

Lawson Road Surgery

Quality Report

The health centre
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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 Lawson Road Surgery on 23rd 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.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- 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.

However there were areas of practice where the provider needs to make improvements.

Importantly the provider should :

- Ensure the business continuity plan is up to date and reviewed regularly
- Ensure policies are reviewed and updated
- Ensure staff training is completed within the time frames stated within practice policies

Summary of findings

- Ensure all health care assistants who administer influenza vaccinations have a documented competency assessment.

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 (NICE) and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing patients' mental 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 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 maintained their 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 they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available, easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Summary of findings

Are services well-led?

The practice is rated as good for being well-led. 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. They held regular governance meetings and had a number of policies and procedures to govern its activity but many were in need of review with some outdated information held within them. There were systems in place to monitor and improve quality and identify risk. Staff had received inductions, regular performance reviews and attended staff meetings and events. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active (PPG is a group of patients registered with the surgery who have no medical training but have an interest in the services provided).

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, telephone triage and rapid access appointments for those with enhanced needs. The practice identified patients with caring responsibilities and those who required additional support by recording this on their patient record. The practice used a holistic care approach for all patients aged over 75, where clinicians assessed their health and social care needs.

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 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. 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

Good



Summary of findings

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. Extended hours were offered to ensure working age patients could access the service when required. 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. The practice provided well person clinics, advice and vaccinations through appointments with the practice nurse team. Information on the various vaccinations was available on the practice website.

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 homeless people, travellers and those with a learning disability. It carried out annual health checks for people with a learning disability and offered longer appointments for those patients.

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. 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.

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). People experiencing poor mental health 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.

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. 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 2nd July 2015 showed the practice was performing in line with local and national averages. There were 277 sent out and 104 responses and a response rate of 38%.

- 82% were satisfied with the surgery's opening hours compared with a CCG average of 75% and a national average of 75%.
- 85% find the receptionists at this surgery helpful compared with a CCG average of 87% and a national average of 87%.
- 72% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 65% and a national average of 65%.
- 76% feel they don't normally have to wait too long to be seen compared with a CCG average of 58% and a national average of 58%.
- 62% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 61% and a national average of 60%.

- 87% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 87% and a national average of 85%.
- 86% find it easy to get through to this surgery by phone compared with a CCG average of 73% and a national average of 73%.
- 98% say the last appointment they got was convenient compared with a CCG average of 93% and a national average of 92%.
- 86% describe their experience of making an appointment as good compared with a CCG average of 74% and a national average of 73%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received four comment cards which were all positive about the standard of care received. One comment included how the patient rated the surgery as the best surgery in England. Another said the staff were fabulous and the surgery is exceptional. Patients said the staff were professional, compassionate and caring and that they felt listened to.

Areas for improvement

Action the service **SHOULD** take to improve

Importantly the provider should :

- Ensure the business continuity plan is up to date and reviewed regularly
- Ensure policies are reviewed and updated
- Ensure staff training is completed within the time frames stated within practice policies
- Ensure all health care assistants who administer influenza vaccinations have a documented competency assessment.

Lawson Road Surgery

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 second CQC Inspector, a GP specialist adviser and a practice manager specialist adviser.

Background to Lawson Road Surgery

Lawson Road Surgery is located in Norwich which is an area of Norfolk. The practice provides services for approximately 6500 patients. The practice holds a General Medical Services contract and provides GP services commissioned by NHS Norwich Clinical Commissioning Group.

The practice is managed by four GP partners (two male, two female) who are supported by; one female salaried GP, one male GP registrar, two female practice nurses and two female healthcare assistants. The practice also employs a practice manager and a team of reception, clerical and administrative staff. The practice is a training practice for GP trainees.

The practice is open from 8am to 6pm Monday to Friday with appointments from 8.30am and extended hours on Wednesday evenings from 6.30pm until 8pm. Urgent appointments are available on the day. Routine appointments can be pre-booked in advance in person, by telephone or online. Telephone consultations and home visits are available daily as required. The practice uses a telephone triage system for urgent appointments where a GP calls the patient back and arranges the most appropriate course of action.

The GP out of hours service is Integrated Care 24 (IC24) and NHS111. When the practice is closed, there is a recorded message giving out of hours' details including in emergency contact 999.

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 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 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.

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?
- 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:

Detailed findings

- 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)

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

on 23 September 2015. During our visit we spoke with a range of staff which included three GPs, the practice manager, two nurses, one health care assistant, two members of the administration staff and spoke with patients who used the service. We observed how people were being cared for and talked with carers and family members, and reviewed the personal care or treatment records of patients. We reviewed four comment cards where patients and members of the public shared their views and experiences of the service and spoke with the patient participation group (PPG).

