

Minster 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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Minster Medical Practice on 27 August 2015.

Overall the practice is rated as good.

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

- Urgent appointments were available the same day.
- The practice had good facilities including disabled access and was found to be clean and tidy.
- Information about services and how to complain was available.
- Patients said they felt the practice offered an excellent service and staff were friendly and caring and treated them with dignity and respect
- There were systems in place to reduce risks to patient safety for example, infection control procedures.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Staff had received training appropriate to their roles.

- Recruitment checks were carried out and the appropriate recruitment checks had been undertaken prior to employment.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- Complaints were managed and dealt with effectively however no annual review had taken place and staff were not informed of complaints unless they were involved.

However there were areas where the provider should make improvements.

Importantly the provider should:

- Ensure a patient participation group (PPG) is in operation.
- Have a regular review of complaints and SEAs to identify trends.
- Have a system in place to regularly identify and manage the risk of health care associated infections.

Summary of findings

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.

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. The practice was able to provide evidence of a good track record for monitoring safety issues. Lessons were learned and communicated to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. Staff had been trained to the appropriate level for safeguarding and understood how to raise a concern.

Good



Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above national and CCG average. 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. Data showed that patients rated the practice in line with others for almost all aspects of care. Feedback from patients about their care and treatment was consistently and strongly positive. Views of external stakeholders were very positive and aligned with our findings. Patients said they were treated with 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 Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they found it difficult to get through on the telephone in the morning however once they had got through it was easy to make an appointment with a named GP and that there was continuity of care, with urgent

Good



Summary of findings

appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. 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 meetings. There were systems in place to monitor and improve quality and identify risk. However the practice at the time of inspection did not have a patient participation group (PPG). Staff had received inductions, regular performance reviews and attended staff meetings. The practice was aware of future challenges.

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 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 offered home visits, if necessary as well as same day appointments if needed. Every patient had a named GP. The practice had contact with district nurses and participated in monthly meetings with other healthcare professionals to discuss any concerns.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. GPs and 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 patients had a named GP and a structured annual review to check that their health and medication needs were being met. Patients were encouraged to manage their conditions and were referred to health education and other services such as weight watchers and smoking cessation. Special notes were used on the patient record enabling out of hours providers to be informed of any special information they may need in relation to these patients outside normal surgery hours.

Good



Families, children and young people

The practice is rated good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. The practice met with a health visitor on a monthly basis to discuss any safeguarding issues. The clinical system also enabled communication between GPs, nurses and health visitors. Immunisation rates were relatively high for all standard childhood immunisations. Appointments were available outside of school hours and the premises were suitable for children and babies.

Good



Working age people (including those recently retired and students)

The practice is rated good for the care of working-age people (including those recently retired and students). The practice did not offer appointments out of normal hours however patients were

Good



Summary of findings

always able to get an appointment on the day and the patient feedback did not suggest that this was an issue. The practice also offered telephone consultations with a clinician if requested and also offered online services as well as a full range of health promotion and screening that reflected the needs for this age group.

People whose circumstances may make them vulnerable

The practice is rated good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with a learning disability. It had carried out annual health checks and longer appointments were available for people with a learning disability. Staff had been trained 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.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated good for the care of people experiencing poor mental health (including people with dementia). 94% of people experiencing poor mental health had received an annual review. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health. 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 (A&E) where they may have been experiencing poor mental health.

Good



Summary of findings

What people who use the service say

Results from the National GP Patient Survey July 2015 where 256 forms had been distributed to patients and 42% had been returned and completed:

- 73.8% found it easy to get through to this surgery by phone compared with a CCG average of 77.2% and a national average of 74.4%.
- 84.1% found the receptionists at this surgery helpful compared with a CCG average of 87.7% and a national average of 86.9%.
- 58% with a preferred GP usually got to see or speak to that GP compared with a CCG average of 62% and a national average of 60%.
- 79.8% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 85.8% and a national average of 85.4%.
- 81.9% said the last appointment they got was convenient compared with a CCG average of 93.2% and a national average of 91.8%.
- 65.7% described their experience of making an appointment as good compared with a CCG average of 74.4% and a national average of 73.8%.
- 77.7% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 71.7% and a national average of 65.2%.

- 69.2% feel they did not normally have to wait too long to be seen compared with a CCG average of 65.5% and a national average of 57.8%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 22 comment cards which were all positive about the standard of care received. Patients told us that the staff were caring and friendly, respectful and professional and that they felt listened to. They said that the staff were knowledgeable and approachable and received an all-round excellent service. We saw the results of the Friends and Family Test for the months of January to June 2015 which showed that four out of five that had been completed said they were either extremely likely or likely to recommend the practice to friends or family.

