

Drs Shutkever Meulendijk Soar & Brownlow

Quality Report

Station Lane Medical Centre
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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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Drs Shutkever, Meulendijk, Soar & Brownlow on 15 September 2105. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and 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.

We saw one area of outstanding practice:

- We saw one area of outstanding responsive practice. Practice nurses with a specialist interest in diabetes kept two 20 minute appointments each day available to book patients into with long term conditions to manage changes to their condition and also to offer support and education. Every six weeks a diabetes consultant or diabetes specialist nurse from the hospital visited the practice to jointly see patients with

Summary of findings

the practice nurses or provide them with supervision or discuss new guidelines. Patients we spoke with said this service was marvellous as they could be seen at the practice rather than going to the hospital and had confidence they were on the most up to date treatment regimes for their diabetes.

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

Importantly the provider should:

- Register to use the National Reporting and Learning System (NRLS) eForm to report patient safety incidents.
- Ensure fire evacuation drills are performed to comply with fire safety regulations.
- Ensure all patients have the opportunity to contribute to their annual medication review

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?

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Staff we spoke with told us lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored. We noted the incident documentation sometimes did not include the investigations undertaken and how lessons were communicated to staff. Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received some training appropriate to their roles and any further needs had been identified and appropriate training planned to meet them. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Good



Are services caring?

The practice is rated as good for providing caring services. Data 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 also saw staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

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

Good



Summary of findings

needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

We saw one area of outstanding responsive practice. Practice nurses with a specialist interest in diabetes kept two 20 minute appointments each day available to book patients into with long term conditions to manage changes to their condition and also to offer support and education. Every six weeks a diabetes consultant or diabetes specialist nurse from the hospital visited the practice to jointly see patients with the practice nurses or provide them with supervision or discuss new guidelines. Patients we spoke with said this service was marvellous as they could be seen at the practice rather than going to the hospital and had confidence they were on the most up to date treatment regimes for their diabetes.

Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and staff understood their responsibilities in relation to this. There was a defined leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and discussed governance issues at the monthly staff meeting. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings and events.

Good



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

The practice is rated as good for the care of older people. Nationally reported data showed outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. GPs performed a weekly visit one morning a week to the local nursing home to review residents registered at the practice.

Good



People with long term conditions

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 medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

We saw one area of outstanding responsive practice. Practice nurses with a specialist interest in diabetes kept two 20 minute appointments each day available to book patients into with long term conditions to manage changes to their condition and also to offer support and education to the patient. Every six weeks a diabetes consultant or diabetes specialist nurse from the hospital visited the practice to jointly see patients with the practice nurses or provide educational or supervision. Patients we spoke with said this service was marvellous as they could be seen at the practice rather than going to the hospital and had confidence they were on the most up to date treatment regimes for their diabetes.

Good



Families, children and young people

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 accident and emergency attendances. Immunisation rates were relatively high for all standard childhood immunisations. Patients told us children and young people were treated in an age-appropriate way and were recognised as individuals, and we

Good



Summary of findings

saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies. The recent refurbishment of the premises included soft furnishings and a mural in the waiting room designed for children. We saw good examples of joint working with midwives, health visitors and school nurses. They were working with the CCG to become accredited as a teenage friendly environment.

Working age people (including those recently retired and students)

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.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability. It had carried out annual health checks for people with a learning disability and 55% of these patients had been reviewed this current year. It offered longer appointments for people with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of people whose circumstances may make them vulnerable. Those identified were given advice how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in children and adults. 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.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). People known to be experiencing poor mental health had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia.

Good



Summary of findings

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health. Mental health practitioners and shared care workers from the local drugs and alcohol treatment service both held ad hoc clinics the practice at times to suit patients. Staff had received training on how to care for people with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published on 4 July 2015 showed the practice was performing mostly above local and national averages. There were 115 responses, equating to a response rate of 35.5%.

- 75.7% find it easy to get through to this surgery by phone compared with a CCG average of 71.6% and a national average of 74.4%.
- 92.4% find the receptionists at this surgery helpful compared with a CCG average of 86.6% and a national average of 86.9%.
- 64.4% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 53.2% and a national average of 60.5%.
- 92.5% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 85% and a national average of 85.4%.
- 93.3% say the last appointment they got was convenient compared with a CCG average of 93.4% and a national average of 91.8%.

