

Edenbridge Medical Practice

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Edenbridge Medical Practice on 22 September 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:

- Urgent appointments were available the same day but not necessarily with a GP of their choice.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Information was provided to help patients understand the care available to them.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet people's needs.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the Patient Participation Group (PPG).
- 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.
- The practice had a clear vision which had quality and safety as its top priority. A business plan was in place,

Summary of findings

was monitored and regularly reviewed and discussed with all staff. High standards were promoted and owned by all practice staff with evidence of team working across all roles.

- There was a clear leadership structure and staff felt supported by management.

However there were areas where the provider should make improvements.

Importantly the provider should:

- Review its policies in relation to infection control and prevention, whistle blowing and complaints policies, in order to ensure they contain the details of named people for lead roles and the contact details of external bodies.
- Implement cleaning schedules detailing who is responsible for cleaning which areas of the practice in order to reduce the risk and spread of infection.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. Cleaning schedules were in place but did not define in detail who was responsible for cleaning which areas of the consultation rooms.

Good



Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence 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. Staff worked with other health care teams and there were systems in place to ensure appropriate information was shared.

Good



Are services caring?

The practice is rated good for providing caring services. Feedback from patients about their care and treatment was consistently and strongly positive. Patients' views gathered at inspection demonstrated they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We also saw that staff treated patients with kindness and respect, and maintained confidentiality. The practice scored higher than average in terms of patients seeing or speaking to nurses. However, data from the National GP Patient Survey July 2015 showed that patients rated the practice slightly lower than others for several aspects of care compared to local and national averages (from 115 responses which is equivalent to 0.9% of the patient list). The practice were undertaking audits and surveys through their patient participation group in order to address this.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to

Good



Summary of findings

secure improvements to services where these were identified. Services were planned and delivered to take into account the needs of different patient groups. 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 and other stakeholders.

Are services well-led?

The practice is rated good for being well-led. It had a clear vision and strategy. Governance arrangements were underpinned by a clear leadership structure and staff felt supported by management. Staff were aware of and understood the practices policies and procedures which governed activity; however the policy for infection control and prevention did not contain the name of the person who was the named lead for infection prevention and control and the whistle blowing and complaints policies, did not contain the contact details of external bodies to contact. 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 and had an active patient participation group. Staff had received inductions, regular performance reviews and attended staff meetings and events. The practice was aware of future challenges.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated good for the care of older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and offered home visits, even out of hours, if necessary as well as rapid access appointments for those with enhanced needs. The practice had daily contact with district nurses and participated in monthly or quarterly meetings with other healthcare professionals to discuss any concerns.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medicine needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were high for all standard childhood immunisations, meaning that the majority of children registered at the practice received their immunisations. Patients told us that children and young people were treated in an age-appropriate way, 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.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered

Good



Summary of findings

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 of this age group.

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. It had invited all 53 registered patients with a learning disability for an annual health check, of which 35 had attended. Where patients had declined or requested a check at a later date, this had been clearly recorded in the patients' record. It offered longer appointments for people with a learning disability.

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 had been trained to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). All patients experiencing poor mental health had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

Results from the National GP Patient Survey July 2015 (from 115 responses which is equivalent to 0.9% of the patient list) demonstrated that the practice was performing both slightly below and slightly better than local and national averages. Results indicated the practice could perform better in certain aspects of care, including speaking to or seeing the same GP. For example:

- 69% of respondents with a preferred GP usually get to see or speak to that GP compared with a CCG average of 72% and national average of 60%.
- 84% of respondents say the last GP they saw or spoke to was good at treating them with care and concern compared with a CCG average of 87% and national average of 85%.
- 88% of respondents say the last GP they saw or spoke to was good at listening to them compared with a CCG average of 90% and national average of 89%.

The practice scored higher than average in terms of patients seeing or speaking to nurses. For example:

- 97% of respondents said the last nurse they saw or spoke to was good at giving them enough time compared with a CCG average of 94% and national average of 92%.
- 100% of respondents had confidence and trust in the last nurse they saw or spoke to compared with a CCG average of 98% and national average of 97%.

As part of our inspection process, we asked for CQC comment cards to be completed by patients prior to our inspection. We received three comment cards which were all positive about the standard of care received. Reception staff, nurses and GPs all received praise for their professional care and patients said they felt listened to and involved in decisions about their treatment. Patients informed us that they were treated with compassion and that GPs went the extra mile to provide care when patients required extra support. We also spoke with three members of the PPG who told us they could not fault the care they had received.

