Marple 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 Marple Medical Practice on 7 October 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 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.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patients were complimentary about the overall quality of service they received but some said that they found it difficult sometimes getting through to the practice by telephone, especially in the early morning. Urgent appointments were available the same day. The practice also provided a triage service.
- Information about services and how to complain was available and easy to understand
- The practice had facilities and equipment 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 practice benchmarked the service they provided and strived to achieve optimum results in patient care.
- There was awareness of where the practice needed to improve the services it provided and action plans were implemented to address these areas.

We saw areas of outstanding practice including:

- Systems to monitor and track the progress of most aspects of service delivery were recorded on

Summary of findings

spreadsheet 'trackers'. These enabled staff to quickly identify progress in achieving specific targets and gaps in service delivery so that appropriate remedial action was taken to the benefit of patients.

- The induction programme for non-clinical staff was comprehensive and new staff were supported by a practice trainer who spent one to one time with the new employee going through the practice policies, procedures and supporting them with supervised practice over a period of several weeks.

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

Importantly the provider should:

- Ensure the practice's recruitment policy and implementation reflects the current regulatory requirements, and includes the recruitment of locum GPs and that gaps in required documentation is monitored to enable an efficient speedy response.

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. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risk management was comprehensive, well embedded and recognised as the responsibility of all staff.

Are services effective?

Good

The practice is rated as good for providing effective services. TheQuality and Outcomes Framework (QOF) data for the last three years showed that the practice achieved 100% of the points available. This was higher than the local Clinical Commissioning Group (CCG) and England averages over the same period. In addition the practice worked closely with the CCG medicine optimisation team to ensure best practice in the clinical and cost effective use of medicines. Systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines. We also saw evidence to confirm that these guidelines were positively influencing and improving practice and outcomes for patients. 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 there was evidence of appraisals. Staff worked with multidisciplinary teams.

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed that patient's rating for the care they received from the practice was similar or slightly below national averages. 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.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. 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. Feedback from patients reported that access to a named

Summary of findings

GP and continuity of care was not always available quickly, although urgent appointments were available the same day. The practice had implemented strategies to improve patient access to a named GP. The practice had facilities and was well equipped to treat patients and meet most of their needs. The practice provided information about how to complain which was 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. The practice had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity. Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice. There were comprehensive systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient reference group (PRG) was active. Staff had received inductions, regular performance reviews and attended meetings and events when organised.

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. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice's over 65s patient population group was largest group of patients registered with the practice. 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. There were rapid access appointments for those with enhanced needs and home visits were available when required. There were policies in place, staff had been trained and were knowledgeable regarding vulnerable older people and how to safeguard them.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions. The practice nursing team had lead roles in the management of chronic diseases. Patients had holistic health reviews at regular intervals depending on their health needs and condition. The practice maintained and monitored registers of patients with long term conditions including cardiovascular disease, diabetes, asthma and chronic obstructive pulmonary disease. These registers enabled the practice to monitor and review patient conditions effectively and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed.

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. The practice had appropriate child protection policies in place to support staff and staff were trained to a level relevant to their role. The practice offered a full range of childhood vaccinations and had systems in place to follow up children who did not attend for these. 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.

Summary of findings

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. This included offering pre bookable appointments between 7 am and 8 am three mornings each week and one Saturday surgery per month. The practice was proactive in offering online services, including a telephone 'app' (application) as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

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 those with a learning disability. Patients on the learning disability register had care plans in place and were offered annual health checks. The practice worked with multi-disciplinary teams in the case management of vulnerable people. The practice signposted and supported vulnerable patients 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.

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). The practice maintained a register of patients who experienced poor mental health and who had dementia. The register supported clinical staff to offer patients an annual appointment for a health check and a medication review. Patients with a diagnosis of dementia had an agreed care plan in place. The practice monitored patients with poor mental health according to clinical quality indicators and in line with good practice guidelines. The practice worked with multi-disciplinary teams and other mental health services in the case management of patients experiencing poor mental health, including those with dementia.