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach to learning and a system was 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. All complaints received by the practice were entered onto the system. The practice carried out an analysis of the complaints and 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 patient slipped when coming into the practice through the disabled entrance, this was discussed at the clinical meetings and with the PPG; grab rails were installed to help prevent recurrence.

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. Reported incidents and National Patient Safety Alerts were used as well as comments and complaints received from patients to collate risk information.

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 did not clearly outline who to contact for further guidance if staff had concerns about a patient's welfare however all staff knew who the safeguarding lead was within the practice. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their

responsibilities and had received training relevant to their role. According to the practice's own policy the administration staff were in need of their safeguarding update training three yearly and it was now overdue.

- The healthcare assistant who administered influenza vaccinations had received training but did not have a competency assessment documented.
- A notice was displayed in the waiting room, advising patients that staff members could act as chaperones, if required. Staff who acted as chaperones were clinical staff trained for the role and new staff had received a disclosure and barring 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 had a number of long standing clinical members of staff who had joined many years prior to the requirement of DBS checks. These staff were clinically trained and were registered with a professional body and the practice was now in the process of gaining a DBS certificate for them. A relevant risk assessment was in place.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had completed up to date fire risk assessments and a regular fire alarm test was 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 and infection control and legionella although some policies were in need of review.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. A practice nurse who had recently joined the surgery was their new infection control clinical lead. There was an infection control protocol in place and clinical staff had received training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept

Are services safe?

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.

- Eight staff files we reviewed showed that all new staff had the relevant recruitment checks however not all of the appropriate recruitment checks were documented in the long standing members staff files. Photographic identification had not been kept however we saw evidence that passports, driving licence or birth certificate checks had been carried out prior to them commencing work. Some references on a new staff member were checked via a recruitment agency. The practice manager stated that all identification checks were carried out and the new staff members confirmed this. The practice manager checked all nurses and GPs professional body registrations annually.
- 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 of them were on duty. Staff covered each other during periods of annual leave and sickness. The rota for the day of the inspection evidenced that staff rostered were on duty as expected.

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 and oxygen was available in designated secure areas within the practice. Emergency medicines were 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 business continuity plan in place for major incidents such as power failure or building damage however it was in need of review. It was outdated and it did not include emergency contact numbers for staff or relevant services. Once the practice manager was made aware of this, steps were taken to amend it.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards. This included 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 with the guidance. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet patients' needs. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patients' records.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework. QOF 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. The practice achieved 95.6% of the total number of points available in 2013/2014 and the QOF data showed;

- The dementia diagnosis rate was above the CCG and national average at 100% which was 5.8% above CCG average and 6.6% above England average.
- Performance for asthma related indicators was 98.6% which was above the CCG average by 0.6% and 1.4% above the England average.
- Performance for diabetes related indicators was 91.6% which was above the CCG average by 5.6% and 1.5% above England average.
- Performance for mental health indicators was above the CCG average at 100% which was above by 13.2% and 9.6% above England average.

The practice provided figures for 2014/2015 which showed the maximum number of points that could be achieved were 559 and they had achieved a result of 558.18 which was 99.86% of the total number of points available (This data was provided to us by the practice and has yet to be validated).

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to

improve care and treatment and people's outcomes. We looked at a number of clinical audits. All were completed audits where the improvements made were implemented and monitored. For example; an audit of safety checks on Amiodarone prescribed to patients (a medicine to treat an abnormal heart beat). Results were analysed and discussed in clinical meetings and learned from. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services.

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 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, one-to-one meetings and appraisals, coaching and mentoring, clinical supervision and facilitation, and support for the revalidation of doctors. All staff had received an appraisal of their performance within the previous 12 months of our inspection.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to, and made use of, in-house and external training.
- The nurses acted as mentors to the health care assistants.
- One GP within the practice ran a sigmoidoscopy clinic (a routine test to examine the lining of the sigmoid colon, the lower part of the bowel). This provided a timely diagnostic intervention for approximately 50-60 patients per year who did not fulfil the two-week cancer referral guidance. The enhanced service was not financed through the CCG but the practice felt it offered a valuable service to their patients.

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

Are services effective?

(for example, treatment is effective)

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.

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 were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place regularly and that patients' 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 their mental 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 practice's responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

Patients who might 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. Smoking cessation and diet advice were available in leaflets, from the clinical staff and from a local support group within the health centre building. Patients needing advice on managing stress and pregnancy were signposted to the appropriate resources. Chlamydia test kits were available within the practice.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 92.38%, which was 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 above the CCG average. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94.7% to 98.9% with a CCG average of between 94.1% to 97.1%. Five year olds receiving vaccinations ranged from 94.4% to 98.6% and CCG average was 90.6% to 96.1%.

