Hoylake and Meols Medical Centre - JA Wight

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

This is the report from our inspection of Hoylake and Meols Medical Centre. Hoylake and Meols Medical Centre is registered with the Care Quality Commission to provide primary care services.

We undertook a planned, comprehensive inspection on the 8 January 2015 at Hoylake and Meols Medical Centre. We reviewed information we held about the services and spoke with patients, GPs, and staff.

The practice was rated as Good overall.

Our key findings were as follows:

- There were systems in place to mitigate safety risks. The premises were clean and tidy. Systems were in place to ensure medication including vaccines were appropriately stored and in date.
- Patients had their needs assessed in line with current guidance and the practice promoted health education to empower patients to live healthier lives.
- Feedback from patients and observations throughout our inspection highlighted the staff were kind, caring and helpful.
- The practice was responsive and acted on patient complaints and feedback.
- The practice was well led. The staff worked well together as a team and had regular staff meetings and training.

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 widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. The practice was clean and had appropriate systems in place to manage medications and respond to emergencies.

Are services effective?

Good

The practice is rated as good for providing effective services. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and received regular appraisals and mentoring sessions so that training needs were identified and planned.

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. The practice had information to help patients understand the services available. 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. 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 and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff .

Summary of findings

Are services well-led?

Good

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

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 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. It was responsive to the needs of older people, and offered home visits, nursing/residential home visits and rapid access appointments for those with enhanced needs.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions. There were emergency processes in place and referrals were made for patients whose health deteriorated suddenly. All these patients had a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Appointments were available outside of school hours and the premises were suitable for children and babies. Urgent on the day appointments were always made available for children.

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 this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services 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. It had carried out annual health checks for people with a learning disability.

Summary of findings

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. There was information both in the waiting room areas and on the practice's web site on how to access various support groups and voluntary organisations.

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 regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health. Staff had received training in dementia awareness.

Patients had access to various support groups including Inclusion Matters which attended the practice. 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.

Summary of findings

What people who use the service say

As part of our inspection process, we asked for CQC comment cards for patients to be completed prior to our inspection.

We received three comment cards and spoke with four patients. We also looked at five responses from the Friends and Family Test. Four out of the five responses indicated that the patient was 'extremely likely' to recommend this practice to friends and family. All other comments received indicated that patients found the reception staff helpful, caring and polite and some described their care as excellent.

For the surgery, our findings were in line with results received from the national GP patient survey. For example, the latest national GP patient survey results showed that in January 2015, 97% of patients described their overall experience of this surgery as good (from 108 responses) and 98% found the receptionists helpful which is higher than the national average.

Results from the national GP patient survey also showed that 99% of patients said the last GP they saw or spoke to was good at treating them with care and concern which is higher than the national average.

We spoke with three members of the Patient Participation Group (PPG) who told us they found the GPs to be very caring and the receptionists were very pleasant and helpful. The PPG made it very clear that the local community valued this practice. The practice had carried out an annual patient survey over a three year period using the same questions in order to compare results. Results from the three surveys showed a minimum of over 95% of patients were happy with GPs and nurses, in areas including listening, explaining tests and trust.

Hoylake and Meols Medical Centre - JA Wight

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) inspector and the team included a GP specialist advisor.

Background to Hoylake and Meols Medical Centre - JA Wight

Hoylake and Meols Medical Centre is located close to the main train station for Meols on the Wirral , which is one of the least deprived areas of the country. There were approximately 5600 patients registered at the practice at the time of our inspection. The practice treats all age groups of which almost 20% were elderly and they carry out visits to nursing and residential care homes daily.

The practice has three GP partners (one male and two female), a GP registrar, two practice nurses, a Health Care Assistant, reception and administration staff. The practice is normally open 8.00am to 6.30pm Monday to Friday and offers extended opening hours for early morning GP and nurse appointments from 7am on a Monday, Wednesday and Friday.

Patients requiring a GP outside of normal working hours are advised to contact an external out of hours service provider (Wirral Community NHS Trust out of hours services). The practice has a GMS contract and also offers enhanced services for example; various immunisation and learning disabilities health check schemes.

