Dr Catherine Louise Leach

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Catherine Louise Leach on 7 January 2016.Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- 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 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.
- The provider was aware of and complied with the requirements of the Duty of Candour.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there are unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patient's needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

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

Summary of findings

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

The practice is rated as good for being well-led.

- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Good

The practice is rated as good for the care of older patients.

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- It was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The GP took a very active role to support families who had experienced bereavement. The GP would call or visit at a flexible time and location to meet the family's needs and give them a bereavement pack with practical help, signposting and advice. The GP also followed up the patients that were the most vulnerable, including a visit a few weeks after bereavement and before Christmas in their first year of their loss.
- The GPs were proactive in monitoring the patients in a local care home and completed regular reviews of the patients' needs, including regular cognitive impairment tests to check for changes in memory and mood.
- The practice would ring patients with memory problems prior to their appointment time, to remind them of appointments to the surgery and to meetings with secondary care.

People with long term conditions

Good

The practice is rated as good for the care of patients with long-term conditions.

- The GPs had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes, on the register, who were achieving the target blood pressure was 90% compared to the national average of 78%.
- The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 12 months was 100%, compared to the national average of 94%.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 96%, compared to the national average of 88%.
- Longer appointments and home visits were available when needed.

Summary of findings

- All these patients had a named GP and a annual review where the GP would offer a longer appointment to review all their long term conditions in one appointment. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The GPs met fortnightly with the community matrons and weekly with the palliative care nurses.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young patients.

- 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 patients who had a high number of A&E attendances, the practice had introduced a system to monitor A&E attendances in under 18 year olds and was proactive in offering support to this group
- Immunisation rates were high for all standard childhood immunisations.
- The practice's uptake for the cervical screening programme was 84%, which was better than the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working-age patients (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example the practice offered a monthly Saturday surgery following feedback from patients.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the care of patients whose circumstances may make them vulnerable.

Summary of findings

- The practice held a register of patients living in vulnerable circumstances and had a system in place to identify these patients. Any patients who may be experiencing any vulnerable circumstances were offered longer appointments, opportunistic health checks and immunisations
- It offered longer appointments for patients with a learning disability and they had all undergone a yearly health check
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of patients experiencing poor mental health (including those living with dementia).

- 91% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months.
- The percentage of patients with serious mental health problems who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months was 94% compared to the national average of 89%
- The percentage of patients with serious mental health problems whose alcohol consumption has been recorded in the preceding 12 months was 100% compared to the national average of 89.6%
- The practice regularly worked with multi-disciplinary teams in the case management of patients 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 where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia, and would ring patients if required to remind them of appointments at the practice or hospital.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 2nd July 2015. The results showed the practice was performing with mixed satisfaction scores compared with local and national averages. 382 survey forms were distributed and 119 were returned, a completion rate of 31% (which represents 7% of the patient population).

In relation to access to appointments the results showed higher than local and national averages.

For example;

- 100% found it easy to get through to this surgery by phone compared to a clinical commissioning group (CCG) average of 91% and a national average of 73%.
- 95% found the receptionists at this surgery helpful compared to the CCG average of 95% and the national average of 87%.
- 96% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 91% and the national average of 85%.
- 98% said the last appointment they got was convenient compared to the CCG average of 95% and the national average of 92%.
- 93% described their experience of making an appointment as good compared to the CCG average of 85% and the national average of 73%.
- 94% usually waited 15 minutes or less after their appointment time to be seen compared to the CCG average of 70% and the national average of 65%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 41 comment cards of which all except two were positive about the standard of care received.

We spoke with five patients during the inspection. All five patients said that they were happy with the care they received and thought that staff were approachable, committed and caring.

Dr Catherine Louise Leach

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist advisor, and a CQC Inspection Manager.

Background to Dr Catherine Louise Leach

Dr Catherine Louise Leach, known as Catherine Cottage Surgery, is the last single handed GP practice in the city of Bath, within the Bath and North East Somerset area.

