

Alexandra Road Surgery

Quality Report

Alexandra Road
Lowestoft
Suffolk
NR32 1PL

Tel: 01502 526062

Website: www.alexandracrestviewsurgeries.co.uk

Date of inspection visit: 28 July 2015

Date of publication: 27/08/2015

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

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	8
Areas for improvement	8

Detailed findings from this inspection

Our inspection team	9
Background to Alexandra Road Surgery	9
Why we carried out this inspection	9
How we carried out this inspection	9
Detailed findings	11
Action we have told the provider to take	18

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Alexandra Road and their branch surgery Crestview Medical Centre on 28 July 2015. Overall the practice is rated as good.

Specifically, we found the practice to be good for providing safe, effective, caring, responsive and well-led services. It was also good for providing services for older people; people with long-term conditions; families, children and young people; working age people; people whose circumstances may make them vulnerable and people experiencing poor mental health.

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 for.
- 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.
- Some patients said they found it difficult to see their own GP and had to wait some time.
- 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 the management.
- The practice proactively sought feedback from staff and patients which it acted on.

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

Importantly the provider should:

Summary of findings

- Ensure that blank prescriptions are secured overnight in accordance with national guidelines.

Ensure the trolley containing emergency medicines is kept in a secure area.

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, to report incidents and near misses. Lessons were learnt and communicated widely to support improvement. There were enough staff to keep patients safe. Information about safety was recorded, monitored, appropriately reviewed and addressed. Staff had undertaken appropriate training to deal with medical emergencies. Emergency medicines and equipment were appropriate but not securely stored.

Good



Are services effective?

The practice is rated as good for providing effective services.

Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it to improve their practice and patient outcomes. Staff had received training appropriate to their roles, any further development needs had been identified and there were plans in place to meet these needs. Staff worked with multidisciplinary teams to ensure effective case management of patients' care.

Good



Are services caring?

The practice is rated as good for providing caring services.

Patients told us they were treated with compassion, dignity, respect and were involved in decisions about their care. We saw positive examples to demonstrate how patients' choices and their preferences were valued and acted on. 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.

Most patients said they found it easy to make an appointment with urgent appointments available the same day for all population groups. Some patients told us improvements were required to improve access to the non-urgent appointments with a named GP. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available, easy to understand and records reviewed showed the practice responded quickly to issues raised. Staff acted on suggestions for improvements and changed the way they delivered services in response to feedback.

Good



Summary of findings

Are services well-led?

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

The practice had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to identify risks and improve the quality of services delivered. The practice is a current GP training practice and showed good levels of support towards its staff, training all clinical grades including GPs, nurses and health care assistants.

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 that outcomes for patients were good for conditions commonly found in older people. There were home visits available for patients which were housebound. Consulting rooms were available for patients with limited mobility and there was a range of enhanced services available for housebound patients. The patients we spoke with stated their care was considered, compassionate and appropriate for their needs.

Good



People with long term conditions

The practice is rated as good for the care of patients with long term conditions. The practice held a register of patients with poor mental health and other long-term conditions. They held regular multidisciplinary meetings with other healthcare professionals to plan and coordinate care and treatment. Patients with diabetes received regular reviews of their condition by clinical staff. The practice worked closely with the community nurses for patients with respiratory and heart conditions. Patients with palliative care needs were allocated a named GP who was responsible for their on-going care and support needs.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. A qualified midwife was available for one day a week at the practice. The practice had a policy where childhood immunisation could be carried out during a routine appointment. Women who were breastfeeding had been allocated a specific room so they could feed their children whilst respecting their privacy. The appointment system met the needs of families, children and young people. The practice had a designated child safeguarding lead who worked closely with the health visiting team. Regular safeguarding meetings were held at the practice and concerns cascaded to staff at weekly practice meetings.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of the working age population. The practice offered appointments during Saturday morning to enable access for those that work. Appointments could be booked in advance. Patients could see a GP of their choice and

Good



Summary of findings

this provided continuity of care. The practice offered a choose and book service for patients being referred to secondary care. NHS Health checks were offered to patients between the ages of 40 and 74 with no pre-existing long term health conditions.