- 85% describe their experience of making an appointment as good compared with a CCG average of 73.3% and a national average of 73.8%.
- 75.1% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 71.3% and a national average of 65.2%.
- 74.5% feel they don't normally have to wait too long to be seen compared with a CCG average of 62.7% and a national average of 57.8%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 44 completed comment cards which were all very positive about the standard of care received. We also spoke with two patient participation group members and eight patients on the day of our inspection. They were all very positive about their experience of the services provided. Patients told us and documented comments described staff as helpful, polite and were very caring. They said they were treated with dignity and respect. They also said they found the practice to be clean and tidy.

Areas for improvement

Action the service **SHOULD** take to improve

- Register to use the National Reporting and Learning System (NRLS) eForm to report patient safety incidents.

- Ensure fire evacuation drills are performed to comply with fire safety regulations.
- Ensure all patients have the opportunity to contribute to their annual medication review.

Outstanding practice

We saw one area of outstanding responsive practice. Practice nurses with a specialist interest in diabetes kept two 20 minute appointments each day available to book patients into with long term conditions to manage changes to their condition and also to offer support and education to the patient. Every six weeks a diabetes consultant or diabetes specialist nurse from the hospital

visited the practice to jointly see patients with the practice nurses or provide educational or supervision. Patients we spoke with said this service was marvellous as they could be seen at the practice rather than going to the hospital and had confidence they were on the most up to date treatment regimes for their diabetes.

Drs Shutkever Meulendijk Soar & Brownlow

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector, a GP specialist advisor and a practice manager specialist advisor.

Background to Drs Shutkever Meulendijk Soar & Brownlow

Drs Shutkever Meulendijk Soar & Brownlow Medical Practice, or Station Lane Medical Practice, is located in Featherstone on the outskirts of Wakefield. The practice provides services for 6,582 patients under the terms of the locally agreed NHS General Medical Services contract. The practice catchment area is classed as within the group of the third more deprived areas in England. The age profile of the practice population is broadly similar to other GP practices in the Wakefield Clinical Commissioning Group (CCG).

There are four GP partners, one male and three female, who work at the practice. They are supported by a male salaried GP, two GP trainees, five practice nurses, two healthcare assistants, a practice manager and assistant practice manager and a team of administrative staff.

The practice is open from 8.00am to 6.30pm five days per week. Clinic times are variable for each GP and practice nurse between 8am to 6pm. Appointments with a practice nurse or GP are also available between 11.30am and 1.30pm twice a week. Home visits are performed after morning surgery. Patients contacting the practice for an

urgent appointment would speak to the on call GP and an appointment arranged that day if needed. Pre-booked appointments with the practice nurse one Saturday and a GP the alternate Saturday are available on from 8.30am to 12 noon.

Diabetic, asthma, coronary heart disease, antenatal and mother & baby clinics are run each week. Out-of-hours care is provided by Local Care Direct and is accessed via the surgery telephone number or by calling the NHS 111 service.

Prior to our inspection the registered manager notified us Dr Shutkever had retired and they were in the process of adding a new partner to our registration with us.

Drs Shutkever Meulendijk Soar & Brownlow Medical Practice is registered to provide; surgical procedures, diagnostic and screening procedures, family planning, maternity and midwifery services and the treatment of disease, disorder or injury from Station Lane, Featherstone, Pontefract, WF7 6JL.

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. This inspection was planned to check whether the registered 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

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 CQC at that time.

How we carried out this inspection

Before visiting, we reviewed information we hold about the practice and asked Wakefield CCG and NHS England to share what they knew. We carried out an announced visit on 15 September 2015. During our visit we spoke with two GPs, a GP Registrar, two practice nurses, the healthcare assistant, two members of the administrative team, the practice manager and assistant practice manager. We also spoke with 10 patients who used the service and reviewed 44 comment cards. We observed communication and interactions between staff and patients, both face to face and on the telephone within the reception area. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