Areas for improvement

Action the service SHOULD take to improve

- Review its policies in relation to infection control and prevention, whistle blowing and complaints prevention, in order to ensure they contain the details of named people for lead roles and the contact details of external bodies.
- Implement cleaning schedules detailing who is responsible for cleaning which areas of the practice in order to reduce the risk and spread of infection.

Edenbridge Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist advisor and a practice manager specialist.

Background to Edenbridge Medical Practice

Edenbridge Medical Practice is a GP practice based in the town of Edenbridge. There were 12,200 patients on the practice list and the majority of patients were of white British background.

There are four partners in the practice and a further six salaried GPs (two male and eight female). The GPs are supported by a practice manager, a nursing team of three female registered nurses and three health care assistants (one male and two female), and an administrative team.

Edenbridge Medical Practice is a dispensing practice and this is staffed by trained dispensing staff.

The practice is open 8am to 6.30pm Wednesday and Friday with extended hours on Monday, Tuesday and Thursday until 8.30pm. Patients requiring a GP outside of normal working hours are advised to contact the GP Out of Hours service provided by Integrated Care 24 (known as IC 24).

The practice has a General Medical Service (GMS) contract and also offers enhanced services for example; extended hours.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 on 22 May 2014 as part of our regulatory functions. We had

some concerns about the safety of medicine management at the practice. This was in relation to how emergency medicines and some medicines carried in the GPs bags were managed and the potential risks related to expired medicines. As a result, we undertook a focused inspection on 21 October 2014 to follow up on whether action had been taken to deal with the breach and found that action had been taken to improve safety in relation to medicine management and the practice was no longer in breach of the regulations.

Services are delivered from;

Edenbridge Medical Practice, Westview, Station Road, Edenbridge, Kent, TN8 5ND

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

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations, such as the local Healthwatch, clinical commissioning group and NHS England to share what they knew.

We carried out an announced visit on 22 September 2015. During our visit we spoke with a range of staff including

Detailed findings

three GPs, two practice nurses, four administration staff, the practice manager and three members of the patient participation group. We spoke with five patients who used Edenbridge Medical Practice and reviewed three comment cards where patients and members of the public shared their views and experiences of using the practice. We observed how telephone calls from patients were dealt with. We toured the premises and looked at policy and procedural documentation. We observed how patients were supported by the reception staff in the waiting area before they were seen by the GPs.

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)

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. All complaints received by the practice were entered onto the system and automatically treated as a significant event. The practice carried out an analysis of the significant events and this also formed part of the GPs' individual revalidation process.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. For example, there had been a clinical incident involving a patient during the recent renovation of the premises. This was investigated, discussed at a clinical meeting and a record was made of how the learning was shared amongst relevant staff. Lessons were shared to make sure action was taken to improve safety in the practice in that future renovation works would be conducted out of surgery hours, in order to limit patients' exposure to a dusty environment.

Overview of safety systems and processes

The practice could demonstrate its safe track record through having risk management systems in place for safeguarding, health and safety including infection control, medicine management and staffing.

There were arrangements 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. The lead GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.

A notice was displayed in the waiting room, advising patients that nurses and administrative staff would act as chaperones, if required. All staff who acted as chaperones

had received a disclosure and barring check (DBS). These 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. Staff had also received chaperone training. Records confirmed that where staff had not received the training, this had been planned for the future and these staff were not acting as chaperones until their training had been completed.

There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control.

The practice nurse was the clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. Not all staff were aware of who the lead was as this was not recorded in the practice's infection control and prevention policy. There was an infection control protocol in place and staff had received up to date training. Cleaning schedules were in place but did not define in detail who was responsible for cleaning which areas of the consultation rooms, however records were kept of cleaning undertaken by the cleaner and clinical staff. Therefore improvements were required in order to ensure staff were aware of the designated lead roles of staff within the practice and to further reduce the risk and spread of infection. The practice had carried out Legionella risk assessments and regular monitoring.

The arrangements for managing medicines, including emergency medicines and vaccines, 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 clinical commissioning group pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there was a system to monitor their use. There was a system for routinely checking medicines held by GPs in their home visit bags for which the GPs and the practice manager were responsible for.

Are services safe?