Influenza vaccination rates for the over 65s were 81.72% which was higher than the national average of 73.24%.

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 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 four CQC patient 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 two members of the patient participation group (PPG) on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy were 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 were happy with how they were treated. The practice was above the CCG and national average for its satisfaction scores on consultations with doctors and nurses. For example:

- 98% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 96% said the GP gave them enough time compared to the CCG average of 89% and national average of 87%.
- 98% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%.
- 94% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and national average of 85%.

- 99% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 90%.
- 85% patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and national average of 87%.

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 above local and national averages. For example:

- 96% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 86%.
- 98% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 81%.
- 99% said the last nurse they saw was good at giving them enough time compared to the CCG average of 91% and national average of 92%.
- 99% said the last nurse they saw was good at listening to them compared to the CCG average of 90% and national average of 91%.

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. There was a practice register of all people who

Are services caring?

were carers within the practice 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, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. The practice held information about the prevalence of specific diseases. This information was reflected in the services provided, for example screening programmes, vaccination programmes and family planning. These were led by Clinical Commissioning Group (CCG) targets for the local area, and the practice engaged regularly with the CCG to discuss local needs and priorities.

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 early morning 8.30am appointments Monday to Friday and later evening appointments on a Wednesday from 6.30pm until 8pm for patients who could not attend during normal opening hours.
- The practice had a triage system for urgent appointments which entailed a GP calling the patient, assessing their need and responding with the most appropriate course of action.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients and patients who found it hard to attend the practice
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services available.
- The health centre building that the practice was within had a lift to ensure adequate access for patients with reduced mobility.
- All clinical rooms had wide door frames and large rooms with space for wheelchairs and prams/pushchairs to manoeuvre.

Access to the service

The practice was open between 8am and 6pm Monday to Friday. Extended hours surgeries were offered at the

following time on a Wednesday evening from 6.30pm to 8pm. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

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

- 82% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%
- 86% patients said they could get through easily to the surgery by phone compared to the CCG average of 73% and national average of 73%.
- 86% patients described their experience of making an appointment as good compared to the CCG average of 74% and national average of 73%.
- 72% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 65% and national average of 65%.

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 for example; information on their practice website, summary leaflet available and receptions staff would signpost the patients to the practice manager. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at two complaints received in the last 12 months and found these had been satisfactorily handled and dealt with in a timely way, with openness and transparency and in line with the practice's own complaints policy. If necessary an apology had been given to the complainant. We also looked at a summary of all complaints for the last 12 months and minutes of meetings where they had been discussed and action plans were agreed. The practice also

Are services responsive to people's needs? (for example, to feedback?)

took the opportunity to show us the vast number of compliments they had received from both patients and relatives of patients and these were regularly shared with staff.

Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care.

For example, a recent complaint from a patient regarding difficulty with a repeat prescription showed a timely response from the practice manager and suggestions to sign up for the online prescription service as a way to resolve and prevent any further issues for the patient.

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 and strategy to deliver high quality care and promote good outcomes for patients in an open, friendly, and community based environment. Staff we spoke with were aware of the vision and values for the practice and told us that they were supported to deliver these. The practice was active in focusing on outcomes in primary care. We saw that the practice had recognised where they could improve outcomes for patients and had made changes accordingly through reviews and listening to staff and patients. The practice had business plans which reflected the vision and values.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff although some were in need of review holding some outdated information.
- 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 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 and that there was an open culture within the practice. They had the opportunity to raise any issues at team meetings and were

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 encouraged and valued feedback from patients, proactively gaining patients' views 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 six monthly basis, carried out patient surveys and submitted proposals for improvements to the practice management team. PPG members said they felt the staff listen to them and that changes would be facilitated whenever practicable. One PPG member said that the practice treated patients as individuals and not as a number, they are caring and they strive to change things for the better. A practice newsletter kept patients informed of relevant information.

The practice had also gathered feedback from staff through meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged in the practice to improve outcomes for both staff and patients. The practice had a whistleblowing policy which was available to all staff and those we spoke with said that they would feel confident in reporting any concerns.

Innovation

There was a focus on continuous learning and improvement at all levels within the practice.

The practice had management systems in place which enabled learning and improved performance. We spoke with a range of staff who confirmed that they received annual appraisals where their learning and development needs were identified and planned for. Staff told us that the practice consistently strived to learn and to improve patients' experience and to deliver high quality patient care.

Are services well-led?

Good 

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

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. We looked at eight staff files and saw that regular appraisals took place which included a personal development plan.