Summary of findings

What people who use the service say

We spoke with three patients at the time of our visit and telephoned two members of the patient reference group before our visit. All spoke positively of the care and treatment they received. Three of those we spoke with told us that they had no problems getting an appointment at the surgery, although one person said they had struggled to get an appointment when they rang in the morning and another person said they struggled to get an appointment with a GP of their choice.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our visit. We received 22 comment cards; all were positive about the standard of care received and a number of them referred to the GPs and nurses by name and gave examples of where the practice had supported them with their health care needs. Patients said they felt listened to and involved in decisions about their treatment. One comment card referred to having to wait a length of time for an appointment with a GP of their choice. .

The national GP patient survey results published in July 2015 showed the practice was scoring similar to the Clinical Commissioning Group (CCG) and national average in some aspects of the service. For example:

- 92% of respondents say the last GP they saw or spoke to was good at explaining tests and treatments. Local (CCG) average: 89% National average: 86%
- 86% of respondents say the last GP they saw or spoke to was good at involving them in decisions about their care. Local (CCG) average: 84% National average: 81%
- 89% of respondents were able to get an appointment to see or speak to someone the last time they tried. Local (CCG) average: 88% National average: 85%

However; results indicated the practice could perform better some aspects of its service delivery. The practice was aware of this and was implementing solutions to improve this.

Areas identified by the GP patient survey included:

- 58% of respondents find it easy to get through to this surgery by phone. Local (CCG) average: 78% National average: 73%
- 69% of respondents would recommend this surgery to someone new to the area. Local (CCG) average: 81% National average: 78%
- 51% of respondents with a preferred GP usually get to see or speak to that GP. Local (CCG) average: 61% National average: 60%

Please note there were 123 responses out of the 285 questionnaires sent out for the GP patient survey. This is a response rate of 43.2%. This represents approximately 1.61% of the patient population registered at the practice.

Areas for improvement

Action the service SHOULD take to improve

- Ensure the practice's recruitment policy and implementation reflects the current regulatory requirements, and includes the recruitment of locum GPs and that gaps in required documentation is monitored to enable an efficient speedy response.

Outstanding practice

We saw areas of outstanding practice including:

- Systems to monitor and track the progress of most aspects of service delivery were recorded on

spreadsheet 'trackers'. These enabled staff to quickly identify progress in achieving specific targets and gaps in service delivery so that appropriate remedial action was taken to the benefit of patients.

- The induction programme for non-clinical staff was comprehensive and new staff were supported by a practice trainer who spent one to one time with the new employee going through the practice policies, procedures and supporting them with supervised practice over a period of several weeks.

Marple 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 and a specialist advisor who was a practice manager and a second CQC Inspector.

Background to Marple Medical Practice

Marple Medical Practice is part of the NHS Stockport Clinical Commissioning Group (CCG). Services are provided under a general medical service (GMS) contract with NHS England. The practice has 7599 patients on their register. The practice is located on a busy road and has no dedicated parking facilities.

Information published by Public Health England rates the level of deprivation within the practice population group as eight on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Male and female life expectancy in the practice geographical area are 80 years for males and 83 years for females both of which are similar or above the England average of 79 years and 83 years respectively. The patient numbers in the older age group were 10% higher than the England average. For example 26.7% of the patient population was over 65 and 12.9% were over 75. The average England value was 16.7 and 7.6% respectively. The practice population had slightly fewer children and young people registered with it than the England average. In addition data showed that the practice had a significantly higher number of nursing home patients 2% per GP registered population compared to the England practice average of 0.5%.

The practice's main opening times are Monday to Friday 8am to 6.30pm, with additional appointments available between 7am and 8am Monday, Tuesday and Wednesdays and one Saturday every month from 9am to 10.30am for routine pre-booked appointments only. Patients requiring a GP outside of normal working hours are advised to contact the out of hour's service provided by Mastercall.

