

Haldon House Surgery

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

Haldon House Surgery was inspected on Thursday 13 November 2014. This was a comprehensive inspection.

There were three GP partners at this practice, with a team of staff in place to provide a service to approximately 5,600 patients in the sea-side town of Exmouth.

Patients using the practice also have access to community staff including district nurses, community psychiatric nurses, health visitors, physiotherapists, speech therapists, counsellors, podiatrists and midwives.

We rated this practice as good.

Our key findings were as follows:

The practice was well led and responded to patient need and feedback. There was a clear leadership structure and staff felt supported by management. The practice sought feedback from staff and patients, which it acted on. The practice had a well run and active patient participation group, who met regularly with the practice manager to provide feedback about services on behalf of patients registered at the practice.

Patients liked having a named GP, which they told us improved their continuity of care. The practice was clean, well-organised, had good facilities and was well equipped to treat patients. There were effective infection control procedures in place.

Feedback from patients about their care and treatment was consistently positive. We observed a non-discriminatory, person centred culture. Staff told us they felt motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. Views of external stakeholders were very positive and aligned with our findings.

Patient's needs were assessed and care was planned and delivered in line with current legislation. This included assessment of mental capacity and safeguarding concerns to make decisions about care and treatment, and the promotion of good health.

Suitable recruitment, pre-employment checks, induction and appraisal processes were in place and had been carried out thoroughly. There was a culture of further education to benefit patient care and increase the scope of practice for staff.

Summary of findings

Documentation received about the practice prior to and during the inspection demonstrated the practice performed comparatively with all other practices within the clinical commissioning group (CCG) area.

Patients felt safe in the hands of the staff and felt confident in clinical decisions made. There were effective safeguarding procedures in place.

Significant events, complaints and incidents were investigated and discussed. Learning from these events was implemented and communicated to show what learning, actions and improvements had taken place.

In relation to areas for improvement, the provider should:

- Training in the workings of the Mental Capacity Act (2005) should be extended to all practice nursing staff.

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.

Patients we spoke with told us they felt safe, confident in the care they received and well cared for.

Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Significant events and incidents were investigated systematically and formally. Reporting of learning for the staff team as a result of significant events was not always clear. Providing clear detail in documentation would show how reflection and learning improved services for patients. However, staff were able to verbalise individual learning as a result of significant events.

Risks to patients were assessed and well managed. There were enough staff to keep people safe. Staffing levels and skill mix were planned and reviewed so that patients received safe care and treatment at all times. There were no staff vacancies.

Recruitment procedures and checks were completed as required to help ensure that staff were suitable and competent. Risk assessments were performed when a decision had been made not to perform a criminal records check on administration staff.

Staff were aware of their responsibilities in regard to safeguarding. GPs had received training in the Mental Capacity Act (2005) and had good awareness of how to apply the act during their clinical practice. There were safeguarding policies and procedures in place that helped identify and protect children and adults who used the practice from the risk of abuse.

There were arrangements for the efficient management of medicines within the practice.

The practice was clean, tidy and hygienic. Arrangements were in place that helped ensure the cleanliness of the practice was consistently maintained. There were systems in place for the retention and disposal of clinical waste.

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.

Good



Summary of findings

Systems were in place to help ensure that all GPs and nursing staff were up-to-date with both national institute for health and clinical excellence (NICE) guidelines and other locally agreed guidelines. Evidence that confirmed that these guidelines were influencing and improving practice and outcomes for patients.

People's 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 have been identified and planned. The practice could identify all appraisals and the personal development plans for all staff. There was a systematic induction and training programme in place with a culture of further education to benefit patient care and increase the scope of practice for staff. Effective multidisciplinary working was evidenced.

Regular completed audits were performed of patient outcomes which showed a consistent level of care and effective outcomes for patients. We saw evidence that audit and performance was driving improvement for patient outcomes.

Are services caring?

The practice is rated as good for providing caring services.

Feedback from patients about their care and treatment was consistently and strongly positive. We observed a patient-centred culture. The practice had an effective and active patient participation group (PPG) that met regularly with the practice manager to discuss feedback and issues raised by patients at the practice.

Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. We found many positive examples to demonstrate how people's choices and preferences were valued and acted on.

