Dalston Practice

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dalston Practice on 13 October 2015. Overall the practice is rated as good.

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

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Staff had received training appropriate to their roles, with the exception of adult safeguarding training, which some staff had not received.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- 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.

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

Importantly the provider should:

- Implement a system to monitor staff training.
- Work further to respond to patient surveys and feedback.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. However, some administrative and reception staff had not received training on adult safeguarding. The practice were aware of this issue and had plans in place to address this.

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 referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality. In the national GP patient survey, the practice scored below average on several measures relating to patient satisfaction with consultations. The practice were aware of these issues, and were reviewing their appointments system in response.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. In the national GP patient

Summary of findings

survey, the practice scored below average on several measures relating to access and appointments. The practice were aware of these issues, and were increasing the appointment options available to patients in response.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. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings and events.

Summary of findings

The six population groups and what we found

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

Older people

Good

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. The practice screened for conditions more prevalent in older patients, for example dementia.

People with long term conditions

Good

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

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances, and the practice maintained a register of children considered to be at risk. Immunisation rates were above averages for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses. The practice was offering health checks for new patients under the age of 16, as well as for existing patients on turning 16, providing support and referrals as necessary.

Working age people (including those recently retired and students)

Good

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

Summary of findings

been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice offered extended hours openings on one evening per week and on Saturday mornings. They were proactive in offering online services, including appointments booking and prescription requests, as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. It carried out annual health checks for people with a learning disability and for those who were considered to be in circumstances which made them vulnerable. It offered longer appointments for people who would benefit from them, including those with a learning disability.

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

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice provided annual health checks for those with poor mental health, and regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. A specialist psychiatric nurse attended the practice weekly to review patients with more complex mental health needs. 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. Staff had received training on how to care for people with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice was performing in line with local and national averages. There were 79 responses and a response rate of 17.2%.

- 80% find it easy to get through to this surgery by phone compared with a CCG average of 72.4% and a national average of 73.3%.
- 83.6% find the receptionists at this surgery helpful compared with a CCG average of 87.3% and a national average of 86.8%.
- 37.7% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 54.9% and a national average of 60%.
- 81% say the last appointment they got was convenient compared with a CCG average of 88.1% and a national average of 91.8%.
- 54.7% describe their experience of making an appointment as good compared with a CCG average of 71.5% and a national average of 73.3%.
- 44.5% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 61.7% and a national average of 64.8%.
- 41.3% feel they don't normally have to wait too long to be seen compared with a CCG average of 51.6% and a national average of 57.7%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 13 comment cards which were all positive about the standard of care received. Patients particularly complimented the friendly and helpful staff, and reported that they were satisfied with the clinical care received.

Dalston Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a second CQC inspector, and an Expert by Experience (someone who has experiencing of using services).

Background to Dalston Practice

Dalston Practice provides care to approximately 6500 patients.

The practice serves a mixed population, with 51.3% of people in the local area identifying as white, 10.4% as Asian/Asian British, 27.8% as Black/African/Caribbean/ Black British, 7.2% as mixed ethnic and 3.3% as other ethnic groups.

There is one principal GP at the practice, a salaried GP and four long-term locum GPs (four male and two female doctors in total), one practice nurse, a practice manager as well as administrative and reception staff. In total, the practice offered 24 GP sessions per week.

The contact held by the practice is a GMS (General Medical Services) contract. The practice also provides enhanced services, including, for example, extended hours.

The practice is registered to provide diagnostic and screening procedures, maternity and midwifery services, and for the treatment of disease, disorder or injury.

The opening hours are between 9:00am and 6:30pm on weekdays, except on Thursdays when the practice closes at 1:00pm. Appointments are available between 9:00am and 12:30pm daily, and from 2:30pm to 6:10pm on Mondays, Tuesdays, Thursdays and Fridays. In addition, there are appointments available from 6:30pm to 8:30pm on Tuesdays, and from 9:00am to 1:00pm on Saturdays.

When the practice is closed, patients are redirected to a contracted out-of-hours service.

We had not inspected this practice before.

Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008, to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 as well as to provide a rating for the services under the Care Act 2014.

