Riverbank Medical Centre

Quality Report

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Midhurst,
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Website: www.riverbankmedical.co.uk

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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 Riverbank Medical Centre on 7 June 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 been trained to provide them with 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.
- Information about services and how to complain was available and easy to understand.
- Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a GP and that there was continuity of care. Urgent appointments were available on 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.
- 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 things went wrong patients received reasonable support, truthful information, and a written apology. They were 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 from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- 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 other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice actively promoted good health. Examples of this included the provision of a smoking cessation clinic, an exercise referral scheme and the provision of in-house local authority well-being clinics.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed 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.

Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff 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, it worked actively with other health and social care providers in the locality as part of the 'proactive care' initiative. This involved joint working to identify patients at risk of avoidable, unplanned admission to hospital to ensure they had a care planin place in order to prevent this.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care. Urgent appointments were available on 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 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.

- The practice 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 it.
- 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 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.

Summary of findings

- 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 notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The virtual 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 people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The GPs worked with multi-disciplinary teams to develop care plans for older patients in order to prevent avoidable, unplanned hospital admission. The care plans were regularly reviewed.
- The GPs were able to work closely with community nurses who were based in the practice premises in order to co-ordinate the care of older housebound patients.
- The practice had an exercise on prescription scheme which was popular with older patients. Classes aimed to improve strength and balance in order to help reduce the incidence of falls.
- The practice had access to the neighbouring community hospital beds which provided frail elderly patients with increased levels of care. This helped prevent the need for acute hospital admission and provided care closer to home.

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.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (04/2014 to 03/2015) was 96% compared to the clinical commissioning group (CCG) average of 91% and the national average of 88%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were

being met. 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 practice had adopted a model of diabetes care which meant that the patient was fully involved in developing their own care plan and managing their condition. This reduced the number of times the patient had to attend the surgery.

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. Immunisation rates were high for all standard childhood immunisations.
- The number of women aged between 25 and 64 who attended cervical screening in 2014/2015 was 81% compared to the CCG and national average of 82%
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Receptionists used a triage system for appointments to identify any children needing an appointment which ensured they were called back as a priority. Unwell children were usually seen within two hours of calling for an appointment.
- The health visitors and school nurses were based in the practice premises which enabled close working. The GPs had regular safeguarding meetings with the health visitor to discuss families of concern.
- The community midwives held regular clinics at the practice, which enabled ante-natal care to be provided close to home.

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 been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice provided extended access with evening appointments available with both GPs and nurses.

Summary of findings

- 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.
- The practice operated a telephone triage system which enabled some problems to be dealt with on the telephone, or with face to face appointments arranged to suit the patient
- A minor injury service was provided throughout the day allowing patients greater access to simple treatments, avoiding unnecessary attendance at accident and emergency departments.

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 registered all patients in the area living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability and ensured they had an annual health check.
- There was a hearing loop for patients with hearing difficulties. Patients with hearing difficulties were able to make appointments directly without having to use the telephone triage system.
- The practice had a register of patients who required letters and information sent in a different format, for example, a large font for those with visual impairment.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed 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).

Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice also had meetings to discuss patients with the local mental health team. The voluntary sector was involved in these meetings.
- The practice 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.
- The practice 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. Two staff members had been identified as dementia 'champions' as part of the local town initiative to become 'dementia friendly'.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing mostly in line with local and national averages. Two hundred and thirty seven survey forms were distributed and 113 were returned. This represented 1% of the practice's patient list.

- 77% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 77% national average of 76%.
- 87% of patients described the overall experience of this GP practice as good compared to the CCG average of 85% and the national average of 85%.
- 87% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 80% and the national average of 79%.
- However only 63% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 72% and the national average of 73%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 20 comment cards which were all positive about the standard of care received. Patients commented that they thought they received an excellent service and that staff were caring, helpful and respectful.

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

Riverbank 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 Riverbank Medical Centre

Riverbank Medical Centre is situated in the town of Midhurst. It serves approximately 12,200 patients.

There are six GP partners, two salaried GPs and two GP registrars. There are four practice nurses and five health care assistants. There is a practice manager and a team of 18 administrative and reception staff. The practice is a training practice and provides placements for trainee GPs and under-graduate doctors.