Views of external stakeholders were very positive and aligned with our findings.

Information was provided to help patients understand the care available to them. Leaflets for a range of medical conditions and contacts for support services were displayed in the waiting areas. People with long standing health conditions or vulnerable patients had individual care plans to help support and manage their needs.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



Summary of findings

Patients told us 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. There was evidence of complaints being responded to in a timely way and resolved to the satisfaction of the person who had complained.

Are services well-led?

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 to share learning from any events.

There were systems in place to monitor and improve quality and identify risk.

Staff had received inductions, regular performance reviews and attended staff meetings and events.

Good



Summary of findings

What people who use the service say

We spoke with three patients during our inspection and two representatives from the practice's patient participation group (PPG).

In addition, the practice had provided patients with information about the Care Quality Commission prior to the inspection. Our comment box was displayed and comment cards had been made available for patients to share their experience with us. We collected ten comment cards and also received one comment about the practice directly to CQC via our public website. The cards contained positive comments about the friendliness of the staff, ease of making appointments, helpful medical advice and prompt referrals to treatment, maintaining the dignity and respect of patients, listening to patient concerns and a pleasant practice environment. The comment we received directly via our website was less positive about one staff member on one occasion speaking in an uncourteous manner and a perceived slowness to respond to a test result.

Positive statements from comment cards were reflected during our conversations with patients. The feedback

from patients was overwhelmingly positive. Patients told us about their experiences of care and praised the level of care and support they consistently received at the practice. Patients quoted they were happy, said they had no complaints and got good treatment. Patients told us that the GPs and nursing staff were excellent.

Patients were happy with the appointment system. Some people said they preferred to see their named GP but appreciated this was not always possible. Appointments with alternative GPs were offered. Patients appreciated the service provided and told us they had no concerns or complaints and could not imagine needing to complain.

Patients were satisfied with the facilities at the practice and commented on the building being clean and tidy. Patients told us staff used gloves and aprons where needed and washed their hands before treatment was provided.

Patients found it easy to get repeat prescriptions and said they thought the information provided and the practice website was good.

Areas for improvement

Action the service **SHOULD** take to improve

- Training in the workings of the Mental Capacity Act (2005) should be extended to all practice nursing staff.

Haldon House Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team also included a GP specialist advisor.

Background to Haldon House Surgery

Haldon House Surgery care for approximately 5,600 in the sea-side town of Exmouth and the surrounding areas. The practice is situated in a residential area close to the sea front.

At the practice there were three GP partners. GP partners hold managerial and financial responsibility for running the business. An additional salaried GP was due to take up an additional post for six sessions per week from January 2015, in response to an increasing patient list. In addition there were two registered nurses, two health care assistants who were trained to take bloods, a practice manager and a team of full and part time administrative/secretarial and reception staff. District nurses were also based at the practice.

Patients using the practice also had access to community staff including, community psychiatric nurses, health visitors, physiotherapists, speech therapists, counsellors, podiatrists and midwives.

Haldon House Surgery is open between Monday and Friday 8.00am – 6:30pm. There was extended opening hours on one morning per week and two evenings per week. Outside of these hours a service is provided by another health care provider.

There was a same day illness clinic for patients and telephone request service for patients who wish to discuss their treatment with a GP over the telephone. Routine appointments are bookable up to six weeks in advance.

The practice also offers a minor surgical procedures service.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before conducting our announced inspection of Haldon House Surgery, we reviewed a range of information we held about the service and asked other organisations to share what they knew about the service. Organisations included the local Healthwatch, NHS England, the local clinical commissioning group and local voluntary organisations.

We requested information and documentation from the provider which was made available to us both before and during the inspection.

We carried out our announced visit on Thursday 13 November 2014. We spoke with three patients and thirteen staff at the practice during our inspection and collected ten

Detailed findings

patient responses from our comments box which had been displayed in the waiting room. We obtained information from and spoke with the practice manager, one GP, seven receptionists/clerical staff, two practice nurses, two health care assistants. We also met and spoke with two representatives from the practice patient participation group. We observed how the practice was run and looked at the facilities and the information available to patients.

We looked at documentation that related to the management of the practice and anonymised patient records in order to see the processes followed by the staff.