How we carried out this inspection

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

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions

Detailed findings

- 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)

We carried out an announced visit on 13 October 2015. During our visit we spoke with a range of staff (including GPs, the practice nurse, the practice manager and administrative and reception staff) and spoke with patients who used the service. We observed how people were being cared for and talked with carers and/or family members and reviewed the personal care or treatment records of patients. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Good

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. The practice carried out an analysis of the significant events. The practice met regularly to discuss significant events and implement any necessary improvements.

We reviewed safety records, incident reports 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, the practice had an incident whereby two patients with the same name were booked in for the same clinic. When one of the patients attended their appointment, the GP had identified that the wrong notes had been accessed. The practice demonstrated that they had recorded and reviewed this incident, and had implemented additional checks (such as date of birth) to ensure that patients were always correctly identified.

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 were lead members of staff for both adult and child safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. All staff we spoke with demonstrated they understood their responsibilities, however reception and administrative staff had not received training on adult safeguarding. The practice was aware of this and were working to identify an appropriate training provider. Shortly after the inspection, the practice demonstrated that they had addressed this issue, and provided evidence that all staff had received training on adult safeguarding. The practice did not have a system in place to monitor required training, and such a system may prevent this type of event occurring in future.
- A notice was displayed in the waiting room, advising 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 service 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. The practice had up to date fire risk assessments and regular fire drills were carried out. 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.
- 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. Infection control audits were undertaken every six months and we saw evidence that action was taken to address any improvements identified as a result. In addition, the practice nurse was carrying out regular checks of compliance with the practice's infection control policy.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medicines audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for

safe prescribing. The GPs regularly reviewed patients' medicines. The practice's antibiotic prescribing was low. For example the practice was prescribing less cephalosporins and quinolones compared to other practices in the last year (11% compared to a national average of 14%). Prescription pads were securely stored and the practice had a system in place to monitor their movement and use.

- Recruitment checks were carried out and the six 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 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. The practice used regular bank reception staff to cover periods of leave, and had three regular locum GPs who were used when necessary.
- The practice used long-term locums, however had a clear plan in place to recruit a salaried GP and eventually create additional partners.

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. 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, and alternative premises had been identified for emergency use. The business continuity plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and 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 92.3% of the total number of points available, with 4.4% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from the year 2014-2015 showed;

- Performance for diabetes related indicators was similar to CCG and national averages. For example, 95.8% of patients with diabetes, on the register, had received a foot examination and risk classification in the past year, compared to a CCG average of 96.2% and a national average of 88.3%.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the CCG and national averages, with 84.5% of patients at the practice receiving a test in the preceding 12 months, compared to a CCG average of 87.9% and a national average of 83.6%.
- Performance for mental health related indicators was slightly worse than the CCG and national averages. For example, 78.4% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan on record from the preceding 12 months, compared to a CCG average of 85.4% and a national average of 88.3%. Notes of patients on antidepressants showed that reviews had taken place; however no formal assessment scoring was undertaken.

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 five clinical audits conducted in the last two years, four of these were completed audits where the improvements made were 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, the practice had recently carried out an audit on the use of high dose inhaled corticosteroids in asthma and chronic obstructive pulmonary disease (COPD). The practice reviewed a number of indicators, including whether medicines discussions had taken place, whether the patients had been provided instruction on their inhaler technique, and whether patients had received the flu vaccine. The practice measured their performance on these factors, and for example, found that, in the first cycle, the practice had offered instruction on inhaler technique to 38% of patients. This rose to 62% of patients in the second cycle.

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 learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.

Good

Are services effective?

(for example, treatment is effective)

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets was 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 services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

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. Patients were then signposted to the relevant service, including local alcohol and smoking cessation support services, and dietician services.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 83.01% which was comparable to the national average of 81.88%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. 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 93.8% to 98.4% (compared to the CCG range of 80.6% to 92.5%) and five year olds from 74.3% to 95.9% (compared to the CCG range of 81.3% to 94.4%). Flu vaccination rates for the over 65s were 74.12%, compared to the national average of 73.24%, and for at risk groups 59.48%, compared to the national average of 52.29%.

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

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

All of the 13 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 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 the majority of patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was below average for its satisfaction scores on consultations with doctors and nurses. For example:

- 73.9% said the GP was good at listening to them compared to the CCG average of 86% and national average of 88.6%.
- 74% said the GP gave them enough time compared to the CCG average of 83.1% and national average of 86.6%.
- 88.4% said they had confidence and trust in the last GP they saw compared to the CCG average of 93.3% and national average of 95.2%
- 79% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and national average of 85.1%.
- 88.1% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 85.9% and national average of 90.4%.
- 83.6% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87.3% and national average of 86.8%.