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 vulnerable patients including those with a learning disability. It had carried out annual health checks for people with a learning disability and these patients had a personalised care plan in place. It offered longer appointments for patients that needed them. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had advised vulnerable patients how to access various support groups and voluntary organisations.

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. Patients experiencing poor mental health were offered an annual review of their physical and mental health needs. Patients were supported to access emergency care and treatment when experiencing a mental health crisis. The practice showed an on-going commitment to staff training and development in respect of mental health. The practice had a designated adult safeguarding lead and a communications strategy to ensure patients were protected.

Good



Summary of findings

What people who use the service say

The National GP Patient Survey results published during July 2015 showed the practice was performing in line with local and national averages. There were 121 responses which represents 40 % of the surveys sent out.

- 79% found it easy to get through to this surgery by phone compared with a clinical commissioning group (CCG) average of 81% and a national average of 73%.
- 80% found the receptionists at this surgery helpful compared with a CCG average of 89% and a national average of 87%.
- 70% with a preferred GP usually got to see or speak to that GP compared with a CCG average of 66% and a national average of 60%.
- 86% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 88% and a national average of 85%.
- 88% say the last appointment they got was convenient compared with a CCG average of 79% and a national average of 73%.

- 66% described their experience of making an appointment as good compared with a CCG average of 79% and a national average of 73%.
- 47% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 63% and a national average of 65%.
- 49% feel they don't normally have to wait too long to be seen compared with a CCG average of 61% and a national average of 85%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 1 comment card; this was positive about the standard of care received. Reception staff, nurses and GPs all received praise for their professional care and patients said they felt listened to and involved in decisions about their treatment. Patients informed us that they were treated with compassion. We also spoke with three members of the patients' representative group (PRG) who told us they could not fault the care they had received but there were difficulties getting an appointment with a named GP.

Areas for improvement

Action the service **SHOULD** take to improve

Action the provider **SHOULD** take to improve:

- Ensure that blank prescriptions are secured overnight in accordance with national guidelines.

- Ensure the trolley containing emergency medicines is kept in a secure area.

Alexandra Road Surgery

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, a CQC inspector and a practice manager specialist advisor.

Background to Alexandra Road Surgery

Alexandra Road is situated in Lowestoft, Suffolk just off a major road. The practice is accessible by public transport (bus and train). There is a branch practice operating at Crestview medical centre which is of a similar size to Alexandra Road practice. The practice is one of 25 GP practices in the NHS Great Yarmouth & Waveney CCG area. The practice has a personal medical services (PMS) contract with the NHS and undertakes minor surgical procedures. There are approximately 15596 patients registered at the practice.

The practice has seven GPs with one more recently recruited and due to commence work in August. One GP is designated as the senior partner. All partner GPs have lead responsibilities and management roles. There was a mixture of male and female GPs. The practice was also a training practice and a trainee GP works there on a short term basis carrying out consultations under the supervision of one of the partner GPs.

The GPs were supported by two nurse practitioners, one nurse advanced prescriber, 3 other nurses and 1 health care assistant; some of whom work part-time. There is a

practice manager and a number of support staff who undertake various duties. There is a reception manager and a team of receptionists. All staff at the practice work a range of different hours including full and part-time.

The surgery is open Monday to Friday between 8.00 and 6.30pm, there was a surgery between 8.45am and 11.30am on a Saturday. Surgeries run in the mornings and afternoons each day. The practice has opted out of providing 'out of hours' services which is now provided by another healthcare provider. Patients can also contact the emergency 111 service to obtain medical advice if necessary.

There has been no information relayed to us that identified any concerns or performance issues for us to consider an inspection. This is therefore a scheduled inspection in line with our national programme of inspecting GP practices.

Why we carried out this inspection

We inspected this service as part of our 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. This 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.

Please note that when referring to information throughout this report, for example any reference to the Quality and

Detailed findings

Outcomes Framework data, this relates to the most recent information available to the CQC at that time which had been validated by the health and social care information centre.

How we carried out this inspection

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

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

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

- Older people
- People with long-term conditions

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

Before carrying out our inspection, we reviewed a range of information that we held about the practice and asked other organisations to share what they knew.