On the day of the inspection we spoke with seven patients that also gave positive feedback and said that they were able to get an appointment on the day if needed.

We also spoke with three care homes that used the service for some of their residents and they told us that they had a good relationship with the practice and found the staff to be very good. They said that the GP always came to see patients on the same day and that the reception staff were polite.

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure a patient participation group (PPG) is in operation.
- Have a regular review of complaints and SEAs to identify trends.
- Have a system in place to regularly identify and manage the risk of health care associated infections.

Minster 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 an additional CQC inspector, a GP, a practice nurse specialist advisor and an expert by experience. This is a person who has personal experience of using or caring for someone who uses this type of service.

Background to Minster Medical Practice

Minster Medical Practice is a four partnership practice in a purpose built semi detached building, the Cabourne Court Health Care Complex. The practice list size is approximately 10,000 patients. The site has ample car parking and pedestrian access. Other services on the site include a Chemist, Dental Practice, Physiotherapy clinic, Chiropractor, Chiropodist and Hearing Care Aid Centre.

The practice area covers uphill Lincoln and the local villages.

The practice is a GP training practice. The practice had one trainee GP on the day of the inspection. Trainee GPs are fully qualified doctors who already have experience of hospital medicines and gain valuable experience by being based within the practice. They work full-time in the practice for a period of four or 12 months dependent upon the stage of training they are at.

The practice provides GP services under a (GMS) General Medical Services contract.

Both male and female life expectancy was in line with the national average.

The practice has four GP partners, one salaried GP, one Nurse Practitioner, three Practice Nurses, one Healthcare Assistant and one Phlebotomist alongside a practice manager and 13 reception/administration staff.

The surgery is open from 8am until 6.30pm Monday to Friday. Appointments are available from 8.30am to 11.30am and from 2pm until 6pm.

The practice lies within the NHS Lincolnshire West Clinical Commissioning Group (CCG). A CCG is an organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services.

The practice had not previously been inspected by the Care Quality Commission.

Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services under the Care Act 2014.

How we carried out this inspection

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?

Detailed findings

- 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)

The inspector :-

- Reviewed information available to us from other organisations, such as NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 27 August 2015.
- Spoke with staff, patients and residential care homes in the area.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.

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. 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 to make sure action was taken to improve safety in the practice. For example, a checking process had been implemented for referrals that were faxed to secondary care – these were now followed with a telephone call from the secretary to check the referral has been received and appointed. This was following significant events in a delay following two separate referrals to secondary care.

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 was a lead member of staff for safeguarding. 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 that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role. Reception staff had also been trained however they had not 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). The practice had undertaken a risk assessment which was documented in relation to this and it had been deemed a low risk due to nurses normally been available for chaperoning. If a receptionist was used the GP would ensure that the patient would not be left alone with them.
- 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 an up to date fire risk assessments and regular fire drills were carried out. All staff had completed fire safety training. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be visibly clean and tidy. The practice nurse was the infection control clinical lead with other contacts within the practice. There was an infection control protocol in place and staff had received up to date training. An infection control audit had not taken place for three years due to the practice not knowing it should be completed annually however we saw evidence that this had taken place two weeks following the inspection with an action plan that included the date for next year's audit. We saw monthly and detailed audits that had been checked by the cleaning company and also checks by the practice manager.
- 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. Prescription pads were securely stored and there were systems in place to monitor their use.
- Recruitment checks were carried out and the seven files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed

Are services safe?

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. The practice did not use locum GPs.

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. They were able to explain what they would do in an emergency situation. All staff received annual basic life support training and there were

emergency medicines available in the practice. The practice had a defibrillator available on the premises and oxygen with adult and paediatric masks. 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.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment and consent

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. For example NICE guidance for patients with Diabetes.

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. Recent results were 99.6% of the total number of points available, with 8.6% exception reporting. Exception reporting is the exclusion of patients from the list

who met a specific criteria, for example patients who choose not to engage in the review process or where a medication cannot be prescribed due to a contraindication or side-effect. 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 100% compared with 92.8% CCG average and 90.1% national average.
- Performance for mental health related indicators was 96.7% compare with 92.5% CCG average and 90.5% national average.
- Performance for dementia indicators was 100% compared to 89.3 CCG average and 93.4% national average.

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 three clinical audits completed in the last two years, one of these was a completed audit

where the improvements made were implemented and monitored. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, recent action taken as a result included looking at how the practice could treat pre diabetic patients differently.

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, 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, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. We saw evidence that 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.
- As the practice was a training practice, doctors who were training to be qualified as GPs were offered extended appointments and had access to a senior GP throughout the day for support. We received positive feedback from the trainee we spoke with.