The practice has an on-site dispensary. We looked at the arrangements for the dispensing of medicines to patients. We spoke with dispensing staff, who had received appropriate training in pharmacy services. Medicines were prepared, and the prescriptions checked and counter-signed by doctors on a daily basis before being collected/issued to patients. Sharps containers were appropriately assembled and all had audit labels completed to identify their origin and the date they were assembled or sealed. There were clear stock records and audit checks kept of the medicines held in the dispensary. Staff told us that an annual and routine stock checks were undertaken and expiry dates were checked. There was a barcode system in use for all medicines held at the dispensary and the computer system in use allowed for stock levels to be checked at any time. Where medicines did not have a barcode, there were effective systems in place to monitor and record these medicines appropriately. There was a system for two staff to check all medicines (with or without a bar code), to ensure they were dispensed safely.

Security procedures for the dispensary were formally recorded, for example, to identify how and when the room was locked and who had access to it. The dispensary had appropriate arrangements for the secure storage and administration of controlled drugs, including the control of keys, a separate drugs register and two signatures were recorded when a controlled drug was dispensed. Adverse incidents relating to medicines were appropriately recorded and that actions had been taken to address these, for example, a patient was dispensed an incorrect medicine and upon discovery the incident was immediately resolved and the patient received the correct medication without harm being caused.

We spoke with GPs, dispensing staff and members of the non-clinical team, who told us there was a system for

checking that repeat prescriptions were issued according to medicine review dates and to ensure, that patients on long-term medicines were reviewed on a regular basis. Patients told us and commented in cards that they had not experienced any difficulty in getting their repeat prescriptions.

Nurses used Patient Group Directions (PGDs) to administer vaccines and other medicines that had been produced in line with legal requirements and national guidance. We saw evidence that the nurse had received appropriate training and been assessed as competent to administer the medicines referred to under a PGD.

Recruitment checks were carried out and the five 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 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.

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment and consent

The practice carried out assessments and treatment in line with the National Institute of Health and Care Excellence (NICE) best practice guidelines and had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. For example, NICE guidance for patients with atrial fibrillation. The practice had systems for reviewing NICE guidance and alerts. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. NICE guidance and alerts were routinely discussed and monitored however, they were not always routinely listed as an agenda item at GP or practice meetings.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (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. Patients who had long term conditions were continuously followed up throughout the year to ensure they all attended health reviews. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013-2014 showed:

- Performance for diabetes assessment and care was 82.5%, which is better than the CCG average of 79.3% and the national average of 77.6%.
- The percentage of patients with hypertension having regular blood pressure tests was 80.5%, which is worse than the CCG average of 83.3% and the national average of 83.1%.
- Performance for mental health assessment and care was 94.59%, which is better than the CCG average of 88.39% and the national average of 85.96%.
- The dementia diagnosis rate was 87.34%, which is better than the CCG average of 85.14% and the national average of 83.82%.

The practice had conducted a number of audits. These had ranged from participating in medicines audits with the CCG, through a review of prescribing a medicine to control cholesterol to the use of aspirin prescribed for patients with a heart condition. Improvements were implemented following the audits. There were further audit cycles, conducted or planned, to check whether the improvements had been sustained.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.

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 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.

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

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 investigation and test results. Information such as NHS patient information leaflets were also available.

Are services effective?

(for example, treatment is effective)

The practice shared relevant information with other services in a timely way, for example when referring people to other services.

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

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance. Consent forms for surgical procedures were used and scanned in to the medical records.

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, staff carried out assessments of capacity to consent in line with relevant guidance.

Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. This included patients who required advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. Smoking cessation advice was available by the practice nurses as well as from a local support group.

The practice's uptake for the cervical screening programme was 83.14%, which was above the national average of 81.88%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.

Childhood immunisation rates for the vaccinations given were higher than the CCG/National averages. For example, childhood immunisation rates for the vaccinations given to under twos were 99.41%. Compared to the CCG average of 91.3% and immunisation rates for the vaccinations given to five year olds were 97.16%. Compared to the CCG average of 94.8%.

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-up on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone. 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 of the 3 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 three members of the PPG on the day of our inspection. They 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.

Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. 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. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. 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.

Data from the National GP Patient Survey July 2015 showed from 115 responses that performance in some areas was slightly lower than local and national averages for example,

- 88% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 85% said the GP gave them enough time compared to the CCG average of 88% 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%.
- 81% said they found reception staff helpful compared with the CCG average of **88% and national average of 87%**.

Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day of our inspection 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.

Data from the National GP Patient Survey July 2015 information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were slightly lower than the local and national averages. For example:

- 81% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 87% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 92% and national average of 90%.
- 79% 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. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers and those identified as carers were being

Are services caring?

supported. For example, by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them.

