

St Paul's Partnership - Lyng Medical

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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr TS Bassan, now known as St Paul's Partnership - Lyng Medical on 23 July 2015. 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.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Information was provided to help patients understand the care available to them.
- Information about services and how to complain was available and easy to understand.
- Most 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 had immediate access to most emergency equipment 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.

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. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Most equipment required to manage foreseeable emergencies was available and was regularly serviced and maintained. The practice shared an Automated External Defibrillator (AED) with other healthcare organisation within the building.

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 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. There was evidence of multi-disciplinary working. Staff had received training appropriate to their roles and any further training needs had been identified and planned. There was evidence of appraisals and personal development plans for all staff.

Good



Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients told us they were treated with compassion, dignity and respect and they were involved in care and treatment decisions. The practice was proactive in providing end of life care; families were supported following bereavement. Patients we spoke with and feedback from comments cards we received reflected the positive experiences patients received from the service. Patients felt that staff treated them with dignity and respect and spoke to them in a helpful and polite manner.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. Patients said they found it easy to make an appointment with a named GP. The practice was accessible to patients with limited mobility, or whose first language was not English. Some of the staff were multilingual and translation services were also available. The practice had systems in place that ensured patients with urgent needs were seen with minimal delay.

Good



Summary of findings

Information about how to complain was available and easy to understand. We saw that complaints that had been received were responded to appropriately and learning was shared with staff.

Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. 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 monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. A patient participation group (PPG) was being established. A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care. Staff had received inductions, regular performance reviews and attended staff meetings.

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. 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. The practice was accessible for patients with mobility difficulties. Where patients were unable to attend the practice due to their health or fragility they would be seen at home. It also offered rapid access appointments for those with enhanced needs.

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 that their health and medication needs were being met. Patients who were on long term medication as a result of their condition received regular reviews to assess their progress and ensure their medications remained relevant to their health needs. There were arrangements in place to ensure continuity of care for those patients who needed end-of-life care. Regular review meetings were held with a multidisciplinary team to discuss each patient.

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 A&E attendances. All consultation rooms were on the ground floor which made the practice accessible for pushchairs and appointments were available outside of school hours. The clinical team offered immunisations to children in line with the national immunisation programme. Immunisation rates were comparable to local and national average.

Good



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

Good



Summary of findings

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 offered telephone appointments for patients unable to attend due to work commitments and was planning to offer online appointments. The practice was proactive in offering a full range of health promotion and screening that reflected the needs of this age group. This included health checks for patients aged 40 to 70 years of age. The practice offered cardiovascular risk assessments for the over 40s to target risks factors such as smoking, cholesterol, diet and exercise.

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 offered longer appointments for patients with a learning disability. Patients were able to telephone the practice and speak with a doctor for a telephone consultation. This allowed timely access to vulnerable patients and supported decisions relating to hospital admissions, in order to reduce avoidable hospital admissions or A&E attendances. The practice had identified vulnerable patients and completed care plans to manage the risks. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable 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.

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). Eighty percent of patients experiencing poor mental health had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. It offered screening and 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. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on July 2015 showed the practice was performing above local and national averages for access. There were 442 surveys sent out and 96 were sent back representing a response rate of 22%. The findings from the surveys were;

- 84% found it easy to get through to this surgery by phone compared with a CCG average of 63% and a national average of 73%.
- 94% found the receptionists at this surgery helpful compared with a CCG average of 82% and a national average of 87%.
- 60% with a preferred GP usually got to see or speak to that GP compared with a CCG average of 51% and a national average of 60%.
- 75% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 77% and a national average of 85%.
- 92% said the last appointment they got was convenient compared with a CCG average of 89% and a national average of 92%.

- 80% described their experience of making an appointment as good compared with a CCG average of 64% and a national average of 73%.
- 82% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 54% and a national average of 65%.
- 66% feel they did not normally have to wait too long to be seen compared with a CCG average of 47% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 36 comment cards which were all positive about the standard of care received. Patients were positive about all the staff including reception and clinical staff. They said that staff were friendly and helpful. They stated that they were treated dignity and respect and received an excellent service.

St Paul's Partnership - Lyng Medical

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser.

Background to St Paul's Partnership - Lyng Medical

The practice partnership was registered as Dr TS Bassan with the Care Quality Commission (CQC) to provide primary medical services. However, two of the registered partners had left the practice and two new partners had joined. At the time of the inspection the practice was in the process of submitted appropriate paperwork to the CQC to reflect these changes. The practice is now known as St Paul's Partnership - Lyng Medical.

Data we looked at showed that that practice is located in a highly deprived area with patients from different backgrounds.

The practice served a population of approximately 2400 patients. The practice has opted out of providing out-of-hours services to their own patients. This is provided by an external out of hours service. The practice is open Monday to Friday 8am to 6.30 pm except Wednesdays when it closed at 1pm. At this time the service is delivered by the out of hours provider.

