Aspley Medical Centre

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 Aspley Medical Centre on 6 January 2016. Overall the practice is rated as good.

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

- Patients said they found it easy to make an appointment and there was continuity of care. The GP surgeries were flexible and ensured that patients who requested to be seen on the same day were.
- The practice had good facilities including disabled access. There was a lift for those who were not able to manage the stairs.
- Information about services and how to complain was available. The practice sought patient views about improvements that could be made to the service, including having a patient participation group (PPG).
- The practice proactively sought to educate their patients to manage their medical conditions and improve their lifestyles by having additional in house services available.These included visiting healthcare professionals such as a physiotherapist and community paediatrician.
- There were systems in place to reduce risks to patient safety for example, infection control procedures.
- Staff identified a clear leadership structure, good team work, and felt supported by management.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles.

The areas where the provider should make improvement are:

- Ensure systems are in place to proactively identify and support carers.

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 were processes in place to report and record safety incidents and learn from them. Staff were aware of the systems in place and were encouraged to identify areas for concern, however minor. There was evidence of clear communication that enhanced team working and protected learning time to learn from incidents, and clear records had been kept including any action taken.

Risks to patients were assessed and well managed. Infection control procedures were completed to a high standard. There were enough staff to keep patients safe.

Are services effective?

Good

The practice is rated as good for providing effective services.

Data showed patient outcomes were mixed when compared to other practices in the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health.

Staff had received training appropriate to their roles and any further training needs had been identified, and training was planned to meet these needs. There was evidence of appraisals and personal development plans for all staff.

Staff worked with multidisciplinary teams including community nurses, health visitors, physiotherapist, and specialist staff to help patients. In addition the practice worked with other specialist community services, for example a clinic to help patients experiencing excessive drinking habits.

Are services caring?

Good

The practice is rated as good for providing caring services.

Patient survey data showed that patients rated the practice higher than others for several aspects of care. For example, the percentage of patients who usually had an appointment or spoke with their preferred GP was 70%. This was 11% above the CCG and national average.

Patients told us they were treated with compassion, dignity, and respect and they were involved in care and treatment decisions. We saw that staff treated patients with kindness and respect and in a way that was individual to those patients that needed extra support.

Summary of findings

Confidentiality was maintained and information was available to patients in formats that they could understand. The practice demonstrated that they prioritised patient centred care.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

Practice staff described how they were an integral part of the local community, were aware of the needs of their practice population, and tailored their care and services accordingly. The practice recognised that they served an area of high deprivation and this had an adverse effect on health outcomes.

GPs were flexible with the appointment system to ensure that patients were seen on the day if requested. Telephone consultations and home visits were available when necessary.

The premises were suitable for patients who had a disability or those with limited mobility.

There was a complaints system in place that was fit for purpose, complaints received had been dealt with in a timely and appropriate manner.

Are services well-led?

Good

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

It had a clear vision and strategy for the delivery of high quality patient centred care. 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 team meetings. There was a robust system in place to monitor and improve quality and identify risk. Staff had received inductions and regular performance reviews.

The practice team were an integral part of the management and development of the practice.

The practice collated and acted on feedback from patients, through the patient participation group and direct contact with the patients.

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.

The practice offered proactive, personalised care to meet the needs of the older people in its population. Home visits were available for those unable to attend the practice. Continuity of care was maintained for older people through a stable GP workforce and personalised patient centred care. The practice provided dedicated weekly visits to a local care home ensuring that patients' health care was managed proactively.

Phlebotomy services were provided at the surgery enabling patients to have blood samples taken without the need to travel to the community service.

We saw evidence that the practice was working to the Gold Standards Framework for those patients with end of life care needs.

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 but data showed patient outcomes were mixed when compared to other practices in the locality.

