Marybrook 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 Marybrook Medical Centre on 26 November 2015. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Staff provided us with examples of kindness and compassion.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour. (Duty of Candour is a legal duty to ensure providers are open and transparent with people who use services. It also sets out specific requirements providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong).

We saw one area of outstanding practice:

Summary of findings

- The practice provided a staff and volunteer led support service for vulnerable and isolated patients and their carers. For example, patients who were recently bereaved or had a new dementia diagnosis.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and 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 for the locality and 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 multidisciplinary teams to understand and meet the range and complexity of patients' needs.

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.
- 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.

Summary of findings

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 to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed 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 this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents 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 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 patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice provided a specific GP to deliver a weekly ward round to the local care home ensuring continuity of care.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check 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.

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 relatively high for all standard childhood immunisations.
- Patients told us children and young patients were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Summary of findings

- The practice provided a sexual health and contraception clinic for younger people living in the area.

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 was proactive in offering online services as well as a full range of health promotion and screening reflects the needs for this age group.
- A mobile phone text service was used to provide reminders for patients to contact the service.

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 17 patients living with a learning disability and offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice provided a practice run fortnightly support group for carers and other patients.

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).

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  The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Summary of findings

- 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 ran a fortnightly support group which offered patients diagnosed with dementia and other health needs and their carers activities, friendship and social support.

Summary of findings

What people who use the service say

The results from the national GP patient survey (July 2015) showed the practice was performing in line with local and national averages. Survey forms were distributed to 274 patients and 121 were returned. This represented approximately 2.5% of the practice's patient list.

- 85.9% of patients found it easy to get through to this practice by phone compared to a Clinical Commissioning Group (CCG) average of 83.6% and a national average of 73.3%.
- 88.3% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 89.5% and national average 85.2%).
- 88.7% of patients described the overall experience of their GP practice as good (CCG average 89.2% and national average 84.8%).
- 89.2% of patients said they would recommend their GP practice to someone who has just moved to the local area (CCG average 89.2% and national average 84.8%).

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received 43 comment cards of which 42 were positive about the standard of care received. Patients told us they were treated as valued patients; urgent requests for treatment were responded to quickly; appointments were quick and efficient and gave patients enough time and the support, kindness, dignity and level of care were exemplary.

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

We looked at the NHS Friends and Family Test from May to September 2015, where patients are asked if they would recommend the practice. The results showed between 88% and 100% of respondents would recommend the practice to their family and friends.

Outstanding practice

- The practice provided a staff and volunteer led support service for vulnerable and isolated patients and their carers. For example, patients who were recently bereaved or had a new dementia diagnosis.

Marybrook 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 advisor, and a second CQC inspector.

Background to Marybrook Medical Centre

Marybrook Medical Centre is set in a village location near the Gloucestershire boundary approximately 12 miles south of Gloucester and 25 miles north of Bristol. The practice is situated a short walk away from the town centre in a purpose built building which was opened in 1977. The practice is surrounded by a good car parking area and all the facilities have good access.

The practice has a population of approximately 5050 patients. The practice has a higher than England average of patients aged 50 to 84 years of age and a lower than average group of patients up to the age of 40 years old. The practice has a deprivation score of 13.2 meaning the area has a lower deprivation compared to the Clinical Commissioning Group average of 14.7 and a lower deprivation than the national average of 23.6.

The practice had a General Medical Services contract (GMS) with NHS England to deliver general medical services. The practice provided enhanced services which included extended hours for appointments; facilitating timely diagnosis and support for patients with dementia; learning disabilities and minor surgery.

The practice team includes four GP partners (3 male and 1 female), who provide 2.75 whole time equivalent sessions.

The practice does not use locum GPs and instead the GP partners provide additional working hours to cover each other when required. In addition the practice employs two practice nurses; a health care assistant; a practice manager and administration staff which includes receptionists and secretaries.

The practice is open between 8.30am and 6.30pm Monday to Friday except Wednesdays when the practice closes at 1.00pm. During this time the GP partners provide an on-call service for patients who need urgent care. Appointments are from 8.30am to 11.50am daily and 2pm to 6pm; except Wednesdays when appointments end at 1pm. Extended hours surgeries are offered every Monday from until 7.45pm. The national GP patient survey (July 2015) reported patients were satisfied with the opening times and making appointments. The results were in line with local and national averages.

The practice has opted out of providing Out Of Hours services to their own patients. Patients can access NHS 111 and South Western Ambulance Service provided an Out Of Hours GP service.

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.

Detailed findings

How we carried out this inspection

In advance of the inspection we reviewed the information we held about the provider and asked other organisations to share what they knew.

We carried out an announced visit on 26 November 2015. During our visit we:

- Spoke with a range of staff. For example, GPs, nurses and administrative staff.
- We spoke with patients who used the service.
- Observed how patients were being cared for.
- Reviewed the personal care or treatment records of patients.
- Reviewed Care Quality Commission comment cards where patients and members of the public shared their views and experiences of the service.
- We spoke with the patient participation group.