The CQC intelligent monitoring placed the practice in band 6. The intelligent monitoring tool draws on existing national data sources and includes indicators covering a range of GP practice activity and patient experience including the Quality Outcomes Framework (QOF) and the National Patient Survey. Based on the indicators, each GP practice has been categorised into one of six priority bands, with band six representing the best performance band. This banding is not a judgement on the quality of care being given by the GP practice; this only comes after a CQC inspection has taken place.

Why we carried out this inspection

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

How we carried out this inspection

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

Detailed findings

- 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 living in vulnerable circumstances
- People experiencing poor mental health (including people with dementia)

Before visiting the practice we reviewed information we held and asked other organisations and key stakeholders to share what they knew about the practice. We also reviewed policies, procedures and other information the Practice Manager provided before the inspection day. There were no areas of risk identified across the five key question areas. We carried out an announced visit on 8 January 2015.

We spoke with a range of staff including three of the GPs, one of the practice nurses, reception staff, administration staff and the Practice Manager on the day. We sought views from patients and representatives of the patient participation group and looked at comment cards and reviewed survey information.

Good

Are services safe?

Our findings

Safe track record

The Practice had a system in place for reporting and recording significant events and information from complaints. The practice had an 'Accident and Incident Reporting Policy' which was accessible to all staff via the practice's computers and referenced in a staff handbook which was given to all staff at the commencement of employment with the practice. The practice had an incident reporting form available for staff to complete. The practice carried out an analysis of these significant events and this also formed part of GPs' individual revalidation process. Evidence supplied to us showed that the practice had had systems in place for several years to enable the practice to monitor its safety record.

Learning and improvement from safety incidents

We viewed written reports of the events, details of the investigations and learning outcomes. When any incidents did occur , meetings were held to discuss these. We discussed incidents that had occurred with the GPs and found appropriate actions had been taken and new procedures had been implemented to reduce the risk of incidents happening again.

Any information with regards to national patient safety alerts or from the Medicines and Healthcare products Regulatory Agency (MHRA) was collected. Information was then cascaded to the appropriate staff members to ensure any action could be taken if necessary.

Reliable safety systems and processes including safeguarding

The practice had safeguarding vulnerable adults and children policies in place which were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. In addition there were contact numbers displayed in the reception and treatment areas. There was a GP lead for safeguarding and all staff we spoke with were aware of who the lead was to report any concerns. All staff had received training at a level suitable to their role, for example the GP lead had level three training. The practice had also worked with the local Clinical Commissioning Group to audit its safeguarding. GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies.

The practice had a computer system for patients' notes and there were alerts on a patient's record if they were at risk.

A chaperone policy was available on the practice's computer system. Various staff acted as chaperones if required and they had all received chaperoning training. A notice was in the waiting room to advise patients the service was available should they need it.

Medicines management

The practice had three fridges for the storage of vaccines. The practice nurses took responsibility for the stock controls and fridge temperatures. We looked at a sample of vaccinations and found them to be in date. There was a cold chain policy in place and fridge temperatures were checked daily. Regular stock checks were carried out to ensure that medications were in date and there were enough available for use.

Emergency medicines such as adrenalin for anaphylaxis and salbutamol for asthma were available. These were stored securely. The practice nurses had overall responsibility for ensuring emergency medication was in date and carried out monthly checks. Emergency drugs were also available in GP bags for home visits. All the emergency medication was in date.

The practice had an electronic prescribing system but occasionally also used paper prescriptions; these were securely stored and managed.

There were clear guidelines available to patients both in the waiting room and the practice web site on how to order and collect prescriptions. There was a Medicines Manager to oversee the smooth running of the prescription service and act as a point of contact for patients who had any queries about their medications.

The practice also worked with pharmacy support from the local Clinical Commissioning Group. The practice had carried out medication audits and medication reviews to ensure patients were receiving optimal care in line with best practice guidelines.

Cleanliness and infection control

Good

Are services safe?