The practice is located at:

21 Catharine Place, Bath, BA1 2PS.

The location is close to the centre of Bath with no car park and restricted metered parking in the surrounding streets. There are good transport links to the centre of Bath.

The practice has a population of 1700 patients with a mix of patients living in the city centre and the suburbs. The practice covers areas of mixed social deprivation. The Practice provides a session every morning and every afternoon except Tuesdays when a neighbouring surgery provides cover, and offers a monthly Saturday surgery. There is one female GP available Monday to Thursday and a male GP on a Friday. The GPs are supported by a part time practice nurse, three reception and administration staff and a part time practice manager.

The practice is open between 8am and 6pm Monday to Friday. Appointments are from 9am to 11.10am every morning and can extend from 1.30pm to 5.50pm daily, except Tuesday afternoons when a neighbouring practice covers for urgent appointments. Extended hours surgeries are offered one Saturday per month from 10am to 1pm. The practice always ensures that patients who feel they need an urgent appointment are always seen that day.

When the practice is closed the practice has a local agreement with Bath Doctors Urgent Care to provide cover from 6pm to 6.30pm.

From 6.30pm to 8am and at weekends the practice Out Of Hours cover is provided by Bath Doctors Urgent Care, accessed via NHS 111.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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. The 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 visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. During our visit we:

- Spoke with a range of staff including both GPs, the practice nurse, the administration and reception team, and spoke with patients who used the service.

Detailed findings

- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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).

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.

Good

Are services safe?

Our findings

Safe track record and learning

There was an effective 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.
- The practice carried out a thorough analysis of the significant events and fed back any learning to all staff.
- The provider was aware of and complied with the requirements of the Duty of Candour

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, an alert was received which related to equipment diabetic patients used to deliver insulin. The GPs identified the patients using this equipment and arranged the alternative device.

When there are unintended or unexpected safety incidents, patients receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were easily accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The lead GP was the lead for safeguarding for the practice. 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. GPs were trained to Safeguarding level three.
- A notice in the waiting room advised patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS check). (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).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy, except for one area in the treatment room. This was identified to the practice who put in place an action plan immediately. 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 and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. The Practice held paper patient files in the premises in a secure room. Although these were not in a locked cupboard, the practice had undertaken a risk assessment to review the security arrangements, and taken all practicable measures to manage the security of these records. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. These had all been appropriately signed and reviewed. The GPs reviewed all high risk medicines and repeat prescriptions and checked the appropriate blood test results before prescribing medicines.
- We reviewed three personnel files and found 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.

Good

Are services safe?

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available although this had not been reviewed since 2010, however all staff were aware of how to access and implement the policy. The practice had up to date fire risk assessments and carried out regular fire drills, the last fire drill was carried out on 9th December 2015. 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 and legionella.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a plan to cover any planned or unforeseen absences to ensure enough staff were on duty to meet the patient's needs. Including a plan with other providers for cover if short term absences could not be covered by the practice team.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to 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, and all relevant external agencies. This also included the arrangements for support by other local practices to ensure patients' needs could be met in an emergency.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed.

Management, monitoring and improving outcomes for patients

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99.3% of the total number of points available, (the practice could not achieve 100% as they did not have any patients taking a medicine called Lithium) with 6.5% exception reporting, which was three per cent below the national exception rate. This practice was not an outlier for any QOF (or other national) clinical targets. Data from December 2015 showed;

- Performance for diabetes related indicators than the clinical commissioning group (CCG) and national average.
- The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 12 months (2014 to 2015) was 100% compared to the national average of 94%.
- The percentage of patients with diabetes, on the register, whose cholesterol was measured and in the target range was 83% compared to the national average of 81%.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (2014 to 2015) was 96% compared to the national average of 88%.
- The percentage of patients with high blood pressure having regular blood pressure tests was 92% which was better than the national average of 84%.