We observed staff interactions with other staff and with patients and made observations throughout the internal and external areas of the building.

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

- 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
- Mothers, babies, children and young people
- The working-age population and those recently retired
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing poor mental health

Are services safe?

Our findings

Safe Track Record

The practice had a systematic process in place for reporting, recording, monitoring and communicating findings from significant events. The practice kept records of significant events that had occurred and used these as part of a quality assurance process to monitor any trends. Staff were aware of the significant event reporting process and how they would verbally escalate concerns within the practice. All staff we spoke with felt very able to raise any concern however small. Staff knew that following a significant event, the doctors undertook an analysis to establish the details of the incident and the full circumstances surrounding it.

Learning and improvement from safety incidents

From speaking with staff there was evidence that appropriate learning had taken place where necessary, although this was not consistently clearly documented. GPs discussed the incidents as they occurred but more formally at clinical meetings where actions and learning outcomes were shared with all staff. We were given four examples of where practice and staff action had been prompted to change as a result of incidents in the last 12 months. These included changes in protocols and additional checks for accuracy following prescribing of medicines.

Reliable safety systems and processes including safeguarding

Patients told us they felt safe at the practice and staff knew how to raise any concerns. A named GP had a lead role for safeguarding. They had been trained to the appropriate advanced level. There were policies in place to direct staff on when and how to make a safeguarding referral. This included flow charts displayed for staff reference. The policies and flow charts included information on external agency contacts, for example the local authority safeguarding team.

The lead GP for safeguarding attended child protection conferences and vulnerable adults were discussed at a monthly multi-disciplinary meeting held at the practice.

GPs were trained in safeguarding to the appropriate advanced level to ensure they had comprehensive knowledge of how to identify potential abuse and how to report their concerns.

Practice staff said communication between health visitors was via telephone or email as health visitors.

Staff had received safeguarding training and were aware of who the safeguarding leads were. Staff also demonstrated knowledge of how to make a patient referral or escalate a safeguarding concern internally using the whistleblowing policy or safeguarding policy.

Medicines Management

The GPs were responsible for prescribing medicines at the practice and there were several dispensing pharmacies nearby.

The control of repeat prescriptions was managed well. Patients were satisfied with the repeat prescription processes. They were notified of health checks needed before medicines were issued. Patients explained they could complete and hand a repeat prescription request into the practice or use the on-line request facility.

There were systems in place to ensure that all prescriptions were authorised by the prescriber, and that patient's medicines were reviewed regularly. The computer system allowed for highlighting high risk medicines, for checking for allergies and interactions and processes for more detailed monitoring.

Patients were informed of the reason for any medication prescribed and the dosage. Where appropriate patients were warned of any side effects, for example, the likelihood of drowsiness.

All of the medicines we saw were in date. All storage areas were appropriate, clean and well ordered. There were appropriate arrangements and records for the disposal of these medicines. Vaccines were stored appropriately and there were auditing systems in place to ensure that the cold chain was maintained, ensuring that these products would be safe and effective to use. The fridge used for vaccine storage had been subject to daily week-day temperature checks and records showed these were within safe limits. Other medicines kept at the practice for use by GPs and practice nurses were stored safely and systems were in place to monitor expiry dates.

Are services safe?

Suitable emergency medicines and equipment was available at the practice, and systems were in place to make sure these were checked and maintained regularly. This included the completion of check lists for all emergency equipment, including medicines. We found that medicines kept in GP bags were the responsibility of each GP to maintain supplies and ensure expiry dates were checked.

We saw that there were detailed policies and standard operating procedures in place to guide staff on the safe management and handling of medicines, and that these were regularly updated. There were systems in place to make sure any medicines alerts or recalls were actioned by staff. There were systems to record any incidents occurring (or 'near misses') so that lessons could be learnt and procedures changed if necessary to reduce the risks in future.

There were systems in place to make sure any medicines alerts or recalls were actioned by staff.

Cleanliness & Infection Control

The practice had appropriate policies and procedures on infection control which included managing spillages, needle stick injury, waste, cleaning and control of substances hazardous to health. We spoke with the GP infection control lead at the practice. They collaborated in auditing effectiveness of infection control at the practice. Audits were carried out annually. Staff had access to supplies of protective equipment such as gloves and aprons, disposable couch roll and surface wipes. The nursing team were aware of the steps they took to reduce risks of cross infection and had received updated training in infection control within the last 12 months.