The practice has five GP partners three male and two female. The practice employs one salaried GP, a practice manager, an assistant practice manager, an advanced nurse practitioner, a practice nurse, a health care assistant, a medicine coordinator, receptionists and secretaries and a caretaker. The practice also supports a full time trainee GP and undergraduate medical students.

The practice provides online patient access that allows patients to book appointments, order prescriptions and review some of their personal records.

The practice is housed in an older building that has some restrictions for people with mobility problems. The practice has made some adjustments to enable better access and has procedures in place to support people with disabilities.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and to look at the overall quality of the service to provide a rating for the service under the Care Act 2014.

Detailed findings

Please note that when referring to information throughout this report, for example, any reference to the Quality and Outcomes (QOF) framework data, this relates to the most recent information available to the CQC at that time or to the data supplied by the practice.

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:

- 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)

We reviewed information available to us including information from other organisations such as the Clinical Commissioning Group (CCG) and NHS England and information from CQC intelligent monitoring systems. We carried out an announced inspection visit on 7 October 2015 and spoke to staff and patients, reviewed patient survey information and reviewed the practice's policies and procedures.

Good

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. The practice prioritised safety and used a range of information to identify risks and improve patient safety. This included reviewing reported incidents and national patient safety alerts as well as comments and complaints received from patients. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents. Staff confirmed they that incidents and complaints were discussed, and where appropriate, actions and protocols identified to minimise re-occurrence of the incident or complaint. They provided examples of changes implemented as a result of a significant incident or complaint. For example a system to monitor or track prescriptions made out to patients for controlled drugs had been implemented. This required the person collecting the prescription to sign they had received it. The impact of the tracking had stopped prescriptions going missing.

Overview of safety systems and processes

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

- Arrangements to safeguard adults and children from abuse that reflected relevant legislation and local requirements. The practice policies were accessible to all staff. These clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Designated GP partners were leads for Adult and Children safeguarding. The practice had developed a template to respond quickly to requests to provide reports to other agencies. Staff demonstrated they understood their responsibilities in relation to safeguarding, knew who to report concerns too and had received training relevant to their role.
- A notice was displayed in the waiting rooms advising patients that a chaperone was available if required. All staff who acted as chaperones were trained for the role. The practice had made a decision that non clinical staff did not require a disclosure and barring service check (DBS) and implemented a protocol which required the non clinical person acting as chaperone to be under the constant supervision of a clinician (who had a DBS check) when supporting a patient. (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).
- 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 up to date fire risk assessments and fire safety checks were carried out. All electrical equipment was checked to ensure it was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control, and Legionella.
- Procedures were followed to ensure appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The advanced nurse practitioner (ANP) was the infection control clinical lead for the practice. In their absence the practice nurse undertook this role. Annual infection control audits and regular reviews were undertaken.
- 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 had a GP lead for the management and monitoring of medicine prescribing and there was a practice based medicine coordinator. Clear robust protocols were in place for all staff to follow in relation to prescribing and repeat prescribing of medicines. This included a protocol to track the progress of prescriptions for controlled drug medicines. The protocols ensured staff were aware of their responsibilities and boundaries in relation to prescriptions. The practice's performance in prescribing medicines was monitored closely and action plans implemented to improve where data indicated this was necessary. The practice provided data that showed they were performing very well compared to other practices within the Clinical Commissioning Group (CCG). Medication audits were carried out with the support of the local pharmacy teams to ensure the practice was acting in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their

use. Designated fridges used to store immunisations and vaccines had their temperature monitored continuously by data loggers. However the practice had a small fridge used to store patient samples and temperature monitoring was not carried out in this fridge. The practice manager told us this would be addressed.

