

# Roborough Surgery

## Quality Report

1 Eastcote Close  
Roborough  
Plymouth  
PL6 6PH  
Tel: 01752 701659  
Website: [www.roboroughsurgery.org.uk](http://www.roboroughsurgery.org.uk)

Date of inspection visit: 30 July 2015  
Date of publication: 15/10/2015

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

### Ratings

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

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	8

### Detailed findings from this inspection

Our inspection team	9
Background to Roborough Surgery	9
Why we carried out this inspection	9
How we carried out this inspection	9
Detailed findings	11

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Roborough Surgery on 30 July 2015.

Overall the practice is rated as good.

Specifically, we found the practice to be good for providing safe, well-led, effective, caring and responsive services. It was also good for providing services for the population groups of older people; people with long term conditions; families, young people and children; people experiencing poor mental health; people in vulnerable circumstances; working age people and those recently retired.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.

- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

**Professor Steve Field** CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

# Summary of findings

**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 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. Medicines were stored and managed in line with national guidance. There were safeguards in place to identify children and adults in vulnerable circumstances. There were enough staff to keep people safe. Recruitment procedures and checks were completed as required to ensure that staff were suitable and competent. The practice was clean, tidy and hygienic. We found that suitable arrangements were in place that ensured the cleanliness of the practice was maintained to a high standard.

Good



### Are services effective?

The practice is rated as good for providing effective services. Supporting data obtained both prior to and during the inspection showed the practice had systems in place to make sure the practice was effectively run. The practice had a clinical audit system in place and audits had been completed. Care and treatment was delivered in line with national best practice guidance. The practice worked closely with other services to achieve the best outcome for patients who used the practice. Staff employed at the practice had received appropriate support, training and appraisal. GP appraisals and revalidation of professional qualifications had been completed. The practice had extensive health promotion material available within the practice and on the practice website.

Good



### Are services caring?

The practice is rated as good for providing caring services. Patients said they were treated with compassion, dignity and respect and they were involved in care and treatment decisions.

Accessible information was provided to help patients understand the care available to them. We also saw that staff treated patients with kindness and respect ensuring confidentiality was maintained.

Good



### Are services responsive to people's needs?

The practice is rated as good for providing responsive services. The practice reviewed and understood the needs of their local population. The practice identified and took action to make

Good



# Summary of findings

improvements. Patients reported that they could access the practice when they needed. Patients reported that their care was good and that they were treated with respect. The practice was well equipped to treat patients and meet their needs.

There was an accessible complaints system with evidence demonstrating that the practice responded appropriately and in a timely way to issues raised. There was evidence that learning from complaints was shared with staff.

## **Are services well-led?**

The practice is rated as good for being well-led. The practice had a clear vision and strategy to deliver quality care and treatment and they were looking for ways to improve. Staff reported an open culture and said they could communicate with senior staff. The practice had a number of policies and procedures to govern activity and regular governance meetings took place. There were systems in place to monitor and improve quality and identify risks. There were systems to manage the safety and maintenance of the premises and to review the quality of patient care.

The practice had an active patient participation group (PPG) which was involved in the core decision making processes of the practice.

**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 as good for providing care to older people. All patients over 75 years had a named GP. Health checks and promotion were offered to this group of patients. The practice worked with the community matron to keep patients within their own homes. There were safeguards in place to identify adults in vulnerable circumstances. The practice worked well with external professionals in delivering care to older patients, including end of life care. Pneumococcal vaccination and shingles vaccinations were provided at the practice for older people on set days as well as during routine appointments.

Good



### People with long term conditions

The practice is rated as good for providing care to people with long term conditions. The practice managed the care and treatment for patients with long term conditions in line with best practice and national guidance. Health promotion and health checks were offered in line with national guidelines for specific conditions such as diabetes and asthma. Letters were sent to patients to remind them to book appointments for their routine checks. Longer appointments were available for patients if required, such as those with long term conditions. The practice had a carers' register and all carers were offered an appointment for a carers' check with nursing staff. The practice worked with the district nurses to keep patients within their own homes by visiting them and carrying out routine checks.