The staff put alerts on the patient record system, that informed others when a patient had died so that they were able to respond in the most sympathetic manner. 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. There was also information on the system about patients who were challenging and those who were sensitive to certain issues. Reception staff therefore received good communication about how to tailor their responses to meet the needs of individual patients.

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 commissioners of services to improve outcomes for patients in the area. For example, the practice provided space for other providers to run mental health, counselling and foot care clinics.

There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team.

Services were planned and delivered to take into account the needs of different patient groups. For example;

- The practice offered extended hours on a Monday, Tuesday and Thursday evenings until 8.00pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Home visits were available for elderly patients.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.

Access to the service

The practice was open from 8am to 6pm and offered extended hours on a Monday, Tuesday and Thursday until 8pm for pre-bookable appointments. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was slightly lower than the local and national averages. For example:

- 68% patients said they could get through easily to the surgery by phone compared to the CCG average of 75% and national average of 73%.
- 71% patients described their experience of making an appointment as good compared to the CCG average of 78% and national average of 73%.
- 63% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 64% and national average of 65%.

The practice achieved a higher than average score for their opening hours:

- 77% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 75%.

The practice had recognised where they scored slightly lower and had undertaken audits, surveys and actions in relation to these.

People we spoke to on the day, comment cards and PPG members said on the whole they were able to get appointments when they needed them. However, comments were made in relation to the reception desk opening at 8am and the phone lines opening at 8.30am, which resulted in some patients attending the surgery at 8am to book appointments. Patients felt that this half hour window meant that availability of telephone booked appointments was restricted as a result. We discussed this with the practice manager who confirmed that an audit had been completed, which showed that 5% of the available appointments booked by those attending the practice were taken as a result. The practice manager and one of the GP partners confirmed that this was a situation under constant review.

Listening and learning from concerns and complaints

The practice has a system in place for handling complaints and concerns. Its complaints policy is in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. Information about how to make a complaint was available in the waiting room and in a practice leaflet. The 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. Information was available to help patients understand the complaints system in the form of leaflets, notices and material on the website.

Patients we spoke with were aware of the process to follow if they wished to make a complaint. None of the patients we spoke with had ever needed to make a complaint about the practice. However, they felt that if they had to make a complaint they would be listened to and the matter acted upon.

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

We looked at a log of all the complaints received in the last 12 months and found that they had been recorded, investigated and responded to within the timeframes demanded by the practice policies. Complainants received a written apology where appropriate. We listened to one complaint being dealt with and it was done fairly and with consideration for the complainant.

Lessons were learned from concerns and complaints and action was taken as a result to improve the quality of care. For example, staff were reminded to check a patient's date of birth, when dealing with matters relating to patients with the same name.

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 displayed in the waiting areas and staff knew and understood the values.

Governance arrangements

The practice had an overarching governance policy which outlined structures and procedures in place which incorporated seven key areas: clinical effectiveness, risk management, patient experience and involvement, resource effectiveness, strategic effectiveness and learning effectiveness. Governance systems in the practice were underpinned by:

- A clear staffing structure and a staff awareness of their own roles and responsibilities.
- Practice specific policies that were implemented and that all staff could access. However, there were some policies which required updating to ensure that what staff told us was accurately recorded within the policies. For example, details of external agencies and the names of the designated person for infection control and complaints. A system of reporting incidents without fear of recrimination and whereby learning from outcomes of analysis of incidents actively took place.
- A system of continuous audit cycles which demonstrated an improvement on patients' welfare.
- Clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information.
- Proactively gaining patients' feedback and engaging patients in the delivery of the service. Acting on any concerns raised by both patients and staff.
- GPs were to address their professional development needs for revalidation, and all staff in appraisal schemes and continuing professional development. The GPs had learnt from incidents and complaints.

Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate

care. The partners were visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

Staff told us that regular team meetings were held and that there was an open culture within the practice which gave them the opportunity to raise any issues at team meetings and feel confident and supported in doing so. Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging them in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, patients raised concerns in the 2014/15 patient survey conducted by the PPG in relation to appointment availability and telephone access. As a result a microsystem pilot looking at primarily telephone access but leading to availability of appointments had been developed and was ongoing at the time of our visit.

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

Innovation

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring and we saw examples of mentoring of staff. Records showed that regular appraisals had taken place which included a personal development plans for appropriate staff.

Are services well-led?

Good 

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

The practice was forward thinking and communicated well with other providers to improve outcomes for patients in

the area. For example, the practice is currently in discussion with the local sexual health service in order to provide improved family planning services to its patient population.