- The practice manager confirmed that they had been reviewing the recruitment procedure and staff recruitment files and they had identified some gaps in their record keeping. Evidence was available that the practice manager was taking action to address this to ensure robust recruitment records were held in accordance with current regulations for all staff.
- There was a system in place to record and check professional registration of the General Medical Council (GMC) and the Nursing Midwifery Council (NMC). We saw evidence that demonstrated professional registration and appropriate insurance for clinical staff was up to date and valid.
- Staff told us there were enough staff to maintain the smooth running of the practice. The practice manager implemented a monitoring (tracking) system of staff availability and the known seasonal service demands to identify potential gaps and enable effective planning to cover shortfalls in staffing. Procedures were in also in place to manage unexpected absences through staff sickness. The staff worked well as a team and as such supported each other in times of absence and unexpected increased need and demand.

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 basic life support training and there were emergency medicines available in the treatment room. The practice had oxygen with adult and children's masks. A defibrillator was not available at the practice. The practice had assessed the risk of not having this equipment available alongside the response of the paramedic service. 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. The key to access the emergency medicines was potentially accessible to people visiting the practice. The practice manager confirmed they would address this immediately.

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 carried out assessments and treatment in line with 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. The practice reviewed changes in NICE guidance and relevant alerts at their weekly clinical meetings to ensure they provided best practice to patients.

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. The practice scored 100% of the available points for 2013 /14, with 2.3% exception reporting. QOF data supplied by the practice for 2014/15 showed that they had achieved a 100% score. This was the third consecutive year where the practice had scored full marks.

QOF data from 2013/14 showed

- Performance for diabetes related indicators was 5.8%; similar to the Clinical Commission Group (CCG) at 5.9% and the England average of 6.2%.
- The percentage of patients with hypertension having regular blood pressure tests was better than CCG and the England average at 86.7%, 83.1 % and 79.2% respectively.
- Performance for mental health related and hypertension indicators was 95.6%% which was better than the CCG (87.5%) and the England average (82.9%).
- The dementia diagnosis rate (87.3%) was above the CCG (85.1%) and the England average (75.8%).

The GPs we spoke with confirmed that clinical audits were carried out and we saw evidence of these including one undertaken as a result of an alert for the prescribing of a specific medicine to treat nausea and sickness. Another clinical audit reviewed patients who were prescribed a hormone treatment to identify the potential risks of developing diabetes. Findings from these were used by the practice to improve treatment and to reflect best practice in patient care.

The practice was a GP training practice and also offered placements to medical students. The students carried out a range of clinical audits which were supervised by the GP partners. The practice participated in applicable local audits, local and national benchmarking, accreditation and peer review.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. All staff spoke highly of their working environment and the support they received from the practice manager and the GP partners.

- The practice had an induction programme for newly appointed non-clinical members of staff that was split into seven modules. The induction programme was comprehensive and included topics such as safeguarding, fire safety, health and safety, confidentiality, human resource procedures, roles and responsibilities. New staff were supported by a practice trainer who spent one to one time with the new employee going through the practice policies and supporting them with supervised practice over a period of several weeks.
- 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, 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, and basic life support and information governance awareness. The practice manager held a staff training matrix and training plan and this included designated training for staff. For example the training plan identified training for GPs in the Mental Capacity Act. A staff skills matrix was also available which

Good

Are services effective?

(for example, treatment is effective)

detailed the specific areas of expertise of all staff. This was used to inform a skills gap analysis so appropriate action was taken to develop and train staff to fill the skills gap.

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 and special patient notes were used to inform Out of Hours providers of patients with specific needs for example when nearing end of life.

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, when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a regularly and included palliative care and integrated care meetings. Patient 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 help with social issues.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme in 2013/14 was 80% which was slightly higher than the CCG average of 78.5% and the England average of 76.9%. 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 averages. For example, data from 2014/15 showed childhood immunisation rates for the vaccinations given to under two year olds ranged from 81.4% to 91.4% and five year olds from 85.5% to 88.7%. Uptake of seasonal flu vaccination for the over 65s in 2013/14 were 80.04% and at risk groups 62.31% These were higher than the national average.