Good



### Families, children and young people

The practice is rated as good for families, children and young people. Staff worked well with the midwife to provide prenatal and postnatal care. Postnatal health checks were provided by a GP. The practice provided baby and child immunisation programmes to ensure babies and children could access a full range of vaccinations and health screening. Information relevant to young patients was displayed on the notice boards. Health checks and advice on sexual health for men, women and young people included a full range of contraception services and sexual health screening including chlamydia testing and cervical screening. The GPs training in safeguarding children from abuse was at the required level.

Good



# Summary of findings

## **Working age people (including those recently retired and students)**

The practice is rated as good for providing care to working age people. The practice provided appointments or telephone consultation on the same day. Emergency appointments were available. Patients could book appointments and request repeat prescriptions through the website. Smoking cessation and lifestyle consultations and appointments were available. The practice website invited all patients aged between 40 years to 75 years to arrange to have a health check with a nurse if they wanted. A cervical screening service was available.

Good



## **People whose circumstances may make them vulnerable**

The practice is rated as good for people whose circumstances may make them vulnerable. The practice had a vulnerable patient register to identify these patients. Vulnerable patients were reviewed at the multidisciplinary team meetings. The practice had provided primary care services for patients who are homeless, staff said they would not turn away a patient if they needed primary care and could not access it. Staff told us that there were a few patients who had a first language that was not English. Patients with interpretation requirements were known to the practice and staff knew how to access these services. Patients with learning disabilities were offered and provided a health check every year during which their long term care plans were discussed with the patient and their carer if appropriate.

Good



## **People experiencing poor mental health (including people with dementia)**

The practice is rated as good for people experiencing poor mental health, including people with dementia. The practice was aware of their ageing population group. Staff were aware of the safeguarding principles and GPs and nurses had access to safeguarding policies. All staff had received training in the Mental Capacity Act (MCA) 2005 and were aware of the principles and used them when gaining consent. There was signposting and information available to patients. The practice referred patients who needed mental health services to the community psychiatric nurses and GPs kept in regular contact with the patient during a crisis or illness to ensure that they were managing. Support services for patients with depression were provided at the practice, such as counselling. Patients suffering poor mental health were offered annual health checks as recommended by national guidelines.

Good



# Summary of findings

## What people who use the service say

We looked at patient experience feedback from the national GP survey from 2014-15. These results were based on 138 surveys returned, 248 were sent out this is a completion rate of 56%. The practice was constantly striving to improve patient satisfaction.

- 75% found it easy to get through to this practice by phone compared with a CCG average of 84% and a national average of 73%.
- 92% found the receptionists at this practice helpful compared with a CCG average of 91% and a national average of 87%
- 79% with a preferred GP usually got to see or speak to that GP compared with a CCG average of 72% and a national average of 60%.
- 94% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 91% and a national average of 85%.

- 98% said the last appointment they got was convenient compared with a CCG average of 95% and a national average of 92%.
- 90% described their experience of making an appointment as good compared with a CCG average of 83% and a national average of 73%.
- 81% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 71% and a national average of 65%.
- 66% felt they did not normally have to wait too long to be seen compared with a CCG average of 64% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 21 comment cards which were all positive about the standard of care received. For example patients commented on the helpfulness of staff and how knowledgeable and supportive they were.



# Roborough Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC lead inspector, a GP specialist advisor, and a practice manager specialist advisor.

### Background to Roborough Surgery

The Roborough Surgery provides primary medical services to people living in an urban area on the outskirts of Plymouth.

At the time of our inspection there were approximately 10,400 patients registered at the Roborough Surgery. There are eight GP partners, three male and five female who held managerial and financial responsibility for the practice. The GPs were supported by a nurse practitioner, three registered nurses, two healthcare assistants and additional administrative and reception staff.

Patients using the practice also have access to community staff including district nurses, palliative care and long term conditions nurse, health visitors, and midwives.