Data available to the Care Quality Commission (CQC) shows the practice serves a higher than average percentage population over the age of 65. There is a comparatively low level of deprivation amongst the practice population.

The practice is open from 8.00am until 6.30pm Monday to Friday. Extended access is available on a Tuesday evening from 6.30pm until 8.30pm for pre-bookable appointments with a GP or practice nurse. All GP appointments are triaged which means that when a patient telephones the practice, the receptionist takes their telephone number and the GP calls them back. The patient speaks directly with a GP who assesses their clinical need and either deals with it on the telephone or, if necessary, makes an appointment for the patient to be seen.

Telephone triage appointments can be booked over the telephone, on line or in person at the surgery. Patients are provided with information on how to access the out of hour's service on the practice website or by calling the practice.

The practice provides a number of services and clinics for its patients including smoking cessation, asthma, diabetes, cardiovascular disease, cervical smears, childhood immunisations, family planning, travel immunisations and a minor injuries clinic. The practice provides medical cover for the neighbouring community hospital beds.

The practice provides a based for community nurses, school nurses and health visitors. It also hosts a number of services including counselling service, midwifery clinics. private complementary medicines and local authority well-being clinics.

The practice provides services from the following location:-

Dodsley Lane

Easebourne,

Midhurst,

West Sussex,

GU29 9AW

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. 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 we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 7 June 2016. During our visit we:

- Spoke with a range of staff including GPs, practice nurses, the practice manager and administrative and reception staff.
- We spoke with three patients who used the service who were also members of the patient reference group
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of 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 were provided for specific groups of people and what good care looked 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 a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, as a result of the wrong injection being administered to a patient during a clinic the practice changed its procedures to ensure that additional time was available to undertake more rigorous checks prior to clinics commencing .This meant extra safeguards were in place to ensure that the correct injection was administered.

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. These arrangements reflected relevant legislation and local requirements. 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 member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (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. One of the practice nurses 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 policy 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 infection control lead provided regular infection control updates to staff at team meetings.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. 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. Blank prescription forms and 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.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed five personnel files and found 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 DBS.

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 with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. 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 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 (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a system in place for all the different staffing groups to ensure enough staff were on duty.

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. A first aid kit and accident book were 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 stored securely.

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.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care 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 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 through risk assessments, and audits.

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 recent published results were 100% of the total number of points available. There were higher than average exception reporting rates for some mental health indicators. The practice was aware of this and told us that this was because a number of patients were under the care of the local mental health team. They told us that also some patients were reluctant to attend for their annual review although they were encouraged to do so. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- 94% of patients with severe and enduring mental health problems had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (04/2014 to 03/2015) compared to the CCG average of 90% and the national average of 88%.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (04/2014 to 03/2015) was 96% compared to the CCG average of 91% and the national average of 88%.
- 100% of patients with atrial fibrillation with were appropriately treated with anticoagulation drug therapy or an antiplatelet therapy (04/2014 to 03/2015) compared to the CCG average of 99% and the national average of 98%.

There was evidence of quality improvement including clinical audit.

- There had been seven clinical audits completed in the last two years, three of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in 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 reduced prescribing of strong dose inhaled medicine for patients with asthma in line with national guidelines on the management of asthma.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as, 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. For example, for those reviewing patients with long-term conditions regular update training was undertaken in areas such as diabetes and chronic lung disease.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources, attending update training and discussion at practice meetings.
- 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 their learning needs and to cover the scope of their work. This included on going support,

one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. Staff attended monthly protected learning sessions held either in the practice or at another location within the clinical commissioning group area.

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.
- 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 professionals to understand and meet the range and complexity of patients' needs and to assess and plan on going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. The practice benefitted from being based in the same building as the community nurses, health visitors and school nurses which helped facilitate close working and co-ordination of patient care.

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 people, 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, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. The practice provided exercise on prescription which enabled patients to attend exercise classes at the local leisure centre. A smoking cessation clinic was held at the practice. The practice also hosted local authority run well-being clinics.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG and the national average of 82%. 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. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

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 95% to 99% and five year olds from 95% to 98%.

