Summary of findings

The areas where the provider should make improvement are:

- Continue to work alongside the PPG to continue to decrease the time it takes to get through to the practice by telephone.
- Review their processes for recording carers to increase the number of carers 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?

Good

The practice is rated as good for providing safe services.

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

Are services effective?

Good

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 people's needs.

Are services caring?

Good

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.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Summary of findings

Are services responsive to people's needs?

Good

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.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.
- Patients said they could get an appointment when they needed one, including a same day urgent appointment, but sometimes found it difficult to get through to the practice by telephone.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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.
- 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 practice had systems in place for knowing about notifiable safety incidents.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels, staff training was a priority and was written into staff rotas.

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

Good

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 carried out audits into the requirements of these patients for example an audit looking at fragility fractures.
- Patients were offered routine home visits and urgent appointments for those with enhanced needs.

People with long term conditions

Good

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

- Nursing staff and GPs' had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- There was both a diabetic nurse and a GP with a special interest in diabetes.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

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 high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.

Summary of findings

- The practice's uptake for the cervical screening programme was 82%, which was comparable to the national average of 81%. The practice also carried out inadequate screening audits to identify the number of test needing to be done due to practice error.
- The practice held family planning clinics and offered chlamydia screening.
- 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.

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.
- The practice was proactive in offering online services including online appointment bookings and electronic prescribing, as well as a full range of health promotion and screening that reflects the needs for this age group.
- Appointments were available outside of working hours including early morning appointments and late evening appointments.

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 homeless people, travellers and those with a learning disability.
- It offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.

Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good

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

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  The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 96%.
- All staff had the appropriate level of safeguarding training, including GP's at level three.
- 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 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.
- There was a system in place to follow up patients who had not picked up their prescription and a failsafe to agree with the patient to have automatic prescriptions, where their medicines were delivered to them.
- Staff had a good understanding of how to support people with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015. The results showed the practice was performing in line with local and national averages. Three hundred and seventy eight survey forms were distributed and one hundred and twenty were returned.

- 67% found it easy to get through to this surgery by phone compared to a CCG average of 62% and a national average of 73%.
- 93% found the receptionists at this surgery helpful (CCG average 84%, national average 87%).
- 79% were able to get an appointment to see or speak to someone the last time they tried (CCG average 79%, national average 85%).
- 95% said the last appointment they got was convenient (CCG average 87%, national average 92%).
- 66% described their experience of making an appointment as good (CCG average 65%, national average 73%).
- 50% usually waited 15 minutes or less after their appointment time to be seen (CCG average 49y%, 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 23 comment cards which were all positive about the standard of care received. There was a recurring theme of the practice staff being caring, friendly and professional.

We spoke with three patients during the inspection; this included the chair of the patient participation group. All three patients said that they were happy with the care they received and thought that staff were approachable, committed and caring but felt it could be difficult to get through to the practice by telephone.

Areas for improvement

Action the service SHOULD take to improve

- Continue to work alongside the PPG to continue to decrease the time it takes to get through to the practice by telephone.
- Review their processes for recording carers to increase the number of carers in the practice.

Outstanding practice

We saw one area of outstanding practice:

The patients had an impact on what posters to display in the waiting area and the content of the practice leaflet, which included the introduction of female genital mutilation. The PPG worked alongside the practice to organise and lead on a meeting with the Chief Executive of a hospital to improve the response time in relation to blood tests results.

Chingford Medical Practice

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 a practice manager, who were granted the same authority to enter registered person's premises as the CQC Inspector.

Background to Chingford Medical Practice

Chingford Medical Practice is located in a residential area of East London; it is based in a purpose built building that also houses community services. There were 8521 patients registered with the practice.

The practice has four (3.5 whole time equivalents) GP partners with a mix of male and female. There is one female nurse practitioner, three female nurses (1.89 whole time equivalents), one female health care assistant, one practice manager and twelve reception/administration staff. The practice is a training practice and operates under a General Medical Services Contract.

The practice was open Monday to Friday from 8:30am to 6:30pm, the phone lines were open from 8:00am, appointment times were as follows:

- Monday 9:00am to 12:00pm and 3:30pm to 7:30pm.
- Tuesday 9:00am to 10:50am and 3:30pm to 7:30pm.
- Wednesday 7:30am to 10:50am and 3:30pm to 7:30pm.
- Thursday 9:00 to 11:00am. Doors closed at 1:00pm
- Friday 9:00am to 10:50 and 3:30pm to 6:00pm.