Performance for mental health related indicators was better than the national average. For example;

- The percentage of patients with serious mental health problems who have a comprehensive, agreed care plan documented in the preceding 12 months (2014 to 2015) was 94% compared to the national average of 88%.
- The percentage of patients with serious mental health problems whose alcohol consumption has been recorded in the preceding 12 months (2014 to 2015) was 100% compared to the national average of 90%
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months (2014 to 2015) was 91% compared to the national average of 84%.
- The dementia diagnosis rate was lower than the CCG and national average, however this was due to low numbers of patients with dementia in the catchment area but a higher proportion of patients with memory impairment. These patients were closely monitored by the practice and there were good links and referrals to the local memory clinic.

Clinical audits demonstrated quality improvement.

- There had been three clinical audits completed in the last two years, where improvements identified had been implemented and monitored.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included a policy for managing patients taking a high risk medicine that requires close monitoring to ensure medicines and blood tests were robustly monitored and reviewed, and that patients also had this as written information in case they needed to attend any secondary care appointments.

Good

Are services effective?

(for example, treatment is effective)

Information about patients' outcomes was used to make improvements such as; the practice implemented a system to monitor A&E attendances in the under 18s and over 65s so the GPs could follow up any patients that needed extra support or intervention.

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, All except for one member of staff had had an appraisal within the last 12 months, this had been delayed due to unforeseen staffing changes when the appraisal had been due.
- Staff received training that included: safeguarding, fire procedures, basic life support and clinical best practice updates. Staff had access to and made use of e-learning training modules and external 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.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patient's needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a fortnightly basis. However weekly meeting were held with the practice and the palliative care team. Ad-hoc clinical meetings were held weekly and whenever a need was identified. 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.

- 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 patients, 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 nurse told us if they needed advice about consent or mental capacity the GPs would always advise and assist.
- 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

The practice identified patients who may be in need of extra support.

- 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 those needing mental health support. Patients were then signposted to the relevant service. For example patients could access a talking therapies support service.

Good

Are services effective?

(for example, treatment is effective)

- Smoking cessation advice was available from the practice and a local support group. The practice achieved 100% of the required public health targets for managing smoking cessation and obesity according to the Health and Social Care Information Centre.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 84%, which was comparable to the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were higher than the national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 100% and five year olds from 86% to 100%. Flu vaccination rates for the over 65s were 78%, and at risk groups 64%. These were also above national averages of 73% and 48% respectively.

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

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity 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.

Thirty nine of the 41 patient CQC comment cards we received were positive about the service and care experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. The other two cards expressed one concern about referring too early to secondary care rather than investigating further at the GPs, and one about GP attitude.

Data from the Friends and Family Test from the last four months, showed patients were all extremely likely or likely to recommend the GP practice to friends and family, and all the comments received were positive.

We also spoke with two members of the patient participation group. 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.

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

- 85% said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 93% and national average of 86%.
- 80% said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 93% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average 95%.
- 78% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 85%.
- 98% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average 90%.
- 99% had confidence and trust in the last nurse they saw or spoke to compared to the CCG average of 97% and the national average of 97%.
- 95% said they found the receptionists at the practice helpful compared to the CCG average of 92% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us that 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.

We spoke to a local care home that cared for residents with early onset dementia and dementia. The staff told us the GPs are proactive in monitoring their patients and completed regular review of the patients' needs, including regular cognitive impairment tests to check for changes in memory and mood.

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

- 79% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 86%.
- 80% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 81%.

Good

Are services caring?

- 92% say the last nurse they saw or spoke to was good at explaining tests and treatments compared to the CCG average of 92% and the national average of 90%.
- 86% say the last nurse they saw or spoke to was good at involving them in decisions about their care compared to the CCG and national average of 85%.

Staff told us that translation services were available for patients who did not have English as a first language.