A new partnership consisting of a GP, a business manager and the practice manager (who was the deputy practice manager previously) had taken over from April 2015. Three

regular locum GPs (male) worked at the practice. One locum GP worked two and a half days (Mondays, Fridays and half days on Wednesdays). Another locum GP worked on Tuesdays while a third locum GP worked on Thursdays. The provider GP was also available most Fridays.

This was the first time the CQC had inspected the practice. Data we reviewed showed that the practice was achieving results that were average or in some areas slightly above average and in some areas below Sandwell and West Birmingham CCG in some areas.

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 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 Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

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:

Detailed findings

- 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 living in vulnerable circumstances
- People experiencing poor mental health (including people with dementia)

Before inspecting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 23 July 2015. During our inspection we spoke with a range of staff including two GPs, a practice nurses, a health care assistant, the practice manager, business manager and one reception staff. We also received 36 comment cards from patients. We observed how patients were being cared for and staff interaction with them.

Are services safe?

Our findings

Safe track record and learning

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. We reviewed records of four significant events that had occurred during the last year and saw this system was followed appropriately. Significant events were a standing item on the practice meeting agenda and a dedicated meeting was held quarterly to review actions from past significant events and complaints. There was evidence that the practice had learned from these and that the findings were shared with relevant staff. For example, we saw that an incident involving data protection was recorded. Minutes of meetings we looked at showed the incident was discussed in April 2015 to share learning.

The practice prioritised safety and used a range of information to identify risks and improve patient safety. For example, reported incidents and national patient safety alerts as well as comments and complaints received from patients. All the staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses. The practice used an electronic system to report incidents which was shared with Sandwell and West Birmingham Clinical commission Group (CCG). CCGs are groups of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services.

Overview of safety systems and processes

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

- The practice had systems to manage and review risks to vulnerable children, young people and adults. We looked at training records which showed all staff had received relevant role specific training on safeguarding. Staff members we spoke with knew how to recognise signs of abuse in older patients, vulnerable adults and children. They were also aware of their responsibilities and knew how to share information, properly record safeguarding concerns and how to contact the relevant agencies. We saw relevant information and contact details were displayed in all the consultation rooms we looked in to.
- A notice was displayed in the waiting room, advising patients that appropriate staff members would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). A chaperone policy was available both in electronic format and as a paper copy. The policy also had a checklist of procedures that a chaperone should follow. Staff members we spoke with were aware of the procedures to follow when acting as a chaperone.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. 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 (COSHH), infection control and legionella.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be visibly 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. We saw examples of audits including hand hygiene and PPE audit. We saw that the PPE audit identified that new staff members were not aware of the location of Personal Protective Equipment (PPE) and action was taken to address 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 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.
- Recruitment checks were carried out and the three files we reviewed 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. The business manager showed us a demand and capacity audit monitoring form, this was a specifically designed spread sheet to allow them to determine the optimal number of staff required. 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

The practice had arrangements in place to manage emergencies. Records showed that all staff had received training in basic life support.

Emergency medicines were available in a secure area of the practice and all staff knew of their location. These included those for the treatment of cardiac arrest, anaphylaxis

(allergic reaction) and diabetes. Processes were also in place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

The practice had oxygen with adult and children's masks available. There was an automated external defibrillator available and was shared by other healthcare organisations located within the building. (An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm).

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 contractors and relevant personnel. There was an emergency folder with consultation sheets, referral forms for out of hours and other services as well as return to work notes and prescription forms. This would enable urgent consultation to be held from an alternative location when required.

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). The practice had systems in place to ensure all clinical staff were kept up to date. A GP we spoke with told us they were responsible for monitoring NICE guidelines and talked about a recent published guidance which was available in the practice.

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. QOF results this 2013/14 were 88% of the total number of points available, with 6% exception reporting. The QOF includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013/14 QOF achievement showed;

- Performance for diabetes related indicators was 85% and was 4% below local and 5% below national average.
- The percentage of patients with hypertension having regular blood pressure tests was 71%. This was 5% below CCG average and 4% below national average.
- The dementia diagnosis rate was comparable to the CCG and national average.

We spoke with staff members including the practice manager and the business manager about the low QOF achievement. They told us that with the changes in partnership there was a greater focus on ensuring better follow up and review of patients with long term conditions. Staff members including the business manager showed us how they were now monitoring their QOF achievement. They also showed us how they monitored other areas they were monitoring such as timeliness and appropriateness of referrals.

Effective staffing

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

- The practice had an induction programme for newly appointed members of staff (both clinical and non-clinical) that covered such topics as safeguarding, fire safety, health and safety and confidentiality. We saw that an audit of the PPE checklist identified that new staff were unaware of their location. As a result this was also included in the induction for new staff.
- 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 meetings and appraisals. Relevant staff members had completed an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, and basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. We saw that audits were conducted to ensure all staff were up to date with 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 patients 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 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 and end of life care meeting took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

Are services effective?

(for example, treatment is effective)

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.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. 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.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme over the last five years was 85%. This was 5% above CCG average and 3% above national average.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example,

childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 100% and five year olds from 85% to 95%. Flu vaccination rates for the over 65s were 58%, and at risk groups 59%. These were also below CCG and national averages. The new provider had taken over the practice in April 2015 and they were aware that this needed to be improved. Staff members we spoke with and evidence we looked at showed that the practice had a put in a strategy in place to ensure their achievements were in line with local and national rates.