We carried out an announced inspection on 28 July 2015 at Alexandra Rd and Crestview Medical Centre. During our inspection we spoke with a number of GPs, a senior nurse, nursing staff and reception staff. In addition we spoke with patients, three members of the patient reference group (PRG) and we observed how patients were cared for. We reviewed 1 comment card where patients and members of the public shared their views and experiences of the service. A PRG is a group of patients registered with a practice who work with the practice to improve services and the quality of care.

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. 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. All complaints received by the practice were entered onto the system and automatically treated as a significant event. The practice carried out an analysis of the significant events and this also formed part of the GPs' individual revalidation process.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example we saw clinicians reminded to prescribe appropriate medication and organise tests in line with guidelines. This was following a review of a patients care plan.

Safety was monitored using information from a range of sources, including national patient safety alerts (NPSA) and 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. NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment.

Overview of safety systems and processes

The practice could demonstrate its safe track record through having risk management systems in place for safeguarding, health and safety including infection control, medication management and staffing.

- 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 GP 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 required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments and regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. A nurse practitioner 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 that action was taken to address any improvements identified as a result. The practice had carried out Legionella risk assessment in March 2015 and regular monitoring of water supplies since.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling and storage). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored except at night and there were systems in place to monitor their use.
- Recruitment checks were carried out and the five files we sampled showed that appropriate recruitment checks had been undertaken prior to employment. For

Are services safe?

example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

- Arrangements were in place for planning and monitoring the number 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 that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a

defibrillator available on the premises and oxygen with adult and children's masks. 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 but the door was not locked. All staff knew the location of all emergency equipment. We spoke to the GP's about the location of the emergency trolley and the need to keep the trolley secure yet accessible. The practice manager stated the location would be reviewed. 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.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment and consent

The practice carried out assessments and treatment in line with NICE best practice guidelines and had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. For example, a review of the management of patients presenting with dyspepsia and compliance with NICE guidance.

These guidelines were following during assessment, diagnosis, referral to other services and the management of long-term conditions, including for patients in the last 12 months of their life. Processes were monitored through risk assessments, audits and random sample checks of patient records.

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 patients' mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patients' capacity and, where appropriate, recorded the outcome of the assessment.

Consent forms for surgical procedures were used. The process for seeking consent was monitored and improved through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Protecting and improving patient health

Patients who may be in need of extra support were identified by the practice. This included patients in the last 12 months of their lives; 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. One day a week a smoking cessation specialist was available on the premises. Patients who may be in need of extra support were identified by the practice.

The practice's uptake for the cervical screening programme was 84.1%, which was comparable with the national average of 81.9%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/National averages. For example, childhood immunisation rates for the vaccinations given to under twos ranged from 89.3% to 93.2% and five year olds from 49.4% to 97.8%. Flu vaccination rates for the over 65s were 73.3%, and at risk groups 52%. These were also comparable to national averages.

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

Coordinating patient care

Staff had all the information they needed to deliver effective care and treatment to patients who used services. All 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.

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

Emergency hospital admission rates for the practice were relatively comparable to national average at 11% compared to the national average of 7.4%. The practice had a process in place to follow up patients discharged from hospital.

Are services effective?

(for example, treatment is effective)

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (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. Patients who had long term conditions were continuously followed up throughout the year to ensure they all attended health reviews. Current results were 84.8% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013/2014 showed:

- Performance for diabetes related indicators was similar to the national average.
- Performance for mental health related and hypertension indicators were worse than the national average.
- The dementia diagnosis rate was below the national average.

Clinical audits were carried out and all relevant staff were involved to improve care, treatment and patient's outcomes. There had been four clinical audits completed in the last two years, all of these were completed audits where the improvements made were checked 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 domperidone prescribing, managements of patients with dyspepsia, and prescribing of gliptins. Dyspepsia is a condition involving digestion and gliptins a medication to control diabetes.