The practice is registered as a GP teaching and training practice for under and post graduate education. There are GP trainers and approved student assessors

The practice is open between 8am and 6pm Monday to Friday. Extended hours surgeries are offered at the following times on every other Saturday morning between the hours of 8am to 1:15pm for pre bookable appointments only. During evenings and weekends, when the practice is closed, patients are directed to an Out of Hours service delivered by another provider.

### 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 the Roborough 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 Health watch, NHS England, and the local New Devon Clinical Commissioning Group.

We requested information and documentation from the provider which was made available to us either before, during or 48 hours after the inspection.

We carried out our announced visit on 30 July 2015. We spoke with four patients, two GPs, two of the nursing team and three of the management and administration team. We collected patient responses from our comments box which had been displayed in the waiting room. 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.

# Detailed findings

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 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 an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. All significant events were firstly discussed at team meetings to identify any learning needs and again at the annual significant event meeting where the whole practice was present so that all staff can be aware of events and how to avoid them happening in the future. For example, following a delayed diagnosis the learning outcome was to 'believe the unbelievable' and to investigate for everything.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

### Overview of safety systems and processes

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

Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a named lead GP for safeguarding. The GPs 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, for example all GPs and the nurse practitioner were trained to level three, the nurses and healthcare assistants level two and all administrative staff level one.

A notice was displayed in the waiting room, advising patients that staff would act as chaperones, if required. The practice had a policy that listed staff identified for this role. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS).

(DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available in the reception office and a poster on the noticeboard. The practice had up to date fire risk assessments and regular fire drills were carried out. All electrical equipment had been checked in March 2015 to ensure the equipment was safe to use and clinical equipment was also checked in March 2015 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 and legionella.

Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken as well as monthly hand washing audits and we saw evidence that action was taken to address any improvements identified as a result.

The practice had arrangements for managing medicines, to keep patients safe; this included emergency drugs and vaccinations. We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a clear policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential failure. The practice staff followed the policy.

Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations. Regular medicine audits were carried out with the support of the optimising prescribing scheme, to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.

## Are services safe?

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 were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

### **Arrangements to deal with emergencies and major incidents**

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a

defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

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

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice had over twenty templates it used to carry out assessments and treatment in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. Members of staff were identified to lead on these areas and the practice had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 97.1% of the total number of 559 points available. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013/2014 showed;

- Performance for diabetes related indicators was better to the CCG and national average for example being 95.2% in comparison to the CCG average of 85.5% and the national average of 90.1%.
- The percentage of patients with hypertension having regular blood pressure tests was 84.5% compared to the CCG average of 77.6% and national average of 81.6%.
- Performance for mental health related and hypertension indicators was 93.3% compared to the CCG average 86.6% and national average of 90.9%.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. There had been 18 clinical audits completed in the last two years,

these were completed audits where the improvements made were implemented and monitored, for example, recent action taken as a result included the correct labelling of smear tests.

### 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, fire safety, health and safety and confidentiality. The practice did not employ locum GPs.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff received their first appraisal after three months and then annually from their line manager. If a staff member had a dual role, for example a phlebotomist and receptionist they were appraised jointly by both managers. 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 GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

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

# Are services effective?

(for example, treatment is effective)

services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place monthly and that care plans were routinely reviewed and updated.

## Consent to care and treatment

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

## Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and

stress management. The practice had produced a list for patients informing them of topics that could be covered during a consultation with the GP and nurse. Patients were then signposted to the relevant service.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 83.16% which was comparable to the national average of 81.88%. There was a policy to send letter reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96.6% to 100% and five year olds from 90% to 99.1%. Flu vaccination rates for the over 65s were 82.09% and at risk groups 58.04%. These were also above CCG and national averages.

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

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

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

All of the 21 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 two members of the patient participation group (PPG) on the day of our inspection. They also told us they were very happy with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. For example:

- 94% said the GP was good at listening to them compared to the CCG average of 91.8% and national average of 88.6%.
- 92.4% said the GP gave them enough time compared to the CCG average of 90.7% and national average of 86.8%.
- 98.7% said they had confidence and trust in the last GP they saw compared to the CCG average of 96.9% and national average of 95.3%.
- 88% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89.4% and national average of 85.1%.