All these patients had a structured annual review to check that their health and medication needs were being met. Protocols based on local guidelines allowed the nurse with prescribing qualification to make changes to medication, without the patient always needing to make a second doctor's appointment. Longer appointments were available if required. Practice staff followed up patients by telephone who did not attend their appointments.

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 patients who had a high number of A&E attendances. Immunisation rates were in line with local averages for all standard childhood immunisations. Young children were given priority appointments for urgent needs and this ensured that children with ailments such as ear ache did not wait too long.

Summary of findings

The rate of teenage pregnancies was high within the local area; the practice proactively offered routine contraceptive services and was a centre for the C-card scheme. This scheme provides young people with free condoms.

Appointments were available outside of school hours and the premises were suitable for children and babies. We saw examples of joint working with midwives, health visitors, and school nurses.

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, including 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.

The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group. The practice did not restrict patients to certain appointment times to attend for their annual reviews; patients who worked were able to book at times that were convenient to them. Telephone consultations were available for those patients who wished to seek advice from a GP. NHS health checks were available.

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 patients, and those with a learning disability. It offered longer appointments and carried out annual health checks.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients. We saw the practice provided vulnerable patients with information about how to access various support groups and voluntary organisations.

Staff knew how to recognise signs of abuse or neglect 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.

Reception staff were intuitive to the needs of this group of patients and demonstrated that they had a personalised approach to helping them. For example, patients that had been identified as

Summary of findings

vulnerable, and did not make appointments but presented at the practice when in need of medical care were seen at the time by a GP. This ensured the patient had access to immediate health care to keep them safe without needing to attend at another time.

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 regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. The number of recorded care plans was low, however, we reviewed records and were confident that this was due to low recording/coding and not inadequate patient monitoring or follow up.

Staff told us that 35% of patients with a diagnosis of dementia had received advance care planning, including end of life care and had received an annual review.

Same day appointments and telephone triage with a GP was offered to ensure that any health needs were quickly assessed for this group of patients.

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 patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The latest national GP patient survey results were published on **7 January 2016.** The results showed the practice was performing above the local and national averages in several areas. 395 survey forms were distributed and 117 were returned.

- 97% found it easy to get through to this surgery by phone compared to a CCG average of 74% and a national average of 73%.
- 97% found the receptionists at this surgery helpful (CCG average 89%, national average 87%).
- 88% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 95% said the last appointment they got was convenient (CCG average 92%, national average 92%).
- 84% described their experience of making an appointment as good (CCG average 74%, national average 73%).
- 63% usually waited 15 minutes or less after their appointment time to be seen (CCG average 61%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 27 comment cards which were all positive about the standard of care received including care provided by locum GPs used by the practice.

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

Areas for improvement

Action the service SHOULD take to improve

- Ensure systems are in place to proactively identify and support carers.

Aspley Medical Centre

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 and a practice manager specialist adviser.

Background to Aspley Medical Centre

Aspley Medical Centre provides a range of medical services to approximately 7000 patients living in the Aspley area of Nottingham. The practice is in the Nottingham City CCG (Clinical Commissioning Group).

The practice holds a Personal Medical Services (PMS) contract to provide GP services.

Data from Public Health England shows the practice serves an area where income deprivation affecting children and older patients people is higher than the England average. Additionally, the area has a higher than average number of patients aged 20 years to 34 years, with more children and young adults under 18 years of age.

The practice has a team of six GPs meeting patients' needs. Three GPs (one male and two female) are partners and they hold managerial and financial responsibility for the practice. Three salaried GPs (two male and one female) are employed. In addition, there is one nurse practitioner, two practice nurses and two health care assistants. A practice manager assistant and team of nine reception/ administration staff support the practice manager.

Patients using the practice have access to a range of services and visiting healthcare professionals. These included health visitors, midwives, and a physiotherapist, smoking cessation advisor and a specialist clinic for patients with alcohol dependency.

Appointments are available Monday to Friday from 8.30am to 6.30pm. Appointments late in the afternoon are offered for those patients that are working and cannot attend earlier in the day.