- Older people
- People with long term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. The practice carried out an analysis of the significant events.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. We noted the records did not include all of the investigations undertaken and document actions in detail. We fed this back to the practice manager who told us the process would be reviewed to include these in the future. Lessons were shared with staff at meetings to make sure action was taken to improve safety in the practice. For example, we were told how the procedure to store prescriptions was reviewed when it was noted some prescriptions were missing from a treatment room.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. Staff at the practice told us they were not yet registered to use the National Reporting and Learning System (NRLS) eForm to report patient safety incidents.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There 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 relevant to their role.
- A notice was displayed in the waiting room, advising patients that nurses would act as chaperones, if requested. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults whose circumstances may make them vulnerable).
- There were procedures in place for monitoring and managing risks to patient and staff safety. A building extension and programme of refurbishment to some areas of the practice was near completion. The practice manager told us a health and safety assessment of the premises would be undertaken following completion of the works. There was a health and safety policy available with a poster in the reception office. The practice had an up to date fire risk assessment and the fire alarm was tested regularly. Staff told us they had not practised a fire evacuation drill in the last year. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice nurse was the infection prevention and control (IPC) lead who liaised with the local IPC teams to keep up to date with best practice. There was an IPC protocol in place and staff had received up to date training. Annual IPC assessments were undertaken and we saw evidence action was taken to address any improvements identified as a result. We noted the actions did not document a named person who was responsible for them and a completion date. The IPC lead told us an action plan would be drawn up to include this.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of

Are services safe?

the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.

- We were told occasionally annual medication reviews for some patients were performed in the absence of the patient. Particularly for those patients thought to be compliant with their medications and not taking more than three. Others were contacted by phone or had a face to face appointment for their annual review.
- Recruitment checks were carried out and the five files we reviewed showed appropriate recruitment checks had been undertaken for staff prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.
- 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. Staff told us they covered each other's annual leave and rarely employed locum GPs.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency and staff had access to panic alarms in the treatment and consultation rooms. All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had oxygen and a defibrillator available on the premises with adult and children's masks. There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for utility suppliers.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. They had systems in place to ensure all clinical staff were kept up to date. Staff had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 96.3% of the total number of points available, with 5.9% exception reporting. Data from 2013/14 showed;

- Performance for diabetes related indicators was 3.8% below the CCG and 3.5% below the national average.
- The percentage of patients with hypertension having regular blood pressure tests was 8.3% better than the CCG and 9.3% above the national average.
- Performance for mental health related indicators was 3% better than the CCG and 6.8% above the national average.
- The adjusted dementia diagnosis rate was 24.5% above the CCG average and 30.8% above the national average.

Staff recognised their performance for diabetes related indicators was lower for the year 2013/14. They highlighted this as an area for improvement. They showed us they had improved in this indicator for the year 2014/15 as they achieved 92%. At the time of writing this report the QOF results for the year 2014/15 were not in the public domain so the practice achievement could not be compared to CCG and national averages.

Clinical audits were performed to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. We were shown seven clinical audits completed in the last two years, five of these were completed audits where the

improvements made were implemented and monitored. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, recent action taken as a result included ensuring patients were prescribed the correct anti-inflammatory medicines as per NICE guidance.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff which covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included on going support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they

Are services effective?

(for example, treatment is effective)

are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The process for seeking consent was monitored through records audits to ensure it met the practice's responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients with palliative care needs, 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 physiotherapist was

available on the premises and smoking cessation and weight management advice was available from practice nurses. Patients who may be in need of extra support were identified by the practice.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 78%, which was comparable to the CCG average of 78% and the national average of 76%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were above the CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94.3% to 100% and five year olds from 96.3% to 100%. Flu vaccination rates for the over 65s was 78% which was 5% higher than the CCG and national average. Flu vaccination for at risk groups was 62% which was 10% higher than the CCG and national average.

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

All of the 44 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We also spoke with two members of the patient participation group (PPG) and eight patients on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was well above average for its satisfaction scores on consultations with doctors. Practice nurse scores were just below average. For example:

- 95.9% said the GP was good at listening to them compared to the CCG average of 88.8% and national average of 86.8%.
- 88% said the GP gave them enough time compared to the CCG average of 87.7% and national average of 86.8%.
- 99.5% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95.3%
- 90.5% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86.1% and national average of 85.1%.