The practice had recently undergone refurbishment and all areas within the practice were found to be clean and tidy. The practice was cleaned every day by an external company. We saw there were cleaning checklists available on the back of treatment room doors and there were systems in place to ensure all clinical equipment was cleaned. There was a Legionella risk assessment for the practice and regular checks were undertaken.

Treatment rooms had the necessary hand washing facilities and personal protective equipment (such as gloves) was available. Clinical waste disposal contracts were in place and spillage kits were available.

One of the practice nurses was the designated lead for infection control. The practice nurse had undergone training suitable for this role and also attended meetings with the local infection prevention and control team to keep up to date with any new guidance. Other staff we spoke with were aware of infection control guidelines and told us that the lead would update them on anything new. All staff received annual infection control training and there were policies and procedures in place which were easily accessible for all staff on the practice's computer system. For example, there was a 'Sharps protocol' and the practice nurse we spoke with was aware of what to do if they received an injury from a needle.

The practice had received an external audit carried out by the local infection prevention and control team in 2014. In addition, the infection control lead nurse with the Practice Manager carried out regular six monthly infection control audits to ensure the practice was working within national guidance.

Equipment

The Practice Manager showed us certification to show that electrical equipment had received a portable appliance check to ensure the equipment was safe to use. All faults with main equipment for the building were reported to the Practice Manager.

Clinical equipment in use was also regularly checked to ensure it was working properly. For example blood pressure monitoring equipment was annually calibrated. One of the practice nurses told us that representatives from equipment companies would be invited into the practice to show staff how any new equipment worked to ensure staff were competent and safe in using equipment.

Staffing and recruitment

The practice had three GP partners, a registrar, two practice nurses and a Health Care Assistant. The clinical members of staff were supported by reception and administration staff and a Practice Manager.

Staff covered for each other when necessary for example during holidays. Some of the administration team were capable of helping out at reception if required. However some of the staff did comment that reception staff could sometimes be under pressure due to the high demand from an ever growing practice patient list size. We discussed this with the Practice Manager who monitored the situation and was holding future meetings to discuss the need for further staff and GPs to ensure the practice could keep up with the demand.

The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff. This did not include information about Disclosure and Barring Scheme (DBS) however the Practice Manager had identified that certain staff required DBS checks and was in the process of obtaining these and acknowledged the policy would need to be updated. We looked at recruitment documentation for the most recently appointed practice nurse and health care assistant and found all necessary checks had been carried out including checking annually professional registration status for nurses. There were DBS checks in place for the new staff but these checks had been carried out by previous NHS employers rather than the practice accessing more up to date DBS checks. The Practice Manager assured us this would be rectified.

Monitoring safety and responding to risk

There were procedures in place for monitoring and managing risks to patient safety. All new employees working in the building were given induction information for the building which covered health and safety and fire safety.

There was a health and safety policy available for all staff and the Practice Manager carried out routine maintenance checks for the building and had a maintenance programme in place with a list of things to do to improve the facilities within the premises. For example, patients and staff told us the first floor of the building could become very hot in the summer and the Practice Manager had plans to install air conditioning to reduce this problem.

Good

Are services safe?

There was a fire risk assessment, however the Practice Manager told us this needed updating as the premises had recently been refurbished. Fire equipment was tested and there were regular fire drills. Staff we spoke with were aware of what to do if there was a fire and confirmed they had all received the relevant training.

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 drugs available near the treatment room on the ground floor. In addition adrenalin for treatment of anaphylaxis was available in every GP's room. The practice had oxygen and a defibrillator available on the premises.

The practice had a comprehensive business contingency plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and we found staff were aware of the practicalities of what they should do if faced with a major incident.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Once patients were registered with the practice, one of the practice nurses carried out a full health check which included assessments of individual lifestyle as well as their medical conditions. The practice nurse referred the patient to the GP or other clinic within the practice when necessary.

The practice carried out assessments and treatment in line with best practice guidelines and had systems in place to ensure all clinical staff were kept up to date.