The out of hours service provides cover for telephone calls made whilst the practice is closed.

Chingford Medical Practice operates regulated activities from one location and is registered with the Care Quality Commission to provide Diagnostic and screening procedures, Surgical procedures, Maternity and midwifery services, Treatment of disease, disorder or injury and Family planning.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. This Location had not been previously inspected

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. We carried out an announced visit on 3 November 2015. During our visit we:

- Spoke with a range of staff including GP's, Nurses, Practice Manager and Administration staff; we also spoke with patients who used the service.
- Observed how people were being cared for.

Detailed findings

- Reviewed the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

Good

Are services safe?

Our findings

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 of any incidents and there was also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, we saw a drug safety alert cascaded to clinical staff, which advised changing older patients from Citalopram 40mg to Citalopram 20mg, there was a patient search to identify relevant patients and we saw that patients were contacted and their medicines were changed where appropriate.

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

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a GP lead 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 relevant to their role. GPs were trained to Safeguarding level three and Nurses level two.
- A notice in the waiting room and clinical rooms advised 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 check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse practitioner and practice nurse shared the infection control clinical lead role and liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol 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. For example, hand sanitiser gel was identified as being needed in GP visit bags and bags now contained these.
- 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. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations.
- We reviewed all personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, two 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 and the practice carried out a quarterly health and safety premises check. The practice had up to date fire risk assessments and carried out quarterly fire drills with the co-located the Health Centre. 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 (COSHH) and for infection control and legionella.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty, staff training was also allocated in the rota system and annual leave was booked four weeks in advance to ensure sufficient skill mix would be available.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency, panic buttons were also available.
- 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 staff.

Good

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 audits and risk assessments of their trainees where they checked random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99% of the total number of points available, with 7% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from the Health and Social Care information Centre (HSCIC) showed;

- Performance for diabetes related indicators was better than the CCG and national average. For example the percentage of patients with a foot examination and risk classification within the preceding 12 months was 94% compared with a national average of 88%.
- The percentage of patients with hypertension having regular blood pressure tests was better than to the CCG and national average, the practice scored 88% compared with the national average of 83%.
- 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 had been reviewed in a face to face review in the preceding 12 months was 86% compared with a national average of 84%. We saw evidence of audits and pieces of work that the practice carried out in order to bring its dementia diagnosis rate in line with the CCG and national averages and increased the number of patients on the dementia register from 50 patients to 60 patients in three months.

  Clinical audits demonstrated quality improvement.

- There had been eight clinical audits conducted in the last two years, five of these were completed audits where the improvements made were implemented and monitored. For example, we saw an audit which looked at secondary prevention of osteoporatic fragilty fractures, which found that there were 26 patients who were not prescribed a bisphosphonate medicine.Each patient was invited to the practice for a review and on re-audit two of those patients were referred for a bone density scan and only one needed to be prescribed a bisphosphonate. This was discussed at a practice meeting where the correct coding was agreed for these patients as well as guidelines for how to record and document choices offered for patient medicines.
- 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 to increase the uptake of childhood immunisations for the migrant population included the recall being carried out by the practice nurse instead of administration staff.

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 and 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.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the

scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.

- Staff received training 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.

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 included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

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

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.
- Smoking cessation advice was available in the practice.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 82%, which was comparable to the national average of 81%. There was a policy to offer text and telephone reminders for patients who did not attend for their cervical screening test, alerts were put on the system to ensure that patients' whose mobile telephone number was not stored on the system was sought when they contacted the practice. 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 CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97% to 98% and five year olds from 84% to 90%. Flu vaccination rates for the over 65s were 73%, and at risk groups 44%. These were also comparable to CCG and 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.

Good

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, reception staff closed the shutters when answering telephone calls to prevent them from being overheard.

All of the 23 patient CQC comment cards we received were positive about the service 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 three patients, 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 above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 90% said the GP was good at listening to them compared to the CCG average of 83% and national average of 89%.
- 89% said the GP gave them enough time (CCG average 80%, national average 87%).
- 94% said they had confidence and trust in the last GP they saw (CCG average 92%, national average 95%)
- 89% said the last GP they spoke to was good at treating them with care and concern (CCG average 78%, national average 85%).
- 91% said the last nurse they spoke to was good at treating them with care and concern (CCG average 83%, national average 90%).
- 93% said they found the receptionists at the practice helpful (CCG average 84%, national average 87%)

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. 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 80% and national average of 86%.
- 82% said the last GP they saw was good at involving them in decisions about their care (CCG average 74%, national average 81%)

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 0.2% (21) of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

Good

Are services caring?