Outside of practice opening hours Nottingham Emergency Medical Service provides a service. Details of how to access emergency and non-emergency treatment and advice is available within the practice and on its website.

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

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

- Is it safe?

Detailed findings

- 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)

Before our inspection, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 6 January 2016. During our inspection we spoke with a range of staff including two GPs, nursing, reception and administration team staff. We spoke with five patients who used the service and four members of the patient participation group. We observed how patients were being cared for and reviewed 27 comment cards where patients shared their views and experiences of the service.

Good

Are services safe?

Our findings

Safe track record and learning

The practice used a range of information to identify risks and improve patient safety. For example, reported incidents comments and complaints received from patients. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses. A specifically designed form, available electronically or in paper form was available to staff to report incidents and near misses. These were reported to the practice manager or GP partners.

The practice had policies and procedures for reporting and responding to accidents, incidents, and near misses. These were accessible to all staff on the practice electronic system and in folders in the meeting room.

We reviewed safety records, incident reports, and minutes of meetings where these were discussed for the last two years. This showed the practice had managed these consistently over time and could evidence a safe track record over the long term. Eleven events had been recorded in the past 12 months. These were a mixture of clinical, and administration. Each event was well documented and evidence of actions and shared learning was noted. For example, a fridge containing medicines had failed, a risk assessment, including advice obtained from the manufacturer, was completed. As a result medicines were destroyed and new electronic data loggers were purchased and staff were trained to monitor the fridges and temperatures more accurately.

Overview of safety systems and processes

The practice had robust systems and processes in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding and the practice held monthly safeguarding meetings which included other health care professionals such as the midwife and health visitor. Staff knew who to contact and report concerns to both internally and to external agencies.
- Vulnerable patients were highlighted on the practice electronic system. This included children subject to child protection plans and patients with a diagnosis of dementia.
- A notice was displayed in the waiting room, advising patients that nurses or staff 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). 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 was a health and safety policy available with a poster in the office. Three members of staff had been trained in health and safety at work. A fire risk assessment had been carried out in July 2015 and identified actions had been carried out. For example it was recommended that periodic checks should be made within the suspended ceilings to ensure dust was not gathering as this could cause a fire risk. A contractor had been employed to carry out the checks. The fire extinguishers were checked in October 2015, and a fire evacuation drill had been carried out in May 2015.

The practice had other risk assessments in place to monitor the safety of the premises. For example, control of substances hazardous to health and infection control. Testing for legionella (a bacterium that can grow in contaminated water and can be potentially fatal) was undertaken in July 2015. The risk assessments included managing a shower that was available for staff. A record sheet for flushing and disinfecting the shower was seen

- All electrical equipment was checked in December 2015 to ensure that it was fit for purpose. Clinical equipment was calibrated in December 2015 to ensure it was working properly.
- Appropriate standards of cleanliness and hygiene were followed. The practice employed a housekeeper and all staff had received infection prevention training. We observed the premises to be visibly clean and tidy. The practice nurse was the infection control clinical lead and had received training appropriate to their role. They had liaised with the local infection prevention teams to keep up to date with best practice.
- A sharps injury policy was in place and staff were aware of the actions to take. There was a record of the immunisation status of staff. Clinical waste was well

managed, the practice did not use waste bags, and instead, specialist waste bins were collected and replaced from the clinical areas. A comprehensive infection control audit was undertaken in December 2015 and identified actions were completed. For example, changes were made to equipment used to manage spillages of blood or bodily fluids. The practice nurse demonstrated the new kits to all the staff and explained where they were located.

- Medicines were stored safely and records of fridge temperatures were reviewed. Electronic data loggers were used in each fridge that contained medicines to provide accurate and constant temperature checks. Stock levels and expiry dates of medicines were checked monthly. The practice did not hold any controlled medicines. There was a robust system in place to ensure that medicines carried by GPs were in date and replaced as appropriate. All medicines that we checked were in date.