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. 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.

Are services effective?

(for example, treatment is effective)

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 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

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.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. 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 and

referrals to exercise programmes. Patients were then signposted to the relevant service. Smoking cessation advice was available from a local support group. Patients who may be in need of extra support were identified by the practice.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 83.86% which was comparable to the CCG average of 84.4% and above the national average of 81.88%. 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 were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93.75% to 96.67% and five year olds from 92.54% to 94.03%. Flu vaccination rates for the over 65s were 78.78% and at risk groups 55.01%. These were also above the national averages of 73.24% and 52.29%.

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

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained 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 22 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 friendly and caring and treated them with dignity and respect. Comment cards highlighted that staff responded respectfully and professionally when they needed help and provided support when required.

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

- 86.1% said the GP was good at listening to them compared to the CCG average of 89.3% and national average of 88.6%.
- 79.1% said the GP gave them enough time compared to the CCG average of 88.1% and national average of 86.8%.
- 98.3% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95.3%
- 84.4% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86.4% and national average of 85.1%.
- 93.3% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92.7% and national average of 90.4%.

- 84.1% patients said they found the receptionists at the practice helpful compared to the CCG average of 87.7% and national average of 86.9%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that 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 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:

- 88.4% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88.5% and national average of 86.3%.
- 85.2% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83.6% and national average of 81.5%

Staff told us that translation services were available for patients who did not have English as a first language but most patients would bring their own interpreter.

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 2.5% of the practice list had been identified as carers and were being supported, for example, by 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 that if families had suffered bereavement they would be offered post bereavement appointments or visits where necessary. There was also an external counselling service that families could be signposted to.

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, the practice had joined a federation with other practices within the CCG to enhance and protect current levels of service and to look at integrated pathways and joint working arrangements for the future. The practice also looked at data such as referrals in other practices to benchmark against.

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;

- There were longer appointments available for people with a learning disability.
- GPs would flex their appointments if necessary to enable cover for annual leave and to manage demand.
- Telephone consultations were available with the GPs.
- 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 one staff member was able to provide sign language. The staff did not use translation services although the practice said that it was possible to access if required.
- There was a facility in place for patients that were hard of hearing were patients were able to fax to the practice to arrange appointments and even to communicate with a GP.
- Each care home had a named GP and care homes were able to access home visits when they required one.
- A blood sample centrifuge (required in preparing blood samples for testing) was available onsite meaning patients had greater flexibility in when they could have their blood tests undertaken. This also helped to eliminate the need for patients to come back and have another blood test as all bloods were able to be tested.

Access to the service

The opening times were from 8am until 6.30pm Monday to Friday. Appointments were available from 8.30am to 11.30am and from 2pm until 6pm.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Patients were able to also book appointments on the day from 7am online.

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

- 72.2% of patients were satisfied with the practice's opening hours compared to the CCG average of 76.9% and national average of 75.7%.
- 73.8% patients said they could get through easily to the surgery by phone compared to the CCG average of 77.2% and national average of 74.4%.
- 65.7% patients described their experience of making an appointment as good compared to the CCG average of 74.4% and national average of 73.8%.
- 77.7% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 71.7% and national average of 65.2%.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system. The policy was displayed in the waiting area and there was a leaflet also available. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at nine complaints received in the last 12 months and found them to be handled satisfactorily and in line with their policy, dealt with in a timely way, with thorough investigations and openness and transparency with dealing with the complaint and a full explanation given to complainants with apology where necessary.

Lessons learned and actions taken following the complaints were shared with staff concerned but were not routinely discussed at staff meetings.

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 caring, safe, high quality, holistic care for each and every patient and their family and carers. Staff we spoke with were aware of the culture and values of the practice and told us patients were at the centre of everything they did. Comments we received were very complimentary of the standard of care received at the practice and confirmed that patients were consulted and given choices as to how they wanted to receive their care.

The practice was engaged with the local Clinical Commissioning Group (CCG) to ensure services met the local population needs. The practice had also recently joined with six other practices in a federation to look at working together across practices to improve services.

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:

- 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 was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Staff had access to the practice's policies and procedures via links on all of the practice's computers. However there was nothing in place to check that all had been read and that staff understood them.

- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership, openness and transparency

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 took the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

Staff told us that regular team meetings were held. 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. 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.

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

The practice did not have an active PPG. We saw that there had been an effective recruitment campaign to engage patients through posters and advertisements on the web site. The practice did have a suggestion box for patients to use. The practice had looked at the most recent survey results and as a result of that survey had introduced and promoted on line appointments. This was to alleviate the issues raised of not been able to get through on the telephone.

Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management