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 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 Care Quality Commission (CQC) at 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 practice carried out a thorough analysis of the significant events.
- Staff reviewed all significant events with a view to learning from each event and improving practice to prevent further incidents.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, we saw that significant events were a standing agenda item at multi-disciplinary practice meetings.

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

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse 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 member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. We saw that the practice had responded appropriately and sought advice when needed. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to safeguarding level 3 for child protection and for safeguarding adults.
- A notice in the waiting room advised patients, chaperones were available if required. All staff who acted as chaperones had received external training for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of the 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. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing and recording) handling, storing and security). The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. However we saw blank prescription pads were left in unlocked rooms. This meant that they were not securely stored. However we saw evidence the practice had and overall safe system for prescription security in place. For example, an audit trail fro prescriptions. We spoke to the practice about the unlocked rooms and they provided evidence that procedures had been changed to ensure blank prescription pads were safe. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the GPs for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable health care assistants to administer vaccinations after specific training when a GP or a nurse were on the premises.
- We reviewed four personnel files and found we saw files for two recently employed staff which contained references, qualifications, induction details, contract

terms, and the appropriate checks through the Disclosure and Barring Service. However the practice was unable to provide immunity records for GPs that could be at risk from an infectious disease. We spoke to the practice and procedures were changed so that GPs vaccination records were kept updated by the practice. The practice provided evidence that GPs had received appropriate vaccinations against infectious diseases.

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 most staff understood the procedures in the event of an evacuation. We saw that regular fire drills were not carried out. We spoke to the practice and they provided evidence after the inspection of a fire drill and a plan for regular future 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 rota system in place for all the different staffing groups to ensure enough staff were on duty. GPs provided cover for each other during absence and the practice did not utilise Locum GPs.

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. We saw that refresher training was due however had been recently cancelled by the training company. We saw evidence that the practice had resourced and re-booked appropriate training.
- 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 fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. Staff told us about an incident when the practice had no telephone line and the action they took to ensure patients could access the practice.

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 met patients' needs.
- The practice monitored these guidelines were followed through risk assessments, audits and random sample checks of patient records.

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 99.5% of the total number of points available, with an 8.8% exception reporting. (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). Data from 2014/15 showed that the practice performed higher than the Clinical Commissioning Group and national averages.

- Performance for diabetes related indicators was 100% which was better than the Clinical Commissioning Group (CCG) and national average.
- The percentage of patients with high blood pressure having regular blood pressure tests was 92.1% which was slightly better than the CCG average of 90.1% and national average of 90.6%.
- Performance for mental health related indicators was 100% which was better than the CCG and national averages.

Clinical audits demonstrated quality improvement.

- We looked at 13 clinical audits completed in the last two years. We saw a variety of audits undertaken by GPs and practice nurses which included minor surgery; prescriptions; note keeping in medical records and medicines. We saw completed audits where the improvements made were implemented and monitored. The results of a second audit showed improvement in care and treatment.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, practice nurses had undertaken a triage audit which looked at patients who made a GP appointment a week after they had received a nurse practitioner telephone consultation to understand if the initial contact had been effective.

Information about patients' outcomes was used to make improvements.

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 safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those staff reviewing patients with long-term conditions; undertaking telephone assessments and reviewing patients with coronary heart disease. We saw that the practice invested in patient care through provision of training courses and access for staff to education. For example, the practice had funded a practice nurse to undertake advanced nurse training.
- 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 and discussion at practice nurse 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 ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.

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

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. We saw that the practice had monthly clinical meetings and GPs met daily to discuss new complex cases, new patient diagnosis and to share their experience of patient treatment.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way. For example, when referring patients to other services and when a patient had a new cancer diagnosis.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence multi-disciplinary team meetings took place on a monthly basis and care plans were routinely reviewed and updated.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- < >taff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young patients, staff carried out assessments of their 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.
- The process for seeking consent was monitored through records audits

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- A dietician was available on the premises and smoking cessation advice was available from a local support group. The practice referred patients to a local food bank scheme.

The practice's uptake for the cervical screening programme was 78.2% which was comparable to the Clinical Commissioning Group (CCG) average of 79.4% and the national average of 76.7%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccines given were above the Clinical Commissioning Group (CCG) and national average. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 75.5% to 100% and five year olds from 98.3% to 100%.

Flu vaccination rates for patients over 65 years was 77.24% and at risk groups 65.24% These were above national averages.

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 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 need.

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

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. The PPG highlighted the practice as being good with support for patients who were carers and good at ensuring patients had enough time to speak to staff.

Results from the national GP patient survey (July 2015) showed patients felt they were treated with compassion, dignity and respect. The practice was slightly below local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 88% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 91% and national average of 89%.
- 84% of patients said the GP gave them enough time (CCG average 89% and national average 87%).
- 93% of patients said they had confidence and trust in the last GP they saw (CCG average 97% and national average 95%).
- 88% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 88% and national average 85%).
- 84% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 92% and national average 90%).