Reception staff told us that any spillages in the waiting room or entrance were dealt with by the nursing staff straight away. Spillage kits were kept in the treatment room and disposable aprons and gloves were available. The entrance to the practice and the waiting room was visibly clean and tidy.

Treatment rooms, public waiting areas, toilets and treatment rooms were visibly clean. There was a cleaning schedule carried out and monitored. There were hand washing posters on display to show effective hand washing.

Clinical waste and sharps were being disposed of in safe manner. There were sharps bins and clinical waste bins in the treatment rooms. The practice had a contract with an approved contractor for disposal of waste. Clinical waste was stored securely in a dedicated secure area whilst awaiting its collection from a registered waste disposal company.

Equipment

Emergency equipment available to the practice was within the expiry dates. The practice had an effective system using checklists to monitor the dates of emergency medicines and equipment which ensured they were discarded and replaced as required.

Equipment such as the weighing scales, blood pressure monitors and other medical equipment were serviced and calibrated where required. Patient couches were height adjustable enabling patients with mobility problems to be able to use them during consultations.

Portable appliance testing (PAT) had taken place. PAT ensures equipment safety by routinely checking electrical appliances for safety by an external contractor within the recommended two yearly cycle.

Staff told us they had sufficient equipment at the practice.

Staffing & Recruitment

Staff told us there were suitable numbers of staff on duty and that staff rotas were managed well. Many staff at the practice had been there for a number of years. There were no staff vacancies. For patient continuity a small team of regular locum GPs were used to cover GP absences. GPs told us they also covered for each other during shorter staff absences.

The practice used a clear system to ensure the workload for staff was shared equally and cover was available when GPs were on leave or absent.

Recruitment procedures were in place and staff employed at the practice had undergone the appropriate checks prior to commencing employment. Clinical competence was assessed at interview and interview notes kept to show the process was fair and consistent. Once in post staff completed a job specific induction which consisted of ensuring staff met competencies and were aware of emergency procedures.

Are services safe?

Criminal records checks via the Disclosure Barring Service (DBS) were only performed for GPs, nursing staff and administrative staff who had direct access with patients. Recorded risk assessments had been performed explaining why some clerical and administrative staff had not had a criminal records check.

The practice had disciplinary procedures to follow should the need arise.

The registered nurses' Nursing and Midwifery Council (NMC) status was completed and checked annually to ensure they were on the professional register to enable them to practice as a registered nurse.

Monitoring Safety & Responding to Risk

The practice had a suitable business continuity plan that documented their response to any prolonged period of events that may compromise patient safety. For example, this included computer loss and lists of essential equipment.

Nursing staff received any medical alert warnings or notifications about safety by email or verbally from the GPs or practice manager.

There was a system in operation to ensure one of the nominated GPs covered for their colleagues, for example home visits, telephone consultations and checking blood test results.

Arrangements to deal with emergencies and major incidents

Appropriate equipment was available and maintained to deal with emergencies, including if a patient collapsed. Administration staff appreciated that they had been included on the basic life support training sessions.

A system was in place for the reception staff to summon immediate help if a patient became unwell or collapsed in the waiting room. Reception staff told us they felt confident when dealing with difficult situations or the very occasional challenging behaviour of patients at the reception desk, they felt well supported by the staff team.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care & treatment in line with standards

There were examples where care and treatment followed national best practice and guidelines. For example, the practice had an on line formulary to access guidance. Emergency medicines and equipment held within the practice followed the guidance produced by the Resuscitation Council (UK). The practice followed the National Institute for Health and Clinical Excellence (NICE) guidance and had formal clinical meetings where latest guidance would be discussed. We saw that where required GPs had good knowledge of and followed guidance from the Mental Capacity Act (2005). However, not all nursing staff could verbalise a sound knowledge of such guidance and further training is advised. Guidance from national travel vaccine websites had been followed by practice nurses.