Information about patients' outcomes was used to make improvements such as improving systems to perform referrals to secondary care for patients being treated for dyspepsia in certain circumstances.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. Evidence reviewed showed that:

- The practice had an induction programme for newly appointed clinical and non-clinical members of staff that covered such topics as 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.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

The patient CQC comment card we received was positive about the service experienced. Patients we spoke with 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 three members of the patient representative group (PRG) 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. A PRG is a group of patients registered with a practice who work with the practice to improve services and the quality of care.

Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. Notices in the patient waiting room told patients how to access a number of support groups and organisations. 80% patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and national average of 87%.

The practice's computer system alerted GPs if a patient was also a carer. There was a carer's register and 0.5% of the practice list that have been identified as carers and were being supported for example by offering health checks. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them 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 and/or by giving them advice on how to find a support service.

Data sources showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was average for its satisfaction scores on consultations with GPs and nurses. For example:

- 93% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 91% said the GP gave them enough time compared to the CCG average of 90% and national average of 87%.
- 96% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%
- 89% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 85%.
- 85% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 90%.

Care planning and involvement in decisions about care and treatment

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

Data from the National GP Patient Survey, published in 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

- 91% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 85% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 81%

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

There was an active PRG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example the practice now has an electronic scrolling board in reception to indicate if there were any delays in seeing the GP. This enabled the patients to plan if there would be a delay in being seen.

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 on a Saturday morning for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients and 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 translation services available.
- All the consulting rooms were on the ground floor.
- Patients who had undertaken gender reassignment had special notes included on an electronic system so they were addressed in the correct way.
- GP's had a list of their own patients to encourage continuity of care.
- The practice responded to all questions from friends and family test and NHS choices displaying the questions and answers on a board in the waiting room.

Access to the service

The practice was open between 8.00am and 6.30pm Monday to Friday. Appointments were available all day with a nurse practitioner, supported by a GP available at lunch time. Extended hours surgeries were offered between 8.45am and 11.30am on every Saturday morning. In addition, pre-bookable appointments could be booked up to six weeks in advance and urgent appointments were also available.

Results from the National GP Patient Survey from July 2015 showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages. For example:

- 68% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 75%.
- 79% patients said they could get through easily to the surgery by phone compared to the CCG average of 81% and national average of 73%.
- 66% patients described their experience of making an appointment as good compared to the CCG average of 79% and national average of 73%.
- 47% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 63% and national average of 65%.

Listening and learning from concerns and complaints

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

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

We looked at 19 complaints received in the last 12 months and found they had been satisfactorily handled and dealt within a timely way. Staff we spoke with told us of an open and transparent culture which was promoted when dealing with complaints.

Minutes of team meetings showed that complaints were discussed with all staff to ensure they were able to learn and contribute to determining any improvement action that might be required. We saw that the result from the practice investigation of complaints was fed back to the complainant and an apology issued when appropriate.

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. Their mission statement described that they placed patients at the centre of their care, with the intention of delivering a safe and effective service, being courteous, friendly, approachable, accommodating and continuing to improve services.

We spoke with nine members of staff on the day of our inspection and they all demonstrated an understanding of the vision and values of the practice and knew what their responsibilities were in relation to these.

The practice vision and values included offering patient centred care and choice wherever possible as well as providing the best possible modern healthcare within available resources, whilst retaining the best features of a traditional family practice.

Governance arrangements

The practice had an overarching governance policy. This outlined the structures and procedures in place and incorporated seven key areas: clinical effectiveness, risk management, patient experience and involvement, resource effectiveness, strategic effectiveness and learning effectiveness.

Governance systems in the practice were underpinned by:

- A clear staffing structure and a staff awareness of their own roles and responsibilities.
- Practice specific policies that were implemented and that all staff could access.
- A system of reporting incidents without fear of recrimination and whereby learning from outcomes of analysis of incidents actively took place.
- A system of continuous audit cycles which demonstrated an improvement on patients' welfare.
- Clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information.
- Proactively gaining patients' feedback and engaging patients in the delivery of the service. Acting on any concerns raised by both patients and staff.
- The GPs were all supported to address their professional development needs for revalidation and all staff in appraisal schemes and continuing professional development.
- The GPs had learnt from incidents and complaints.

Innovation

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, they were involved with a pilot scheme to deliver secondary services by combining the efforts of neighbouring practices.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.