The practice was above average for its satisfaction scores for receptionists. With 95% of patients saying they found the receptionists at the practice helpful (CCG average 90%, national average 87%).

Staff provided us with many examples of kindness and compassion. For example, one member of staff told us how they had seen a visually impaired patient struggling with shopping. They took the patient home where they discovered that the patient would benefit from additional help. They made a referral to social services so that support could be provided. Another member of staff told us how the practice had purchased food for a patient who had experienced financial hardship. At Christmas the practice provided hampers to vulnerable patients.

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 on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey (July 2015) showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 87% of patients said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 89% and national average of 86%.
- 86% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 85% and national average 81%).
- 82.9% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 86.5% and national average 84.8%).

Good

Are services caring?

Staff told us 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

We saw notices and a dedicated carer's folder in the patient waiting room which 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 a register of patients who had a caring role. Written information was available to direct carers to the various avenues of support available to them. The practice had a process to follow up and carers who failed to attend appointments.

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

The practice had established a 'past times café' which took place in the practice on alternate Wednesday afternoons when the practice was closed. The café was run by practice staff and volunteers to support patients and their carers who were recently bereaved or had a new dementia diagnosis. One patient who volunteered at the café told us that it was a privilege to support these patients and staff valued volunteers.

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 the local GP federation had worked with the CCG to provide a minor injuries, minor illness and emergency contraception service at the local community hospital.

- The practice offered a 'Commuter's Clinic' on a Monday evening until 7.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for patients who had difficulty attending the practice and who would benefit from these.
- Same day appointments were available for children; those with serious medical conditions; carers and ships crews visiting the local port.
- A mobile text service provided reminders for patients who required regular injections and for patients who required GP advice following recent investigations or medicine changes.
- Patients were able to receive travel vaccines available on the NHS and those vaccines only available privately were referred to other clinics.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had set up a support group, the past times café, for patients and their carers who were recently bereaved or had a new dementia diagnosis.
- The practice provided rooms for a private talking therapies and hypnotherapy service.
- Community activities were advertised in the waiting area. For example, toddler groups and hearing aid clinics.
- The practice worked with the Integrated community assessment and treatment service (ICATS) which provided local health assessments and treatments including blood transfusions, wound dressings and physiotherapy.

Access to the service

The practice was open between 8am and 6pm Monday to Tuesday and Thursday to Friday; telephone lines remained open until 6.30pm. On Wednesday the practice was open from 8am until 1.30pm. On Wednesdays, telephone lines for urgent care was available from 1.30pm until 6.30pm. Appointments were from 8.30am to 12pm every morning and 2.30pm until 6pm daily except Wednesdays when appointments were available from 8.30am to 1pm. Extended practice hours were offered on Monday from 6.30pm until 7.30pm. In addition pre-bookable GP appointments could be booked up to six weeks in advance; nurse pre-bookable appointments could be booked three months in advance and urgent appointments were also available for patients needed them.

Results from the national GP patient survey (July 2015) showed patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 85.9% of patients said they could get through easily to the practice by phone compared to the Clinical Commissioning Group CCG average 83.6% and national average of 73.3%.
- 75.3% of patients said they usually get to see or speak to the GP they prefer (CCG average 68.5% and national average 60%).

Although 68.7% of patients were satisfied with the practice's opening hours. This result was lower than the Clinical Commissioning Group (CCG) average of 76.5% and national average of 74.9%. We saw that this score did not reflect other feedback we received during the inspection and the practices own surveys.

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

Listening and learning from concerns and complaints

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

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

Before the inspection the practice provided us with a summary of the complaints they had received since April 2014. We looked at the practice complaints log during the inspection and three complaints in detail. We saw each complaint was dealt with satisfactorily, in a timely manner and the practice was open and transparent when dealing with the complaint. We saw the practice undertook an annual audit of complaints and lessons learnt.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a patient complained about a third party seeing her medical records before the patient had been able to see the content that was being sent. The practice undertook an investigation; put new procedures in place and provided relevant staff with training on managing insurance company requests for patient records.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. The business plan included long term plans for service delivery. For example, the practice was funding one practice nurse to undertake advanced nurse practitioner training to enable patients with minor illness to receive enhanced access and support.

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:

- 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.
- A comprehensive understanding of the performance of the practice was maintained. For example, nurses met the practice manager fortnightly to discuss enhanced services they provided.
- 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.
- The practice required staff to complete an annual risk assessment. This included an update on criminal convictions and new health concerns. The document contained a questionnaire so the practice could assess staff understanding of health and safety, safeguarding and management of emergencies.

Leadership and culture

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

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. The practice proactively sought patients' feedback and engaged patients in the delivery of the service.

The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us

Are services well-led?

Good

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

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.

- The practice displayed comments from the NHS Friends and Family in the staff room to enable staff to understand patients feedback on the service provided.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice was engaged within the locality with one GP leading in education and the practice manager and one practice nurse undertaking representation for their profession. Other practice staff took on roles including the county representative for practice nurses and a post as director of the primary care federation.