Dr Anil Joshi

Quality Report

45 Rosary Gardens, London, SW7 4NQ
Tel: 020 7373 6557

Date of inspection visit: 18 August 2015
Date of publication: 01/10/2015

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 on 18 August 2015. Overall the practice is rated as good.

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

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice sought feedback from staff and patients, which it acted on.
- Some outcomes including child immunisations, cervical screening rates and some Quality and Outcomes Framework (QOF) clinical indicators were below the national and local average.

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

Importantly the provider should;

- Formalise staff meetings.
- Update the patient leaflet.

Summary of findings

- Continue to monitor and improve those areas where clinical outcomes are lower than the national and local average.
- Establish an active Patient Participation Group (PPG).

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.

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 any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand 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 governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice sought feedback from staff and patients, which it acted on. The practice was in the process of developing a patient participation group (PPG) and were planning to develop a patient survey in conjunction with the PPG in 2015. Staff had received inductions and regular performance reviews.

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 such as cancer and end of life care. 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, the unplanned hospital admission avoidance Enhanced Service (ES) and a local Enhanced Service for older vulnerable patients over 85 years of age. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. The practice had an attached primary care navigator who helped with non-medical needs of older patients. Palliative care patients were entered onto Coordinate My Care and special patient notes sent to the local out-of-hours service informing them of the situation.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions. The GPs led in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. Although latest QOF performance in the management of long-term conditions was below previous years, the practice was proactively targeting patients to facilitate improvement.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively low for all standard childhood immunisations, however the practice had a much lower than national average population of children. Appointments were available outside of school hours. The premises were not ideally suited for mothers with babies as the practice was

at basement level with no access for prams. However, the practice had arrangements with another local practice to register mothers with babies if they preferred. We saw good examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services such as appointments, repeat prescriptions and test results 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 looked after a homeless hostel as part of a Local Enhanced Service (LES). On registration these patients received an extended new patient check which included mental health and drug and/or alcohol problems. The practice held a register of patients living in vulnerable circumstances including those with a learning disability and these were offered longer appointments. The practice had two patients with learning difficulties and had signed up to the learning disabilities enhanced service. A staff member had undertaken training to perform learning disability medical checks.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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). Patients with poor mental health had annual medical checks as recommended in the mental health enhanced service undertaken by the surgery. The practice undertook mental health checks as recommended in QOF and the majority of patients with poor mental health had a care plan. The practice had access to a crisis intervention service locally

Summary of findings

and had an attached community psychiatric nurse who provided support for patients. The practice signposted patients to local voluntary services where appropriate. The practice undertook the dementia screening enhanced service.	

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 where 75 out of 451 patients responded showed the practice was performing above or in line with local and national averages;

- 94% find it easy to get through to this surgery by phone compared with a CCG average of 85% and a national average of 73%.
- 84% find the receptionists at this surgery helpful compared with a CCG average of 86% and a national average of 87%.
- 75% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 65% and a national average of 60%.
- 85% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 87% and a national average of 85%.
- 95% say the last appointment they got was convenient compared with a CCG average of 91% and a national average of 92%.
- 83% describe their experience of making an appointment as good compared with a CCG average of 79% and a national average of 73%.
- 88% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 65% and a national average of 65%.
- 87% feel they don't normally have to wait too long to be seen compared with a CCG average of 58% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 40 comment cards which were all positive about the standard of care received. Patients said that staff were competent, courteous and attentive and were very satisfied with the service provided.

Dr Anil Joshi

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a **CQC Lead Inspector.** The team included a GP specialist adviser and an Expert by Experience.

Background to Dr Anil Joshi

Dr Anil Joshi (also known as Chelsea Medical Services) is located at 45 Rosary Gardens, London, SW7 4NQ. The practice provides primary medical services through a personal medical services (PMS) contract to approximately 3300 patients in the London borough of Kensington and Chelsea. (PMS is one of the three contracting routes that have been made available to enable commissioning of primary medical services). The practice is part of the NHS West London Clinical Commissioning Group (CCG) which comprises 51 GP practices. The practice has a higher than national average number of patients between 25 and 44 years of age and a much lower than national average number of patients under 19 years of age. Patients over 70 years are also below national average. Life expectancy is 81 years for males and 85 years for females which is above the national average. The local area is the forth less deprived in the West London CCG.