The practice used a system of coding and alerts within the clinical record system to ensure that patients with specific needs were highlighted to staff on opening the clinical record. For example, patients on the 'at risk' register, learning disabilities and palliative care register.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). This is a system for the performance management of GPs intended to improve the quality of general practice and reward good practice. The practice held partners meetings to regularly discuss practice performance and improvements in QOF and to ensure targets were met. The practice results for QOF totals (2013-2014) were higher than the local average and national average.

GPs carried out clinical audits. Examples of audits included looking at minor surgery procedures to ensure that safe practice was followed in relation to suspected cancerous lesions. Learning points from clinical audits were routinely discussed at staff meetings.

The practice had recently identified that its referral rates to secondary service such as hospitals had been high and had set up a system between all the GPs for evaluating the need for patients to be referred to other services. This had dramatically cut the rates of unnecessary referrals to reduce pressure on other services and improved continuity of care for the patient.

Effective staffing

The practice had a comprehensive induction programme for newly appointed members of staff that covered such topics as fire safety, health and safety and confidentiality. The practice provided a staff handbook to facilitate their learning.

All staff had previously received training that included: - safeguarding vulnerable adults and children, equality and diversity, fire awareness and basic life support on a regular basis to ensure they were up to date with the latest guidance. However, the practice no longer had the benefit of having 'protected learning time' whereby the practice would close one afternoon a month to allow for staff development days. As the practice was only small, the withdrawal of this scheme by the local commissioners had caused problems especially for ensuring staff received appropriate training for the more practical training sessions such as basic life support. The local commissioning group had provided the practice with an e-learning system.

There were embedded appraisal systems in place. The Practice Manager oversaw the appraisals of all non- clinical staff. Staff we spoke with felt well supported and told us they also received quarterly 'mentoring sessions' from the GPs to support them in their role.

All GPs were up to date with their yearly continuing professional development requirements and they had been revalidated or scheduled for revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by NHS England can the GP continue to practise and remain on the performers list with the General Medical Council).

Working with colleagues and other services

The practice had access to patients' blood tests and X-ray results from local hospitals and had a system in place for recording information on to patients' medical records. Hospital letters were scanned on to patients' computer records. Cases which required immediate follow up were flagged up on the practice's computer task system for the GP to action. Each GP could access their patients' follow up requirements. Urgent information was given directly to the GP. Patients were contacted as soon as possible if they required further treatment or tests.

Good

Are services effective?

(for example, treatment is effective)

Patients were referred to hospital using the 'Patient Choose and Book' system. Systems were in place to check all patients were referred only when necessary and those requiring urgent referrals such as suspected cancer, were referred under the two week rule.

Information sharing

Systems were in place to ensure information regarding patients was shared with the appropriate members of staff. The practice had a confidentiality policy in place and information was shared appropriately. Patient's records were stored on computers and only staff who were involved with the care of the patient had full access.

The practice operated a system of alerts on patients' records to ensure staff were aware of any issues for example alerts were in place if a patient was a carer or lived alone.

Consent to care and treatment

We spoke with one of the GPs about their understanding of the Mental Capacity Act 2005. They provided us with an example of their understanding around consent and mental capacity issues. The practice had a Mental Capacity policy in place but not all staff had received training about mental capacity.

The GP was aware of Gillick guidelines for children. Gillick competence is used in medical law to decide whether a child (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge. The practice had a consent policy in place.

Health promotion and prevention

The practice had a variety of patient information available to help patients manage and improve their health. For example, to help tackle obesity, the practice had a visiting Lifestyle Coach every two weeks to give advice on healthier eating. In addition the service helped with smoking cessation.

There were health promotion and prevention advice leaflets available in the waiting rooms for the practice including information on cancer and immunisations. The lead GP partner told us that they also supplied patients with books about meditation techniques.

The practice nurses held clinics for general health checks and would also see patients for all their health needs rather than patients being seen at clinics for specific diseases.

The practice had other health care professionals such as physiotherapists, midwives, chiropodists and councillors visiting the practice on a regular basis.

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.