- 85.6% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 90.4%.
- 92.4% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86.6% and national average of 86.9%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

- 92.2% said the last GP they saw was good at explaining tests and treatments compared to the CCG and national average of 86.3%.
- 81.8% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81.3% and national average of 81.5%

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

Patient and carer support to cope emotionally with care and treatment

Notices in a corridor away from the waiting room told patients how to access a number of support groups and organisations. Staff told us they placed the notice board there so people had privacy if they wanted to read the notices and take a leaflet or write down contact details.

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

Are services caring?

offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had experienced bereavement, their usual GP contacted. This call was either followed by a visit 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.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, the practice was working towards teenage friendly accreditation.

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

- The practice offered pre-booked appointments from 8.30am to 12 noon on Saturdays for people who found it difficult to get to the practice during the week. Appointments alternated with a practice nurse and a GP each week.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and interpretation services available.
- Staff at the practice had received dementia awareness training and could describe how they would support these patients when contacting or visiting the practice.
- The GPs visited the local nursing home once a week to review those who were registered at the practice.
- The building work at the practice was near completion with individualised soft furnishings in some of the new consultation rooms to appeal to children and there was a jungle scene on the wall of the waiting room.

We saw one area of outstanding responsive practice. Practice nurses with a specialist interest in diabetes kept two 20 minute appointments each day available to book patients into with long term conditions to manage changes to their condition and also to offer support and education to the patient. Every six weeks a diabetes consultant or diabetes specialist nurse from the hospital visited the practice to jointly see patients with the practice nurses or provide educational or supervision. Patients we spoke with

said this service was marvellous as they could be seen at the practice rather than going to the hospital and had confidence they were on the most up to date treatment regimes for their diabetes.

Access to the service

The practice is open from 8.00am to 6.30pm five days per week. Clinic times are variable for each GP and practice nurse between 8am to 6pm. Appointments with a practice nurse or GP are also available between 11.30am and 1.30pm twice a week. Home visits are performed after morning surgery. Patients contacting the practice for an urgent appointment would speak to the on call GP and an appointment arranged that day if needed. Pre-booked appointments with the practice nurse one Saturday and a GP the alternate Saturday are available on from 8.30am to 12 noon.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above local and national averages and people we spoke to on the day were able to get appointments when they needed them. For example:

- 81.1% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75.7%.
- 75.7% patients said they could get through easily to the surgery by phone compared to the CCG average of 71.6% and national average of 74.4%.
- 85% patients described their experience of making an appointment as good compared to the CCG average of 73.3% and national average of 73.8%.
- 75.1% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 71.3% and national average of 65.2%.

One CQC comment card documented difficulty making appointments outside of work time. Patients we spoke with told us they usually did not have any problems making an appointment by telephone or with a GP online.

Listening and learning from concerns and complaints

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

Are services responsive to people's needs?

(for example, to feedback?)

We saw that information was available to help patients understand the complaints system in the practice leaflet and a notice in the waiting area. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at three complaints received in the last 12 months and found they were handled satisfactorily in a timely way and there was openness and transparency dealing with the complaint. We noted the complaint

responses did not include the details of the Parliamentary Health Service Ombudsman and this was fed back to the practice manager who said it would be included in future complaints.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, following a complaint where a patient had continued to be prescribed a medicine that should have been stopped, the outcome was for all staff to ensure actions are recorded clearly in patient's notes so they can be implemented.

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 statement of purpose and staff spoke enthusiastically about working at the practice and they told us they felt valued and supported. They told us their role was to provide the best care to patients. We asked if the practice had developed an overall vision or practice values staff had taken time out to contribute to and staff told us this happened informally at the monthly practice meetings where all staff contributed.

Governance arrangements

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

- There was a clear staffing structure and staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff on the practice's intranet.
- The partners monitored the performance of the practice using on line tools.
- Clinical audits and reviews were used to monitor prescribing of medicine and outcomes of surgical procedures performed to identify areas for improvement.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. A senior partner had recently retired and a new partner joined. They prioritised safe, high quality and

compassionate care. Staff told us the partners were visible in the practice and were approachable and always took time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

Staff told us that regular team meetings were held and an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the 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, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, PPG members recommended the review of information and notices in the waiting room for patients so it was themed and accessible. We observed this had been completed.

The practice had also gathered feedback from staff through staff meetings, appraisals and discussions. 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.