The practice team consists of a male GP who is the provider (six sessions a week), a female salaried GP (eight sessions a week), practice administrator (23 hours a week), a locum nurse (four sessions a week) and a full time receptionist who is also trained to carry out health care assistant duties.

The practice provides a range of services / clinics including family planning, cervical screening, chronic disease management, child and travel vaccinations.

The service is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, treatment of disease, disorder and injury and maternity and midwifery services.

The practice opening hours are 08:00 to 18:30 Monday to Friday with extended hours on Wednesday to 20:00.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to look at the overall quality of the service.

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

Detailed findings

- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 18 August 2015. During our visit we spoke with a range of staff including a GP, nurse, administrator, primary care navigator and two reception staff and spoke with ten patients who used the service. We observed how people were being cared for and talked with carers and/or family members and reviewed the personal care or treatment records of patients. We reviewed 40 comment cards where patients and members of the public shared their views and experiences of the service.

Good

Are services safe?

Our findings

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. The practice carried out an analysis of the significant events.

We reviewed safety records and incident reports where these were discussed since 2000. Lessons were shared to make sure action was taken to improve safety in the practice. For example, an incident we reviewed involved a patient who could not access their repeat prescription online. This was because the particular medicine was not available as a repeat. The patient was informed and staff made aware of repeat prescribing procedures.

National patient safety alerts were disseminated via email to practice staff. Staff we spoke with were able to give examples of recent alerts that were relevant to the care they were responsible for. They also told us alerts were discussed amongst staff to ensure all staff were aware of any that were relevant to the practice and where they needed to take action. For example, we saw evidence of a swine flu update alert which had been actioned appropriately.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A notice was displayed at reception, advising patients that chaperones where available, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available for staff to reference. The practice had an up to date fire risk assessment and fire training for all staff. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a number of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health (COSHH) and asbestos.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who had received external training to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medicine audits were carried out with the support of the local CCG medicines management team to ensure the practice was prescribing in line with best practice guidelines for safe prescribing, for example, the practice had carried out an audit of anti-epileptic medicines. Prescription pads were securely stored and there were systems in place to monitor their use.
- Recruitment checks were carried out and the staff files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system and contingency plans in place for the different staffing groups to ensure that enough staff were on duty. For example, the GPs covered each others absences and the

Good

Are services safe?

GPs covered nurse absences. If both GPs were absent the practice had buddy arrangements with another local practice. Non-clinical staff covered each other whenever necessary.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and local commissioners, and used this information to develop how care and treatment was delivered to meet patients' needs.

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. Results for 2014 were 88.7% of the total number of points available, with 8.3% exception reporting. This was 1.4% below the local CCG average and 5.3% below national average. Clinical results included;

- Performance for diabetes related indicators was 81%, 5.4% below the CCG average and 9.1% below national average.
- Performance for hypertension related indicators was 88.2%, 1% above the CCG average and 0.2% below national average.
- Performance for mental health related indicators was 97.1%, 11.9% above the CCG average and 6.7% above national average.
- Performance for dementia related indicators was 76.9%, 13.6% below the CCG average and 16.5% below national average.

The practice was aware of where QOF performance was below average and reasoned that it was a result of a recent change in the computer system which had affected patient recall. To improve QOF performance a staff member was proactively going through QOF and inviting patients in for reviews where appropriate.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. There had been three clinical audits completed in the last twelve months, which were completed audit cycles where the improvements made were implemented and monitored. For example, an audit was carried out to check whether patients taking warfarin had had a recent international normalized ratio (INR) undertaken in line with NICE guidance. The initial audit identified nine patients who had not had their INR levels monitored. The results were discussed and measures put in place to ensure patients INR levels were monitored appropriately. A re-audit identified only one patient on warfarin who had not had an INR undertaken.