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 for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed 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; 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 20 patient Care Quality Commission 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 spoke with three members of the virtual patient reference group (VPRG). (A VPRG is a group of patients who volunteer to, participate in practice surveys and with whom the practice can consult with from time to time by e-mail.) 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 patients felt they were treated with compassion, dignity and respect. The practice was in line with or above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 86% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%
- 87% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national average of 91%.
- 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us 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 from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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 above local and national averages. For example:

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 85% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 82%.
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets and letters were available in large font for patients who were partially sighted.

Good

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 196 patients as carers (1.6% of the practice list). 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 and sent condolences. 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 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, it worked actively with other health and social care providers in the locality as part of the 'proactive care' initiative. This involved joint working to identify patients at risk of avoidable, unplanned admission to hospital to ensure they had a plan of care in place in order to prevent this.

- The practice offered extended hours on a Tuesday from 6.30pm until 8.30pm for patients who could not attend during working hours. Appointments were available with the GPs and the nurses who provided family planning, travel advice and immunisations.
- There were longer appointments available for patients with a learning disability and those who had complex needs
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation. Unwell children were prioritised and usually seen with two hours of calling.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- Patients with hearing difficulties were able to make appointments directly without having to use the telephone triage system.
- The practice had a register of patients who required letters and information sent in a different format, for example, a large font for those with visual impairment.

Access to the service

The practice was open from 8am until 6.30pm Monday to Friday. Extended access was available on a Tuesday evening from 6.30pm until 8.30pm for pre-bookable appointments with a GP or practice nurse. All GP appointments were triaged which meant that when a patient telephoned the practice, the receptionist took their telephone number and the GP called them back. The patient spoke directly with a GP who assessed their clinical need and either dealt with it on the telephone or, if necessary, made an appointment for the patient to be seen.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was mixed compared to local and national averages.

- 80% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 78%.
- However only 63% of patients said they could get through easily to the practice by phone compared to the CCG and national average of 73%.

As a result of patient feedback the practice had added more telephone lines and introduced a telephone triage system. The latest practice survey show increased satisfaction for telephone access and the appointment system.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice used its triage system in to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

This was done by the GP who telephoned the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

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.

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. For example in the practice leaflet and on its website.

We looked at nine complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. Lessons were learnt from individual concerns and complaints and action was taken to as a result to improve the quality of care. For example, as a result of a complaint from a patient regarding the difficulty they were having getting an appointment with their named GP the practice made changes to its appointment system to facilitate this for all patients.

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 statement of purpose to provide excellent patient care in clean and suitably equipped premises with well trained staff. The staff we spoke with all shared the same values and purpose in relation to this. The practice had a business plan which was formulated and actively reviewed at the partners' monthly business meetings.

Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and good quality care. There were 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.
- A comprehensive understanding of the performance of the practice was maintained
- 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 and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment::

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice 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 the practice held regular team meetings. This included clinical meetings, practice nurse meetings and regular protected time for in-house training where all staff had the opportunity to meet.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. The partners organised regular social events for all staff to attend and were committed to their wellbeing.
- All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. The practice had a quality feedback form which enabled staff to put forward suggestions for improvement. The forms were reviewed on a monthly basis and we saw evidence that ideas from staff were implemented. For example, one staff member had received a call from the pathology laboratory explaining that a sample could not be tested because the patient details were not clear enough. The staff member suggested that the practice should purchase some label printers to prevent this happening again. The partners subsequently purchased three label printers to enable this.

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 practice had gathered feedback from patients through the virtual patient reference group (VPRG) and through surveys and complaints received. For example, as a result of patient feedback the practice had added more telephone lines and introduced a telephone triage system. The latest practice survey show increased satisfaction for telephone access and the appointment system.

Are services well-led?

Good

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

- The practice had gathered feedback from staff through staff meetings, appraisals, the quality feedback form and 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.

Continuous improvement

There was a 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 practice had been involved in a pilot project with the local community trust and a national charity which aimed to improve the identification of older frail patients and ensure that advance care planning was undertaken for patients where required.