CQC comment cards we received and patients we spoke with all indicated that they found staff to be helpful, caring, and polite and that they were treated with dignity. Results from the national GP patient survey also showed that 99% of patients said the last GP they saw or spoke to was good at treating them with care and concern. Ninety three percent of patients said the last nurse they saw or spoke to was good at listening to them and 90% said the last GP they saw or spoke to was good at listening to them.

which is higher than the national averages.

Curtains were provided in consulting rooms and treatment 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. However, the reception area was in close proximity to the waiting room. Results from the national GP patient survey in July 2014 showed that only 66% of patients were satisfied with the level of privacy when speaking to receptionists at the surgery. (There were no figures available for January 2015) Staff we spoke with advised us that there was a room available should they need to hold private discussions. The practice had a confidentiality policy in place.

Care planning and involvement in decisions about care and treatment

Results from the national GP patient survey also showed that 95% of patients said the last GP they saw or spoke to was good at explaining tests and treatments and 89% said the last GP they saw or spoke to was good at involving them in decisions about their care. Ninety three percent of respondents said the last nurse they saw or spoke to was good at involving them in decisions about their care. These results were higher than survey results for July 2014 showing an improvement.

Comments received from patients highlighted that they felt listened to by GPs, were referred appropriately and were supported in terms of managing either long term or acute illnesses.

One of the GPs gave us an example of patient care whereby consent around what the patient wanted was taken into account and not just the medical need.

Patient/carer support to cope emotionally with care and treatment

Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed that they would offer them a private room to discuss their needs.

There was supporting information to help patients who were carers which was available on a noticeboard in the waiting room. The practice also kept a list of patients who were carers and alerts were on these patients' records to help identify patients who may require extra support.

The practice's website contained supporting information including contacts for bereavement services and other advisory services.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Hoylake and Meols Medical Centre had an established patient participation group (PPG). Adverts encouraging patients to join the PPG were available in the waiting room and on the practice's website. We spoke with three members of the PPG who told us the practice management had been responsive to any of their concerns and that this was a good practice with very caring GPs.

There was an annual patient survey and the Practice Manager produced an annual newsletter which was published on the practice's website to outline any actions to be taken as a result of the survey and the practice's future plans.

One issue raised by the PPG at our inspection was the way blood tests were booked as patients were advised to contact another number to arrange the appointment within their own surgery. However in discussion with the Practice Manager, the practice had a visiting community phlebotomist and their appointments were arranged centrally on the Wirral to ensure that appointments were evenly distributed for all GP practices. The practice was waiting for a computer system to be installed in the waiting room which linked with this service as well as other NHS services on the Wirral to overcome this issue.

Tackling inequity and promoting equality

The surgery had access to interpreter services (language line) but staff told us they had rarely had to use this facility. The practice had alerts on patients' records who may require extra assistance such as the visually impaired. All staff received training about Equality and Diversity.

The building had disabled facilities including access by a ramp and a lift to the first floor. The practice did not have a hearing loop as the practice was not aware of any patients who required this facility. The lead GP and Practice Manager told us that if patients required an improvement to access their services such as a hearing loop, they would consider installing one.

Access to the service

The practice's normal opening hours are 8.00am to 6.30pm Monday to Friday. The practice offers extended opening hours for early morning GP and nurse appointments from 7am on a Monday, Wednesday and Friday. According to the January 2015 national GP patient survey 96% of patients found it easy to get through by telephone.

There were notices in the waiting room to advise patients that if they had more than one medical problem that needed attention, they should book more than one appointment. The practice carried out telephone consultations and home visits when necessary. The practice also visited several nursing and residential homes within the area. The Practice Manager told us that they constantly monitored the appointment system to ensure patients were seen within appropriate timescales. Approximately one third of appointments were bookable in advance for routine/ repeat visits, another third released at 8 am for the following day and the remaining third held for urgent appointments each day.

We were told that all appointments with the GPs were allocated ten minutes and inevitably there would be occasionally some waiting time for patients. The national GP patient survey indicated that 56% of patients felt they did not normally have to wait too long to be seen and 67% usually waited 15 minutes or less after their appointment time to be seen. In discussions with the patient participation group, they highlighted that they did not mind waiting an extra few minutes as they felt the GPs always gave them the time to listen to them and provided a high standard of care.