- 94.9% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92.9% and national average of 90.4%.
- 91.3% patients said they found the receptionists at the practice helpful compared to the CCG average of 89.9% and national average of 86.9%.

### Care planning and involvement in decisions about care and treatment

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

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

- 92.6% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90.3% and national average of 86.3%.
- 87.4% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 86.8% and national average of 81.5%

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

The practice had notices in both the patient waiting rooms and a selection of pamphlets that informed 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, and they were being 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.

## Are services caring?

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



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

We found the practice was responsive to patients' needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs in the way services were delivered. The GP and nursing team fitted in urgent patient appointments during their day and took time with patients to deliver health promotion and advice. For example;

- The practice offered extended hours including alternate Saturday mornings for working patients who could not attend during normal opening hours.
- The practice had identified patients that required longer appointment times with either the GP or the nurse, for example patients with complex needs or with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There was access for patients with poor mobility with a lift to enable them access to the first floor. There were disabled facilities, hearing loop and translation services available.
- The practice had a policy of registering vulnerable patients and the homeless; they recently looked after some travellers, and gave them a 'convenience postcode' so that treatment could be provided.

The practice regularly monitored patient experience rates with the use of a national monitoring tool. The most recent results for 2015 showed that 91% rated the practice as good, very good, or excellent.

### Access to the service

The practice was open between 8am and 6pm Monday to Friday. Appointments were from 8.00am to 1:15pm every morning and 2.00pm to 5.40pm daily. There was additional

time set aside in the mornings for telephone appointments. Extended hours surgeries were offered every other Saturday between 8am and 1pm for pre booked appointments. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 97% patients said they could get through easily to the practice by phone compared to the CCG average of 84% and national average of 73%.
- 96% patients described their experience of making an appointment as good compared to the CCG average of 83% and national average of 73%.
- 84% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 71% and national average of 65%.

### Listening and learning from concerns and complaints

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

We saw that information was available to help patients understand the complaints system for example, posters were displayed on noticeboards, information on the website and there was a detailed leaflet available. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

The practice discussed any complaints in their weekly meetings and their training afternoon when the practice was closed. Patients had made complaints with obtaining an appointment, the practice had responded by adding additional appointment times throughout the lunchtime period. We could not look at detailed complaints as they were stored in the patient's notes.

# 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 and staff knew and understood the values. The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

The practice were a founder member of a federation with five other GP practices in Plymouth that are working together to further improve upon care.

### Governance arrangements

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

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

### Leadership, openness and transparency

The 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 took 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. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at weekly team meetings and confident in doing so and felt supported if they did. Staff said they felt respected, valued and supported, particularly by the partners in the practice.

There were notices within the practice inviting staff for their ideas to improve the service they were providing. 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 patients 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, there were problems with telephone system identified last year e.g. constant ringing with no answer, as there were issues with auto attendant system. A new telephone system was installed as a direct result of survey.

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 they told us that they did not need to wait for meetings as they could raise any issues as they occurred. Staff told us they felt involved and engaged to improve how the practice was run.

### Innovation

The practice was a teaching practice with a strong track record and commitment to training new GPs. The practice was a training practice for under and post graduate education as well as GPs returning to practice. There were GP trainers and student assessors. The practice had excellent feedback from trainees about their experience at the Roborough Surgery as well as the Peninsular Medical School.

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of an alliance. The Alliance aimed to improve outcomes for patients in the area by sharing clinical and management expertise with five other GP practices in the area.

## Are services well-led?

Good 

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

The practice had completed reviews of significant events and other incidents and shared findings with staff both informally and formally at meetings to ensure the practice improved outcomes for patients. Records showed that regular clinical audits were carried out as part of their

quality improvement process to improve the service and patient care. The results of feedback from patients, through the patient participation group, family and friends test, were also used to improve the quality of services.