The practice used the quality and outcome framework (QOF) to measure their performance. The QOF is a voluntary system where GP practices are financially rewarded for implementing and maintaining good practice in their surgeries. The QOF data for this practice showed they generally achieved higher than national average scores in areas that reflected the effectiveness of care provided. The local clinical commissioning group (CCG) data demonstrated that the practice performed well in comparison to other practices within the CCG area.

Reception staff told us that blood test results were flagged on the computer system until a GP had looked at them. There was no backlog of results waiting to be seen and if this were the case a GP would receive a reminder to look at test results.

Letters and other mail had been scanned and saved electronically, after which the hard copies were passed to the GP. There was no back log of post waiting to be acted on.

Management, monitoring and improving outcomes for people

The GPs used the QOF data to monitor the service they provide but also to improve and identify where additional services may be necessary. For example, providing additional clinics for patients.

The practice had a system to identify more vulnerable patients and the GPs were included in a local complex care team (CCT) who met to discuss vulnerable patients, as well as those at risk. The team also included community nurses and social workers. The work undertaken by the GP and team contributed to the practice's participation in the national initiative to avoid the need to admit patients to hospital.

There was evidence of regular clinical audit, which was used by GPs for revalidation and personal learning purposes. The staff team held quarterly 'quality half days' where the practice closed for half a day to scrutinise data from clinical audits together to look at ways of improving outcomes for patients. For example discussing patient blood pressure monitoring, analysis of mental health data, patients on the dementia register and how to improve identifying people at risk of dementia.

Effective Staffing, equipment and facilities

All of the GPs in the practice participated in the appraisal system leading to revalidation of their practice over a five-year cycle. The GPs we spoke with told us and demonstrated that these appraisals had been appropriately completed.

Nursing and administration staff had received an annual formal appraisal and kept up to date with their continuous professional development programme. We saw documented evidence to confirm that this process was used.

A process was in place to ensure clerical and administration staff received regular formal appraisal.

There was a comprehensive induction process for new staff which was adapted for the role of each person.

The staff training programme was monitored to make sure staff were up to date with training the practice had listed as mandatory. This included basic life support, safeguarding, fire safety and infection control. Staff training was discussed at appraisal and staff could attend any relevant external training to further their development and benefit patient care.

There was a set of policies and procedures for staff to use and additional guidance or policies located on the computer system.

Working with other services

Are services effective?

(for example, treatment is effective)

There was evidence of working with other services. This included working with the multidisciplinary team at the CCT meeting to discuss vulnerable patients, meetings with palliative care and hospice care staff and individual communication with other health care professionals. This included physiotherapists, occupational therapists, health visitors, district nurses, community matrons and the mental health team.

Communication systems had been set up to allow the Out of Hours service GPs to access patient records, with their consent, using a local computer system. GPs were informed when patients were discharged from hospital. This prompted any medicine reviews that were needed.

Involvement in decisions and consent

Patients we spoke with told us they were able to express their views and said they felt involved in the decision making process about their care and treatment. They told us they had sufficient time to discuss their concerns with their GP. Feedback from the comment cards showed that patients had different treatment options discussed with them.

The practice used a variety of ways of recording patients gave consent depending on the procedure. We saw evidence of patient consent for procedures including immunisations and injections.

Patients told us that nothing was undertaken without their agreement or consent at the practice.

Where patients did not have the mental capacity to consent to a specific course of care or treatment, the GPs had acted in accordance with the Mental Capacity Act (2005) to make decisions in the patient's best interest. We

were given specific examples by the GPs where they had been involved in best interest decisions. Nursing staff told us they were booked to attend a day's training on nursing patients with learning disabilities in the New Year and that this would include considering mental capacity and consent.

Health Promotion & Prevention

There were specific clinics held for patients with complex illnesses and diseases. This was used as an opportunity to discuss lifestyle, diet and weight management. A full range of screening tests were offered for diseases such as prostate cancer, cervical cancer and ovarian cancer. Vaccination clinics were organised on a regular basis which were monitored to ensure those that needed vaccinations were offered.

All patients with learning disability were offered a physical health check each year.

Staff explained that when patients were seen for routine appointments, prompts appeared on the computer system to remind staff to carry out regular screening, recommend lifestyle changes, and promote health improvements which might reduce dependency on healthcare services. These prompts were also communicated at the QOF monitoring meetings.