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. The practice had identified just under one per cent of the practice list as carers and actively sought to identify and support any potential or new carers. Written information was available to direct carers to 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 by giving them a bereavement pack on how to find a support service and other practical help and advice. The GP also followed up the patients that were the most vulnerable following a bereavement including a visit a few weeks after bereavement and before Christmas in their first year of their loss.

The practice rang patients with memory problems to remind them of their appointments to the practice and to secondary care appointments.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example the CCG scheme to identify two percent of the patient population who may be at risk of extra support had been personalised and adapted by the practice to meet the needs of their patients. This helped reduce unplanned admissions to hospital in this group from the national average of 10.7% to 7.6%.

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- There were longer appointments available for patients with a learning disability or complex health needs.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There was a hearing loop and translation services available.
- The practice only saw patients in rooms on the ground floor.

Access to the service

The practice was open between 8am and 6pm Monday to Friday. Appointments are from 9am to 11.10am every morning and can extend from 1.30pm to 5.50pm daily, except Tuesday afternoons when a neighbouring practice covered for urgent appointments. Extended hours surgeries were offered one Saturday per month from 10am to 1pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them. The practice always ensured that patients who felt they needed an urgent appointment were seen that day.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was well above the local and national averages. Patients told us on the day that they were able to get appointments when they needed them.

- 100% patients said they could get through easily to the surgery by phone compared to the CCG average of 91% and the national average of 73%.
- 93% patients described their experience of making an appointment as good compared to the CCG average of 85% and the national average of 73%.
- 86% of patients said they could speak to their preferred GP compared to the CCG average of 68% and the national average of 60%.
- 96% of patients were able to get an appointment to see or speak to someone last time they tried compared to the CCG average of 91% and the national average of 85%.
- 94% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 70% and the national average of 65%.

However in relation to opening hours the survey showed below average satisfaction scores;

- 68% of patients were satisfied with the practice's opening hours compared to the CCG average of 81% and national average of 75%.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system which was available in the waiting room and on the website.

We looked at the one complaint received in the last 12 months and found this was satisfactorily handled, and handled with openness and transparency. Concerns and complaints were monitored to ensure if there was any learning this was shared with the whole practice team, and any action taken to as a result to improve the quality of care. For example when one complaint was received the patient was spoken to and given explanations to the issues they had raised.

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

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff. Although some of the governance policies were overdue an update, the staff all knew how to follow and implement these policies. For example, the practice had a few policies which had not been revised including the Disclosure and Barring (DBS) policy which was still referred to as the Criminal Records Bureau policy. However all the three files reviewed showed the practice was following current best practice and completing DBS checks. On the day of the inspection the practice took note of the policies which were overdue and implemented an action plan to address this.
- The practice undertook a programme of continuous clinical and internal audit 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 GPs in the practice prioritised safe, high quality and compassionate care. The GPs 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. All the staff felt the practice had open effective communication links and worked well together. The GPs met weekly despite working different days to ensure effective communication.

The GPs encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- the practice gave affected patients reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.

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

- Staff told us that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. We also noted that ad-hoc meetings were well used and any issues were always addressed on the day.
- Staff said they felt respected, valued and supported, particularly by the GPs in the practice. All staff were involved in discussions about how to run and develop the practice, and the GPs 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, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. The Patient Participation Group (PPG) was a virtual group and the GPs made efforts to promote the group. The practice had a suggestion box but had only had two suggestions in the last couple of years.

- It had gathered feedback from patients through the PPG and through surveys and complaints received. There was a virtual PPG which submitted proposals for improvements to the practice management team. For example, the PPG had given feedback on access to the surgery which had led to the Saturday morning surgery.
- The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff

Are services well-led?

Good

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

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.

Continuous improvement

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 local pilot schemes to improve outcomes for patients in the area. For example, the GPs had participated in the local trading standards scheme to provide trusted traders to patients. The GPs had developed a system to monitor A&E attendances in under 18s and over 65s, data from the local Clinical Commissioning Group showed that this had led to lower than average A&E attendances in these groups.