We noted that urine and other samples were stored in a sealed plastic container in the fridge overnight with medicines; this posed an infection control risk. We highlighted this to the practice; they took immediate action and addressed this issue.

- 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. The nurses used Patient Group Directions (PGDs) to administer vaccines that had been produced in line with legal requirements and national guidance. We saw sets of PGDs that had been updated.
- There was a repeat prescription policy for non-clinical staff to follow. New medicines or alterations to existing medicines were actioned by clinical staff. Uncollected prescriptions were highlighted to the GPs to ensure patient safety. Prescription pads and boxes of prescription paper were securely stored and recorded.
- The three staff 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 for all staff. A review of three locum GP files showed that appropriate checks and documentation was obtained. We noted that the locum GPs declared to the practice, by a signed agreement, that they were not the subject of any investigation by the General Medical Council (GMC).
- The practice recognised that they served an area of higher health needs. To meet this demand and to offer continuity of care they used regular locum GPs to cover any leave. Patients told us they had received good care from these GPs. Staff told us there were sufficient numbers of staff on duty and that staff rotas were managed well. The majority of practice staff worked part time which allowed for some flexibility in the way the practice was managed. For example, staff were available to work overtime if needed and could be available for annual leave and sickness absence cover. Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to ensure patients were kept safe.

Arrangements to deal with emergencies and major incidents

There was a messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. Staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had an emergency trolley which held a defibrillator 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. Staff demonstrated safe procedures to manage patients experiencing a medical emergency were in place.

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 available in the practice and held in the homes of the GP partners.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff were familiar with best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and locally produced quality standards. The practice held a weekly clinical meeting where guidelines were reviewed and best practice shared.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and 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 recently published results showed that the practice had achieved 93.7% of the total number of points available, with an exception reporting rate of 9.2%. The exception reporting rate is the number of patients which are excluded by the practice when calculating achievement within QOF. This practice was not an outlier for any QOF (or other national) clinical targets.

Data from 2014/15 showed;

- Performance for diabetes related indicators was 79.1% which was the same as the CCG average and 10.1% below the national average.The practice had a higher rate of exception reporting for eight of the 10 indicators related to diabetes.
- The percentage of patients with hypertension having regular blood pressure tests was 100% which was 2.6% above the CCG average and 2.2% above the national average. We noted that the practice exception reporting for this indicator was similar to the CCG and England average.
- Performance for mental health related indicators was 76.9% which was 11.8% below the CCG average and 15.9% below the national average. For the six indictors relating the mental health, the exception reporting rate was higher in three indicators and lower in the other three.
- Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care, treatment, and patient outcomes. For example, an audit of lifestyle counselling given to patients with at risk of diabetes was undertaken. The audit showed improved health outcomes at the end of the second cycle, to improve further, the practice planned to write an information leaflet for patients.

The practice provided extra support to patients who had a long term condition (many patients had more than one condition) and those who experienced poor mental health. The practice had identified that low motivation and self-confidence prevented some patients from accepting support to engage in life style changes. Therefore control of diabetes, improved fitness, or weight management was not optimised to improve outcomes. Longer and more frequent appointments were booked for these patients. The practice worked closely with voluntary sector services who gave additional support to some patients.

Some of the harder to reach patients were the more vulnerable patients, including those who were homeless or moved in and out of the area in temporary accommodation. To ensure access and safe health care; the practice did not remove them from the registered list. When the patients attended, the GPs and nurses tried to make every consultation count and addressed as many health issues as appropriate. The practice told us that they would continue to improve on the recall systems and support patients.

Effective staffing

Staff had the skills, knowledge, and experience to deliver effective care and treatment.