There were a range of leaflets and information documents available for patients within the practice and on the website. These included information on family health, travel advice, long term conditions and minor illnesses. These website links were simple to locate.

Family planning, contraception and sexual health screening was provided at the practice.

Are services caring?

Our findings

Respect, Dignity, Compassion & Empathy

Patients we spoke with told us they felt well cared for at the practice. They told us they felt they were communicated with in a caring and respectful manner by all staff. Patients spoke highly of the staff and GPs.

We left comment cards at the practice for patients to tell us about the care and treatment they received. We collected ten completed cards which contained detailed positive comments. All comment cards contained some comment about the caring attitude of the staff.

Patients were not discriminated against and told us staff had been sensitive when discussing personal issues. Reception staff were familiar with the need for confidentiality and explained that they dissuaded patients from giving them details about their medical condition. The practice staff were aware that the open plan reception area was not conducive to promoting privacy and that conversations might be overheard in the waiting room. Therefore soft music was playing in the reception area and patients were offered use of a room if they wished to discuss something privately.

Conversations between patients and clinical staff were confidential and always conducted behind a closed door. Window blinds, sheets and curtains were used to ensure patient's privacy. The GP partners' consultation rooms were also fitted with curtains to maintain privacy and dignity.

A chaperone service was provided and there were posters in the waiting room for patients to read about it.

We discussed the use of chaperones to accompany patients when consultation, examination or treatment was carried out. A chaperone is a member of staff or person who is present with a patient and a medical practitioner during a medical examination or treatment. A nurse or health care assistant was the usual member of staff called

upon to be a chaperone although administration staff at the practice acted as chaperones as required following training. All staff who acted as chaperones had been checked with the Disclosure and Barring Service (DBS). They understood their role was to reassure and observe that interactions between patients and doctors were appropriate.

Care planning and involvement in decisions about care and treatment

Patients told us that they were involved in their care and treatment and referred, in their comments, to an ongoing dialogue of choices and options. Comment cards related patients' confidence in the involvement, advice and care from staff and their medical knowledge, the continuity of care, not being rushed at appointments and being pleased with the referrals and ongoing care arranged by practice staff.

Care plans for patients with complex decisions were detailed and person centred. Plans showed evidence of being agreed with the patient, with their views on self-management of their conditions so that a collaborative approach to symptom management could be agreed.

Patient/carer support to cope emotionally with care and treatment

Notices in the patient waiting room and the practice website signposted patients to a number of support groups and organisations. The practice's computer system alerted GPs if a patient was also a carer. We were shown the written information available for carers to ensure they understood the various avenues of support available to them.

Staff told us families who had suffered bereavement were contacted by their usual GP and a home visit or visits were offered to give emotional, physical health and social support advice. There was a counselling service available for patients to access.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Patients we spoke with told us they felt the staff at the practice were responsive to their individual needs. They told us that they felt confident the practice would meet their needs. GPs told us that when home visits were needed, they were normally made by the GP who was most familiar with the patient.

Systems were in place to ensure any patient who needed referral, including urgent referrals, for hospital care and routine health screening including cervical screening, were made in a timely way. Patients told us that their referral to hospital consultants or for screening tests had always been discussed with them and arranged in a timely way.

An effective process was in place for managing blood and test results from investigations. When GPs were on holiday the other GPs covered for each other. Results were reviewed within 24 hours, or 48 hours if test results were routine. One person contacted us to say they had experienced delays receiving test results. However, on the day of the inspection we found no backlog of test results waiting to be read and acted upon. Administrative staff told us the system for ensuring test results were read and acted upon daily worked well and that they were not aware of any problems or issues.

The practice had a patient participation group (PPG) in place. They held regular meetings with the practice manager and told us they found the practice responsive and keen to hear patient's views. Annual patient satisfaction surveys were carried out and results were posted on the practice website. The 2014 results showed high satisfaction with services amongst patients and an action plan from the practice responding to comments to how services could be further improved for patients. Staff meeting minutes showed that patient questionnaire feedback was discussed and action plans were set up, monitored and reviewed to improve services for patients in light of their suggestions and comments.