Emergency hospital admission rates for the practice were below the national average. The practice was commissioned for the unplanned admissions enhanced service and had a process in place to follow up patients discharged from hospital. (Enhanced services require an enhanced level of service provision above what is normally required under the core GP contract).

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for newly appointed non-clinical members of staff which covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, informal meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included on going support during sessions, 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 and the GPs were up to date with their revalidation.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

Good

Are services effective?

(for example, treatment is effective)

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.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan on going care and treatment. This included when patients moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 67%, which was below to the CCG and national average. 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 below the CCG averages in 2014. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 55.2% to 77.8% (CCG values; 73.9% to 81.5%) and five year olds from 42.1% to 78.9% (CCG values; 64.1% to 87.1%).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 40 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We also spoke with one member of the patient participation group (PPG) on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 96% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 87% said the GP gave them enough time compared to the CCG average of 85% and national average of 87%.
- 100% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%
- 90% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 85%.
- 88% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 90%.
- 84% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were above local and national averages. For example;

- 91% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 86%.
- 88% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 81%

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. These included those for cancer sufferers and stroke survivors.

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.

Good

Are services caring?

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, a new community dermatology service was discussed in a recent CCG clinical learning set (CLS) meeting which both GPs from the practice attended.

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- The practice offered extended hours on Wednesday evenings until 20:00 for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability or those with poor mental health.
- Home visits were available for older patients and other patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There was a hearing loop and translation services available. Although patients in wheelchairs could not access the practice these were prioritised for home visits or referred to a buddy practice.
- The practice provided local enhanced services (LES) for patients with no fixed abode, older patients over 85 years of age, and those experiencing poor mental health.

Access to the service

The practice was open between 08:00 and 18:30 Monday to Friday. Appointments were from 08:00 to 11:00 every morning and 14:00 to 18:30 daily. Extended hours surgeries were offered on Wednesday to 20:00 and a Monday lunchtime surgery was available. In addition to pre-bookable appointments, urgent appointments were also available for people that needed them. Daily telephone consultations were also offered for minor ailments. Information on access was available in a patient leaflet, however this needed updating.

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

- 73% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 75%.
- 94% patients said they could get through easily to the surgery by phone compared to the CCG average of 85% and national average of 73%.
- 83% patients described their experience of making an appointment as good compared to the CCG average of 79% and national average of 73%.
- 88% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 65% and national average of 65%.

Listening and learning from concerns and complaints

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

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

We looked at four complaints received in the last 12 months and found these were satisfactorily handled, and dealt with in a timely way. The practice showed openness and transparency with dealing with the complaints.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, one complaint was in relation to an alleged offensive remark made by a staff member to a patient. The complaint was investigated and responded to promptly. Learning was shared amongst staff which was that innocent comments can be interpreted negatively and staff should be more aware of this.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a mission statement which was to provide traditional family medicine which is personal, providing strong continuity of care in a framework of modern evidence based medicine which is technologically enabled. Staff were aware of the vision and worked as a team to deliver it.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership, openness and transparency

The principle GP in the practice had the experience, capacity and capability to run the practice and ensure high quality care. Safe, high quality and compassionate care was prioritised. The principle GP was visible in the practice and staff told us that he was approachable, always took the time to listen to all members of staff and encouraged a culture of openness and honesty.

Staff told us that although formal team meetings were infrequently held, there was an open culture within the practice and they had the opportunity to raise any issues informally with the principal GP as they occurred. Staff felt confident in doing so and felt supported if they did. Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice, and the principal GP encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients. In 2014 the practice had gathered feedback through the NHS friends and family test (FFT). At the time of our inspection the practice was in the process of developing a patient participation group (PPG) and were planning to develop a patient survey in conjunction with the PPG in 2015.

The practice had analysed feedback from the FFT and drawn up an action plan. This included increasing the number of clinical sessions to meet patient demand and improvements in the appointments system.

The practice also gathered feedback from staff through appraisals and informal discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.