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 on the outcomes of health assessments and checks were made where abnormalities or risk factors were identified. The practice offered cardiovascular risk assessments for the over 40s to target risks factors such as smoking, cholesterol and diet.

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 and that patients were treated with dignity and respect. 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. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 36 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 three patients on the day of our inspection. They 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 that the practice was slightly below average for most of its satisfaction scores on consultations with doctors and nurses. For example:

- 75% said the GP was good at listening to them compared to the CCG average of 84% and national average of 89%.
- 79% said the GP gave them enough time compared to the CCG average of 82% and national average of 89%.
- 91% said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and national average of 95%
- 71% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and national average of 85%.

However, the practice was above average in other areas such as:

- 91% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 90%.
- 94% of patients said they found the receptionists at the practice helpful compared to the CCG average of 82% and national average of 60%.

The practice was going through changes in partnership and the practice manager and the business manager we spoke with acknowledged this was an area for improvement. The business manager talked through their plan and the changes they were implementing to improve this. Feedback from patients we spoke with on the day and comments cards we received acknowledged that there was an improvement. Patients told us that GPs were welcoming and this was also reflected in the comments cards.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to 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 did not align with the views of patients we spoke with and the comments cards we had received. For example:

- 76% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and national average of 86%.
- 74% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and national average of 81%

However, changes in the partnership had been made and the practice had applied to the CQC to register those changes. Staff we spoke with confirmed that changes were taking place to improve in this area with the arrival of new partners.

Many of the staff were able to speak some of the languages spoken by the patient population such as Bengali, Punjabi, Urdu and Hindi. Staff members we spoke with told us that

Are services caring?

there were a significant number of Eastern European patients that had registered with the practice. They also told us that they were able to arrange translation services where it was required.

Patient and carer support to cope emotionally with care and treatment

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

Almost all the patients we spoke with on the day of our inspection and the comment cards we received stated that staff responded compassionately when they needed help and provided support when required.

Staff told us that if families had suffered bereavement they were offered counselling sessions which were located in the same building and alternatives were also discussed during consultations. Patients were also referred to external support groups when appropriate.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice was responsive to patient's needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs in the way services were delivered.

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

- There were longer appointments available for patients 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.
- The practice was located in a purpose built health centre and there were disabled facilities, hearing loop and translation services available.
- The practice was looking to employ a reception staff member that could speak Polish as they had a significant number of patients who spoke Polish.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday except Wednesdays when it closed at 1pm. Alternative arrangements were made to ensure services were provided by an alternative provider. Appointments were from 8am to 1pm and 1.30pm to 6.30pm daily. The practice offered telephone consultation where appropriate and was planning to offer online appointments.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was generally better compared to local and national averages. Patients we spoke with on the day and comments cards we received aligned to the survey results. For example:

- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and national average of 75%.
- 84% patients said they could get through easily to the surgery by phone compared to the CCG average of 63% and national average of 73%.
- 80% patients described their experience of making an appointment as good compared to the CCG average of 64% and national average of 73%.
- 82% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 54% 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. There were leaflets for patients and a poster was displayed in the reception area. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at five written and one verbal complaint received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way. For example, a complaint was related to a reception staff from a pharmacy manager in regards to a patient's medicine. This was investigated and found that the reception staff had acted correctly, however all staff were reminded of protocol as a reminder.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, we saw a verbal complaint regarding a delay in appointment. The patient had to leave without seeing the GP as they were running late for another appointment. We saw evidence that the practice had apologised to the patient and offered another suitable appointment. As learning, all staff were reminded to inform and apologise to patients when appointments were running late.

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 was going through changes to its partnership and the business manager who talked us through the practice vision to deliver high quality care and promote good outcomes for patients. This was underpinned by a practice development plan for 2015-16 which outlined some of the services they intended to offer and improvements they intended to make. For example, increasing the number of clinics offered by the nurse and healthcare assistant, develop the PPG group and offer extra appointments and triage to increase access to GPs. Part of this was to monitor the number of missed appointments (DNA) which was being conducted and shared with patients. We saw that DNA rates for GP and nurses were being progressively reduced. Staff members we spoke with confirmed that there were improvements being made to the practice to ensure good outcomes for patients. This included better follow up processes for patients with long term conditions.

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 that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership, openness and transparency

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

Staff told us that monthly team meetings were held. Staff told us that there was 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 by the management team. 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. The practice had recently established a patient participation group (PPG) with four members. They were due to have their first meeting in August 2015. The practice was undertaking the NHS friends and family test and some feedback received was that they wanted to see a regular GP. Since the new provider took over in April 2015 they had appointed regular locum GPs at the practice.

Innovation

There was a strong focus on continuous learning and improvement at all levels within the practice. For example, the practice staff had daily checklist of duties and there were audits and checks in place to ensure any learning were identified and implemented. For example, the practice monitored its referrals by GPs so that it could monitor trends in referrals.