Listening and learning from concerns and complaints

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

Information about how to make a complaint was available on the practice's website and the Practice Manager told us that information was also available on the television screen in the waiting room. The written complaints policy clearly outlined a time framework for when the complaint would be acknowledged and responded to. In addition, the complaints policy outlined who the patient should contact if they were unhappy with the outcome of their complaint.

We looked at a summary of formal complaints received by the practice for 2014 and found there were very few written

Good

Are services responsive to people's needs?

(for example, to feedback?)

complaints. The Practice Manager told us that most complaints they received at the reception verbally were dealt with as soon as possible. Learning points from complaints were discussed at staff meetings.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice's mission statement was to provide 'good family medicine with a local touch'. Staff we spoke with told us the culture was very open and they were committed to putting the patient experience at the heart of everything they did.

Comments we received from patients confirmed that the practice's strategy was working because they were very complimentary of the standard of care received at the practice. This was also reflected in the national GP patient survey as 99% of patients said the last GP they saw or spoke to was good at treating them with care and concern and 93% would recommend this surgery to someone new to the area.

All staff were engaged in producing a high quality service and each member of staff had a clear role within the structure of the practice. For example, there were leads for safeguarding and infection control.

The practice was in the process of developing business plans for the future to cope with the demands of an increasing practice list size.

Governance arrangements

The lead GP was responsible for clinical governance and there was an overarching clinical governance policy in place designed to 'improve the service to patients and ensure their safety and wellbeing'. The policy outlined the framework for how the practice organised staff management and education, safety issues, keeping up to date with best practice and improving the overall patient experience.

The practice had policies and procedures to support governance arrangements which were available to all staff on the practice's computer system. The policies included a 'Health and Safety' policy and 'Infection Control' policy. Staff we spoke with were all aware of how to access the policies and there was also a staff handbook for their information. We did note however that some policies were not dated and therefore it was unclear when they had last been reviewed.

Leadership, openness and transparency

The practice had a clear leadership structure which had named members of staff in lead roles for oversight of the performance and monitoring of the practices. For example there was one lead GP who was responsible for clinical governance and another for the services they were contracted to provide.

Staff we spoke with told us they were well supported and knew who to go to in the practice with any concerns.

The practice held a variety of staff meetings to ensure all staff had an opportunity to be involved in the running of the practice. Minutes for all meetings were kept on the practice's computer systems which all staff could access. Members of staff we spoke with said they all worked well together as a team and there were good communications between them.

Members of staff were supported at the practice for example there was a 'zero tolerance policy' to prevent and cope with any untoward behaviour from patients against the practice staff. Staff we spoke with thought they were well supported and the culture within the practice was open and honest.

Practice seeks and acts on feedback from its patients, the public and staff

Results of surveys and complaints were discussed at staff meetings. There was an active patient participation group in place which was run via the internet. We spoke with representatives of the PPG who told us there were no concerns at present and felt that the practice was responsive to any issues raised by the group.

The practice had the new Friends and Family Test as a method of gaining patients feedback since December 2014. There was a suggestions box in the waiting room and patients could also forward comments to the practice on line from the practice's web-site.

Staff we spoke with knew what to do if they had to raise any concerns. They told us that agendas for staff meetings were given to them in advance and that they could contribute to the meetings.

Management lead through learning and improvement

Are services well-led?

Good

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

GPs were all involved in revalidation, appraisal schemes and continuing professional development. All staff received annual appraisals but in addition the practice carried out more informal 'mentoring' sessions led by the GP partners to ensure all staff were supported to carry out their role.

The practice is only a small family practice and it was therefore difficult for them to arrange whole practice staff events but they did organise a variety of separate meetings for clinical and non clinical staff. For example there was a monthly partners meeting. This had a set agenda which included actions to be taken following any incidents or complaints.

The practice was also involved in meetings with the local CCG and Neighbourhood meetings for future planning of services to address the rising patient list.