Patients had access to appropriate health assessments and checks. These included 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 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.

All 22 of the completed CQC comment cards we received were positive about the GPs, nurses and reception staff. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. We also spoke with three patients on the day of the inspection and two members of the patient reference group (PRG) just before the inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected and were complimentary about the staff.

Results from the national GP patient survey showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. The practice performance was similar to Clinical Commissioning Group (CCG) and England averages for consultations with doctors and nurses. For example:

- 92% said the GP was good at listening to them compared to the CCG average of 92% and national average of 89%.
- 88% said the GP gave them enough time compared to the CCG average of 89% and national average of 87%.
- 93% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%
- 85% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.
- 93% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 90%.
- 83% said the receptionists at this surgery were helpful compared to the CCG average of 89% and national average of 87%.
- 79% described their overall experience of this surgery as good compared to the CCG average of 87% and national average of 85%.

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:

- 92% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 86% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 81%

Staff told us that translation services were available for patients who did not have English as a first language.

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 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 contacted them by letter offering condolences and support.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice monitored the service it provided and listened to patients. It was responsive to patients' needs and evidence was available demonstrating it was responding to challenges and forward thinking to develop and improve the level of service provided. Services were planned and delivered to take into account the needs of different patient groups and to help ensure flexibility, choice and continuity of care. For example:

- The practice provided holistic patient health checks. This meant the patient could have all their needs monitored at one visit. The checks included medicine reviews, long term health checks, seasonal health checks and immunisations.
- The practice offered pre-bookable appointments to assist people who worked. These were available between 7am and 8am Monday, Tuesday and Wednesdays and one Saturday every month from 9am to 10.30am.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions. The practice operated a triage service, so that an initial telephone assessment and advice could be provided.
- The building the practice was located in was not ideal for patients with mobility problems. However, action had been taken to improve this. The practice door bell had been lowered to enable people with mobility aids to call for assistance to open the doors. Doors with automatic closers on them had been adjusted so that they opened more easily and did not swing closed too quickly and patients who required it were seen downstairs in a ground floor consultation room.
- People with a learning disability and or with a diagnosis of dementia had agreed care plans in place which were reviewed at least annually.

Access to the service

The practice's main opening times were Monday to Friday 8am to 6.30pm. Urgent appointments were available each day as well as pre-bookable appointments. The practice offered a triage service.

Results from the national GP patient survey showed that patient's satisfaction with access to the surgery and appointments was reflective of or below local and national averages. For example:

- 76% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group (CCG) average of 76% and national average of 75%.
- 89% of patients were able to get an appointment to see or speak to someone the last time they tried compared with the CCG average 88% and England average 85%.
- 58% of patients said they could get through easily to the surgery by phone compared to the CCG average of 78% and national average of 73%.
- 69% patients described their experience of making an appointment as good compared to the CCG average of 76% and national average of 73%.

Patient survey information, comments from two patients we spoke with and recorded on one of the returned CQC comment cards indicated that patients struggled to get through to the surgery on the telephone and getting an appointment could be difficult. Three of the patients we spoke with told us that they had no problems getting an appointment at the surgery, and one patient told us that they found the online appointment booking and telephone 'app' (application) really useful.

The GP partners and practice manager confirmed they were aware of patient's concerns and were seeking solutions to improve this. These included:

- Offering extended opening times for pre-bookable appointments, a triage service, and increasing the number of advanced nurse practitioners working at the practice.
- Following negotiation with the Clinical Commissioning Group (CCG) the practice had recently reduced the number of the high dependency patients living in local nursing homes, so that they now had a more reasonable and fair share of these patients. The reduction in number of these high dependency patients meant the practice was anticipating being able to better meet the needs of their registered patient population.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- The practice had reviewed telephone reception staff working practices to keep early morning conversations with patients focused on arranging an appointment to allow more calls through.
- The practice had been in discussion with the provider of the telephone system to upgrade the current system to assist telephone access for patients. This telephone upgrade was planned to be undertaken in the near future.
- To assist continuity of care each GP had a dedicated appointment slot at the end of each surgery which they could use to recall or allocate to specific patients.
- The practice had provided an information sheet for patients explaining the appointment system and how to make an appointment.