- The practice had an induction programme for newly appointed members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality. The safeguarding lead met with new staff members to give oversight and induction to the practice safeguarding policy and procedures.
- The learning needs of staff were identified through a system of appraisals, meetings, and reviews of practice development needs. Staff appraisals had been carried out in the past 12 months. The GP partners undertook all staff appraisals and staff we spoke with told us they valued this and found the time spent beneficial. The practice had a system to manage staff training needs and updates. This included fire safety, safeguarding, and

Good

Are services effective?

(for example, treatment is effective)

infection control. Staff we spoke with confirmed they were given protected time for training and any request for additional training was considered and usually granted

Coordinating patient care and information sharing

- Referrals for patients to secondary care or other agencies were well managed. Routine referrals were sent within three days and urgent referrals within 24 hours. Most referrals to secondary care were completed via the choose and book system (C&B). C&B is an electronic system between primary and secondary care and does not require any paper copies to be sent. This system increased the speed of referral receipt and reduced the risk of delay or confidentiality breaches.
- The practice staff worked with other services to meet patients' needs and manage those patients with more complex needs. This included community nursing teams and health visitors. The practice worked to the Gold Standards Framework when co-ordinating end of life care. Regular meetings with the wider health team were held to manage and plan patients care. The physiotherapy service and the smoking cessation advisors held weekly clinics. The "Last Orders", team specialised in supporting patients who had alcohol dependency held clinics every two weeks. Patients told us this was beneficial for them as they were able to have care delivered by the appropriate professional closer to their home.
- Special patient notes were completed by the practice on the electronic system and this ensured that emergency services staff had up to date information of vulnerable patients.
- Patients' individual records were written and managed in a way to help ensure safety. Records were kept on an electronic system, which collated all communications about the patient including clinical summaries, scanned copies of letters and test results from hospitals. All communication was sent to the GPs, who took any required actions. We reviewed this system and found this to be well managed to ensure that patients were safe.

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 patients, 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. All staff were aware of Gillick competency and applied in practice. Staff recorded patients consent in the medical records.

Health promotion and prevention

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 77.8%, which was higher than the CCG average of 74.6% and the England average of 74.3%.

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 94.1% to 96.6% which was comparable with the CCG and national average
- Five year olds from 90.9% to 96.0% which was comparable with the CCG and national average

Flu vaccination rates for the over 65s was 73.93%; this was comparable with the CCG and national average. Flu vaccination rates for patients in the at risk groups was 61.55%, this was above the CCG and national averages.

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

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed staff being polite and helpful to patients. Five patients we spoke with told us that they were treated with respect and dignity. The practice had a number of patients with complex needs, physical and mental health issues. The reception staff described personalised care that they offered to these patients. For example, patients that had been identified as vulnerable did not make appointments but presented at the practice when in need of medical care and were seen at the time.

The consultation and treatment room doors were closed during consultations and we observed that conversations taking place in these rooms could not be overheard. If patients wished to discuss a sensitive issue or appeared distressed the reception staff had access to a private room that they could use. There was a poster displayed in the waiting area that informed patients of this.

All of the 27 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. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We also spoke with three members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. In particular they highlighted that the practice listened to them and that they felt valued by the management team.

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

- 88% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 87% said the GP gave them enough time CCG average 87%, national average 87%.
- 94% said they had confidence and trust in the last GP they saw CCG average 94%, national average 95%.
- 88% said the last GP they spoke to was good at treating them with care and concern CCG average 85%, national average 85%.
- 96% said the last nurse they spoke to was good at treating them with care and concern CCG average 92%, national average 91%.
- 97% said they found the receptionists at the practice helpful CCG average 89%, national average 87%.

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, 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 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. The results were in line with local and national averages. For example:

- 90% said the last GP they saw was good at explaining tests and treatments compared to the CCG average 86% and national average of 86%.
- 85% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 82%

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 0.02% of the practice list as carers. The practice identified that

Good

Are services caring?

this could be improved on and planned to include this into the new patient questionnaire. Written information was available to direct carers to the various avenues of support available to them.