Tackle inequity and promote equality

The practice had recognised the needs of different groups in the planning of its services. The number of patients with a first language other than English was low and staff said they knew these patients well and were able to

communicate well with them. The practice staff knew how to access language translation services if information was not understood by the patient, to enable them to make an informed decision or to give consent to treatment. The electronic patient check-in was available in a choice of languages.

There was level access to the entrance of the practice and the consulting rooms were also on the ground floor. The practice had an open waiting area and sufficient seating. The reception and waiting area had sufficient space for wheelchair users.

We saw no evidence of discrimination when making care and treatment decisions.

Access to the service

Patients were able to access the service in a way that was convenient for them and said they were happy with the system.

The GPs provided a personal patient list system. These lists were covered by colleagues when GPs were absent. Patients appreciated this continuity and GPs stated it helped with communication.

Information about the appointment times were found on the practice website and within the practice. Patients were informed of the out of hours arrangements when the practice was closed by a poster displayed in the practice, on the website and on the telephone answering message.

Listening and learning from concerns & complaints

The practice had a system in place for handling complaints and concerns. Patients told us they had no complaints and could not imagine needing to complain. Patients were aware of how to make a complaint.

The posters displayed in the waiting room and patient information leaflet explained how patients could make a complaint. The practice website also contained clear information on how patients could make a complaint.

Records were kept of complaints which showed that responses and investigations were timely and completed to the satisfaction of the patient. We were given copies of the summaries from the nine complaints the practice had received in the last 12 months. Records also included evidence of any learning or actions taken following

Are services responsive to people's needs?

(for example, to feedback?)

complaints. We saw action taken included meeting with people who raised a concern to resolve their dispute, letters of apology, offers of further communication and changes in procedures at the practice.

Staff were able to describe what learning had taken place following any complaint. Complaints were discussed as a standing agenda item at the significant event meetings held every three months.

Are services well-led?

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

Our findings

Vision and strategy

GPs and other members of staff talked of future plans, succession planning and changes in the business. This was kept under review in a structured way during the monthly management meetings. For example, identifying changes that needed to be made to the building such as adding additional consulting rooms, to accommodate a larger patient list.

Governance Arrangements

Staff were familiar with the governance arrangements in place at the practice and said that systems used were both informal and formal. Any clinical or non clinical issues were discussed amongst staff as they arose. For example, incidents were often addressed immediately and communicated through a process of face to face discussions and email. These issues were then followed up more formally at the three monthly significant event meetings or at clinical meetings. Staff explained these meetings were well structured, well attended and a safe place to share what had happened and where improvements were needed.

The practice used the quality and outcomes framework (QOF) to assess quality of care as part of the clinical governance programme. The QOF is a voluntary system where GP practices are financially rewarded for implementing and maintaining good practice in their surgeries. The QOF scores for Haldon House Surgery were consistently above the national average and compared well with the local clinical commissioning group (CCG).

The clinical auditing system used by the GPs assisted in driving improvement. All GPs were able to share examples of audits they had performed, for example medication audits. Audits were thorough and followed a complete audit cycle.

Leadership, openness and transparency

There was a stable staff group. Many staff had worked at the practice for many years and were positive about the open culture within the practice. Nursing and administration staff spoke positively about the communication, team work and their employment at the practice. They told us they were actively supported in their employment and described the practice as having an open, supportive culture and being a good place to work. GPs said there was support for each other when it was identified as being needed.

Staff told us that felt valued, well supported and knew who to go to in the practice with any concerns. Staff described an open culture within the practice and opportunities to raise issues at team meetings.

Management lead through learning & improvement

There was formal protected time set aside for continuous professional development for staff and access to further education and training as needed.

The practice had systems in place to identify and manage risks to the patients, staff and visitors that attended the practice. The practice had a suitable business continuity plan to manage the risks associated with a significant disruption to the service. This included, for example, if the electricity supply failed, IT was lost or if the telephone lines at the practice failed to work.

There were environmental assessments for the building. For example electrical equipment checks, control of substances hazardous to health (COSHH) assessments and visual checks of the building had been maintained. Fire safety checks had been completed and fire alarms were checked weekly either during the lunch hour or before surgery so as not to disrupt patient consultations. A fire drill had been carried out in the last year and staff spoken to were familiar with their role if the situation arose.