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.

The practice manager recorded all complaints on a tracking spreadsheet and this identified the complainants issue, the investigation and the outcome. The spreadsheet also categorised the complaint so that that themes could be easily identified.

Staff confirmed that they responded to patient's concerns, attempted to rectify the issue if able and offered them the opportunity to complain through the practice's procedure. All complaints were included on a spreadsheet tracker which logged specific details of the complaint, the investigation, outcome, responses sent out and the theme of the complaint. Evidence was available to demonstrate that all complaints were reviewed with the GP partners and staff confirmed they were informed of any changes in practice or procedure as a result of a complaint investigation. An annual review was also carried out. Subsequent to our inspection the practice manager provided a plan showing that all complaints and significant events would be reviewed at six monthly intervals at designated staff meetings.

We looked at a sample of complaints received in the last 12 months and found and these were responded to quickly with acknowledgement by the practice manager, progress updates when required and a full written response and apology when identified.

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. All staff spoken with were aware of the practice's vision, values and future development and they were enthusiastic and committed to working together to achieve this. The practice had a robust strategy and supporting business plans which reflected the vision and values and these were 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.
- Succession planning was being considered with a review of different models of clinical staffing to meet the needs of the patient population, the current staff and the anticipated increasing future demand on primary care services.
- Practice specific policies were up to date, implemented and were available to all staff.
- Staff had comprehensive understanding of the performance of the practice, and an awareness of their contribution to this.
- Systems to monitor and track the progress of almost all aspects of service delivery were recorded on spreadsheet 'trackers'. These enabled staff to quickly identify progress in achieving specific targets and gaps in service delivery so that appropriate remedial action was taken to the benefit of patients.
- Clinical and internal audits were undertaken. Medical students were encouraged and supervised to undertake these for the benefit of the practice patient population and their own education and learning.
- 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 took the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

Staff told us that team meetings were held regularly and full team meetings were held if required. They said that the GP partners held weekly meetings and the minutes from these were shared by email. Staff told us that break times and the lunch time period provided daily opportunity to discuss issues informally and these were seen as a valuable support to all staff members. Staff told us that there was an open culture within the practice. Staff were confident in raising issues and concerns and said they felt supported when they did. Staff were aware of the practice's whistleblowing policy, all staff spoken with felt any issue could be discussed openly without fear or repercussion

Staff were enthusiastic and motivated. They said they all worked as part of a team, and felt respected, valued and supported.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient reference group (PRG) and through surveys and complaints received. The patient reference group was a virtual group in that they were consulted by emails about different issues affecting the practice of service delivery. The patient reference group had 320 members. The practice manager analysed feedback from patients and produced reports in response to this with actions to improve service delivery. The reports were available on line and on a notice board with the practice waiting room.

The practice had also gathered feedback from staff through a questionnaire undertaken in January 2015, appraisals, formal and informal 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 to improve how the practice was run.

Innovation

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

Are services well-led?

Good

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

team was forward thinking and looked continuously for ways to enhance the care they gave to patients. The systems of monitoring and progress tracking several aspects of the service, (such as two week referrals, significant events, complaints, staff skills and staff availability capacity tracker), ensured patients' needs were met quickly and gaps or omissions identified and responded to quickly.

The practice was proactive in working collaboratively with multi-disciplinary integrated teams to care for high risk patients. The practice worked closely with the Clinical Commissioning Group (CCG).

The practice recognised future challenges and areas for improvement. Complaints were investigated, reviews of significant events and other incidents were completed and learning was shared from these with staff to ensure the practice improved outcomes for patients.