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

Patients with learning disabilities have a specially designed hand-held health records, practice nurses updated the information at annual reviews enabling the carer to identify health needs and aid the patient to access appropriate services.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Staff at the practice worked hard to understand the needs of their patients. Both clinical and non-clinical staff demonstrated a clear understanding of the concept of personalised care for the patients according to their individual needs. For example the practice allowed patients (provided the patient met the criteria set out by the NHS) who had moved out of the practice area to stay registered at the practice. We saw examples of requests from patients who were distressed at the prospect of changing GP practice.

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

- There were longer appointments or home visits available for patients with a learning disability or dementia.
- Home visits were also available for older patients and others that needed one.
- Facilities for patients with disabilities were available. There were automatic doors, a lift, hearing loop and appropriate toilet facilities in place.
- GP appointment lists were extended to meet the demand of patients that requested to be seen on the day.
- Several community services were available in the practice for example, a community paediatrician, physiotherapist, smoking cessation and a specialist team for alcohol dependency.
- In response to the high rate of teenage pregnancies the practice became a centre for the C-card scheme and offered contraceptive services. This scheme provides young people with free condoms.
- An in house phlebotomy service was provided and this enabled patients to have samples taken without having to attend an alternative clinic.
- A dedicated ward round was provided weekly to a local care home. This enabled the practice to offer proactive care.

Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday. Appointments were from 8.30am every morning with the latest appointment at 6pm. Late afternoon appointments were available for patients who worked and were unable to attend earlier in the day. In addition to pre-bookable appointments that could be booked up to four weeks in advance, the practice was responsive to urgent appointments 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 higher compared to local and national averages. People told us they were able to get appointments when they needed them.

- 85% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 75%.
- 97% patients said they could get through easily to the surgery by phone compared to the CCG average 74%, national average 73%.
- 84% patients described their experience of making an appointment as good compared to the CCG average 74%, national average 73%.
- 63% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average 61%, national average 65%.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The practice manager was responsible for dealing with these.

We saw that information was available to help patients understand the complaints system. There were leaflets and posters displayed in the waiting area and information was available on the web site. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We saw that learning from complaints was well established and that a comprehensive record had been maintained. We looked at two complaints received in the last 12 months and found these had been dealt with in accordance with the practice's own complaints procedure.

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 vision that included being committed to providing high quality, caring primary care services, to all patients at all times in a safe environment. Treating all patients equally with courtesy and respect and be fair and reasonable in decision making. To listen and learn from patient feedback and patient surveys making changes where appropriate and identified.

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 staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- Robust management systems and protected time each week for the GP partners ensured a comprehensive understanding of the performance of the practice.
- A programme of 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 GP partners supported by the salaried GPs had the experience, capacity and capability to run the practice and ensured high quality care. Safe, high quality and compassionate care was prioritised. The GPs were visible in the practice and encouraged an open and transparent environment. Staff told us that they were approachable and always took the time to listen.

The practice held regular meetings and this included clinical meetings for GPs and nurses each Monday lunchtime and a weekly business meeting. Meeting minutes were accessible for staff. Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at meetings or speak directly to the GPs or practice manager were confident in doing so, and felt supported if they did. Staff said they felt respected, valued, and supported. All staff were involved in discussions about how to run and develop the practice, and encouraged 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 them in the delivery of the service.

Feedback from patients had been gathered through the patient participation group (PPG), surveys and complaints received. An active PPG met on a regular basis. They were involved in designing the patient surveys and submitted proposals for improvements to the practice management team. For example, patients wanted to leave repeat prescriptions requests when the practice was closed, to facilitate this the practice provide one.

Continuous improvement

There was a strong focus on continuous improvement at all levels within the practice. The practice were committed to work collaboratively with other health care professionals and agencies to provide person-centred care sensitive to the needs of each patient, bringing services closer to patients home.