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 that most patients responded positively to questions about their involvement in planning and making decisions about their care and treatment, however the practice results were below local and national averages. For example:

- 73.7% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83.3% and national average of 86%.
- 76.1% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78.2% and national average of 81.4%

The practice were aware of these issues, and had identified that some patients were concerned about the time available for appointments, which they felt was also having an impact on patient satisfaction with GP interactions. The practice had introduced longer appointments for those patients who may benefit from these, including those with complex or longer term conditions. The practice was also advising patients of the time available for appointment, so that patients had realistic expectations, and booking in additional appointments if these appeared necessary.

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.

Good

Are services caring?

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers and they were being supported, for example, by offering flu vaccinations, 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.

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, the practice regularly met with pharmacists from the CCG to review and implement CCG prescribing policy, and conduct audits to examine the practice's prescribing.

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

- The practice offered appointments up to 8:30pm on Tuesdays, and from 9:00am to 1:00pm on Saturdays, which were particularly useful for working age patients.
- There were online services available to patients, including to book appointments and request repeat prescriptions.
- Home visits were offered for older and house bound patients, including quarterly reviews.
- There were longer appointments available for people with a learning disability and for those who would benefit from these, including patients with long term conditions.
- Health checks were offered to all new patients under the age of 16, and to existing patients on turning 16. The practice referred young patients to locally available services as necessary.
- A specialist psychiatric nurse attended the practice weekly to provide support to patients with more complex mental health needs.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services available.

Access to the service

The practice was open from 9:00am and 6:30pm on weekdays, except on Thursdays when the practice closed at 1:00pm. Appointments were available between 9:00am and 12:30pm daily, and from 2:30pm to 6:10pm on Mondays, Tuesdays, Thursdays and Fridays. In addition, there were extended hours appointments available from 6:30pm to 8:30pm on Tuesdays, and from 9:00am to 1:00pm on Saturdays.

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 below local and national averages. For example:

- 56% of patients were satisfied with the practice's opening hours compared to the CCG average of 77.8% and national average of 74.9%.
- 80% patients said they could get through easily to the surgery by phone compared to the CCG average of 72.4% and national average of 73.3%.
- 54.7% patients described their experience of making an appointment as good compared to the CCG average of 71.5% and national average of 73.3%.
- 44.5% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 61.7% and national average of 64.8%.

The practice had in response to this feedback from patients, recently introduced Saturday opening hours with appointments available with the practice nurse and GPs. This change increased the number of appointments available and the choices patients had, which the practice felt would result in higher patient satisfaction in relation to appointments booking and access.

In addition, the practice had increased the number of walk-in appointments available to patients, which improved access and introduced more flexibility into the system.

The practice had also introduced a system to provide information to patients, keeping them up to date with waiting times. The practice recognised that patients had to wait beyond their allocated appointment time and were considering changes to their appointments system.

Listening and learning from concerns and complaints

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

We saw that information was available to help patients understand the complaints system, including a poster in the waiting area with details of the complaints procedure, and printed complaints leaflets available on request.

We looked at seven complaints received in the last 12 months and found that these were satisfactorily handled, with full responses provided in a timely manner.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, the practice received a complaint regarding a patient who had to wait for one hour after their appointment time to be seen. The practice identified that the patient may not have been 'checked-in' correctly on arrival, so reviewed their appointments system and provided refresher training to receptionists. The practice also discussed the importance of keeping patients updated with regards to waiting times. We saw evidence that the practice discussed all complaints received in team meetings, and relayed learning and action points to staff.

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 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.

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, with staff leading in a number of areas. All staff were aware of their own, as well as others' roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- Staff were kept up to date and had a comprehensive understanding of the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership, openness and transparency

The principle GP in the practice has the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The principle was visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff. They encouraged a culture of openness and honesty.

Staff told us that regular team meetings were held, including weekly practice and clinical meetings. Staff told us 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. Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the practice 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, and submitted proposals for improvement to the management team. For example, the PPG had identified that there could be difficulties in obtaining urgent appointments, and in response the practice increased the number of walk-in appointments available each day.

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