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 to meet the family's needs and/or by giving them advice on how to find a support service.

Good

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. For example, the CCG prescribing team highlighted to the practice that their antibiotic prescribing was higher than the local average, we saw a piece of work that looked into this, finding that the prescribing of antibiotics was high due to a large number of patients having chronic obstructive pulmonary disease (COPD), work was then done to ensure that the most appropriate antibiotic was always prescribed and patients were routinely invited for their annual review.

- The practice offered extended hours on a Monday, Tuesday and Wednesday evening until 7.30pm and Tuesday from 7:30am for working patients who could not attend during normal opening 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.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- Text message reminders were sent to all patients with a mobile number at least 24 hours before their appointment.
- Telephone consultations were booked on the system as an actual appointment to give patients a more realistic time to expect the GPs' call, which was convenient for the working population.

Access to the service

The practice was open Monday to Friday from 8:30am to 6:30pm, phone lines were open from 8:00 and appointment times were as follows:

- Monday 9:00am to 12:00pm and 3:30pm to 7:30pm.
- Tuesday 9:00am to 10:50am and 3:30pm to 7:30pm.
- Wednesday 7:30am to 10:50am and 3:30pm to 7:30pm.
- Thursday 9:00 to 11:00am. Doors closed at 1:00pm
- Friday 9:00am to 10:50 and 3:30pm to 6:00pm.

In addition, appointments could be booked up to four weeks in advance and routine and urgent appointments could be booked on the day. Patients were able to book weekend appointments with the locality hub, which was run from a local practice by local GPs'. The out of hours service provides cover for telephone calls made whilst the practice is closed.

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. People told us on the day that they were able to get appointments when they needed them, but it could be difficult to get through to the practice by phone.

- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and national average of 75%.
- 67% patients said they could get through easily to the surgery by phone (CCG average 62%, national average 73%).
- 66% patients described their experience of making an appointment as good (CCG average 65%, national average 73%.
- 50% patients said they usually waited 15 minutes or less after their appointment time (CCG average 49%, national average 65%).

The practice increased the number of appointments available to be booked online as well as increasing the number of telephone consultations which were booked as actual appointments to reduce the congestion of telephone calls and make it easier to get through to the practice by telephone. The practice also regularly audited its' appointments system and made changes where possible to increase access and reduce congestion.

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.
- The Practice Manager was the responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system; this was displayed in the waiting room and in the practice leaflet.

Good

Are services responsive to people's needs?

(for example, to feedback?)

We looked at ten complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way with openness and transparency, lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, we saw a complaint about the practice nurse's conduct during consultation, we noted that an apology letter was sent, that the event was discussed both privately with the nurse and also in a practice meeting so that lessons could be shared and training needs were identified and met.

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.

- The practice had a mission statement and staff knew and understood the values and their roles and responsibilities within this.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

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 and protocols were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions For example when urine samples were bought into the practice by patients for nurses to test, this was added to the nurses appointment list so that there was no chance of this being missed and was tested at the end of the nurses session.

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 prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff.

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

When there were unexpected or unintended safety incidents:

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

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

- Staff told us that the practice held regular team meetings reception staff also held a daily handover meeting with morning and afternoon staff.
- Staff told us that 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. We also noted that team away days were held every six months.
- Staff said they felt respected, valued and supported. 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.

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.

- 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 bi-monthly basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, as a result of the PPG the number of online appointment slots was increased to reduce the congestion of telephone calls to make it easier to get through to the practice by telephone. The PPG also had input into the content of

Are services well-led?

Good

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

the practice leaflet, which included the addition of information about female genital mutilation (FGM). The PPG was also involved in deciding what posters were displayed in the practice.

- The practice worked alongside the PPG who were not satisfied with the length of time that it took for blood test results to be fed back to the practice electronically. The PPG organised a meeting with the Chief Executive of the hospital supplied with anonymous data from the practice and resolved the issue.
- The practice had also gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice audits its telephone triage and adjusts its appointment system accordingly and uses the audit to train staff. The practice also audits all its' actionable medicines alerts to ensure that their prescribing habits remain in line with new guidelines as advised by the alert.