The Mansell Road Practice

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Mansell Road practice on 8 December 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- 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 needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data showed patient outcomes were average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Are services caring?

Good

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 said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

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

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- It reviewed the needs of its local population and engaged with the local GP federation 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 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.

Are services well-led?

Good

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

- It had a clear vision and strategy to deliver personalised individual care for patients and to treat everyone with respect, dignity and compassion. 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 practice meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Summary of findings

- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

Good

The practice is rated as good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes on the register who had received an influenza immunisation was 97% which was above the national average of 94%.
- 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 medicines 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.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice's uptake for the cervical screening programme was 78%, which was comparable to the national average of 82%.

Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- It offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- 74% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months which was comparable to the national average of 84%.

Summary of findings

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had received a comprehensive, agreed care plan was 92% which was above the national average of 88%.
- 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.
- 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.
- Staff had a good understanding of how to support 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 8 July 2015. The results showed the practice was generally performing in line with local and national averages. 327 survey forms were distributed and 105 were returned.

- 58% found it easy to get through to this surgery by phone compared to a CCG average of 69% and a national average of 73%.
- 88% found the receptionists at this surgery helpful (CCG average of 81%, national average 87%).
- 76% were able to get an appointment to see or speak to someone the last time they tried (CCG average 79%, national average 85%).
- 90% said the last appointment they got was convenient (CCG average 87%, national average 92%).
- 62% described their experience of making an appointment as good (CCG average 66%, national average 73%).
- 43% usually waited 15 minutes or less after their appointment time to be seen (CCG average 53%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 28 comment cards which were all positive about the standard of care received.

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

The Mansell Road Practice

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 practice manager specialist advisor and an Expert by Experience.

Background to The Mansell Road Practice

Mansell Road practice provides GP primary medical services to approximately 5,551 patients living in the London Borough of Ealing. The borough of Ealing has an ethnically diverse population and has significant income inequalities with a high proportion of unemployment. A large proportion of the local population speak English as a second language.

The practice team is made up of three female and two male GPs, a practice manager, two practice nurses and five administrative staff.

The practice was open between 08:00 - 18:30 Monday to Friday except on Thursdays when the practice was open from 08:00 - 12:30. Appointments were from 08:00 to 11:00 every morning and 16:00 to 18:30 daily except on Thursdays when the practice is closed in the afternoon. Home visits are provided for patients who are housebound or too ill to visit the practice.

The practice has a General Medical Services (GMS) contract (GMS is one of the three contracting routes that have been available to enable the commissioning of primary medical services).The practice refers patients to the NHS '111' service for healthcare advice during out of hours.

The practice is registered with the Care Quality Commission to provide the regulated activities of maternity and midwifery services; family planning; diagnostic and screening procedures; surgical procedures; treatment of disease, disorder or injury.

The practice provides a range of services including maternity care, childhood immunisations, chronic disease management and travel immunisations.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 8 December 2015. During our visit we:

- Spoke with a range of staff (GPs, nurse practitioner, practice manager, administrative staff) and spoke with patients who used the service.

Detailed findings

- Observed how people were being cared for and talked with carers and/or family members.
- Reviewed the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

We also looked at how well services 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)

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Good

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager or GPs of any incidents and there was also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, as a result of a significant event relating to a patient diagnosis of prostate cancer, learning points included training staff to use reminders on the clinical systems for patients under surveillance and all patients who are at risk to be provided with information about symptoms to look out for.

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

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults 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 were also posters available for staff which provided a quick reference to local safeguarding contact telephone numbers. One of the GP partners was the lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs and practice nurses were trained to Safeguarding level 3 and non-clinical staff to level 2.
- A notice in the waiting room advised patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role. Not all staff providing the chaperone service had received a disclosure and barring check (DBS check) however the practice were in the process of arranging this and had completed a risk assessment. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead. 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 arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). However, we found the fridge temperature had not been consistently monitored in the practice nurse's absence. This was discussed with the practice and arrangements were subsequently made to train administrative staff to undertake this duty. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed five personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety risk assessment policy in place. The

Good

Are services safe?

practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as infection control and legionella.

- 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

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the reception area and one of the nurse treatment rooms.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. The practice worked closely with two local practices and supported each other both clinically and managerially where necessary.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through audits and clinical meetings.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 96% of the total number of points available, with 11.8% exception reporting. Data from 2014/2015 showed;

- Performance for diabetes related indicators was above the national average. For example, the percentage of patients with diabetes on the register who had received an influenza immunisation was 97% compared to the national average of 94%.
- The percentage of patients with hypertension having regular blood pressure tests was 84% which was the same as the national average.
- Performance for mental health related indicators was better than the national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had received a comprehensive, agreed care plan was 92% with the national average at 88%.
- 74% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months which was comparable to the national average of 84%.

Clinical audits demonstrated quality improvement.

There had been four clinical audits completed in the last 12 months and three of these were completed audits where the improvements made were implemented and monitored.

- The practice participated in applicable local audits, national benchmarking, accreditation, and peer review.
- Findings were used by the practice to improve services. For example, recent action taken as a result of an audit of patients with atrial fibrillation included to ensure all new patients, who are anti-coagulated, have clear instructions from the onset about what to do with their alternative oral anticoagulant agents.

Information about patients' outcomes was used to make improvements. For example, the practice actively provided care plans for patients with chronic diseases and those at risk of admission to hospital. The practice actively re-called these patients.

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 that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. The practice also had in place a locum pack for GP locums which provided essential practice information and contact details.
- 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 ongoing 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

Good

Are services effective?

(for example, treatment is effective)

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people 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 discharged from hospital.

The practice was participating in the Ealing Integrated Care pilot which encouraged health and social care services working jointly together in local groups to support people at home and prevent them going into hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated as part of this pilot.

The practice had also signed up to the 'Shifting settings of Care' programme which helps people with ongoing but stable mental illness to be supported by their GP and a mental health worker in the community rather than by specialist mental health services.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

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

- These 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.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 78%, which was comparable to the national average of 82%. Telephone reminders were given 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 national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 40% to 97% and five year olds from 90% to 97%. Flu vaccination rates for the over 65s were 66%, and at risk groups 47%. These were also comparable to the national averages of 73% and 52% respectively.

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.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations 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 28 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 members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was comparable to the CCG and national averages for its satisfaction scores on consultations with doctors and nurses. For example:

- 86% said the GP was good at listening to them compared to the CCG average of 84% and national average of 89%.
- 87% said the GP gave them enough time (CCG average 81%, national average 87%).
- 96% said they had confidence and trust in the last GP they saw (CCG average 93%, national average 95%).
- 87% said the last GP they spoke to was good at treating them with care and concern (CCG average 79%, national average 85%).
- 86% said the last nurse they spoke to was good at treating them with care and concern (CCG average 83%, national average 90%).
- 88% said they found the receptionists at the practice helpful (CCG average 81%, national average 87%).

Care planning and involvement in decisions about care and treatment

Patients told us that 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 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:

- 88% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and national average of 86%.
- 81% said the last GP they saw was good at involving them in decisions about their care (CCG average 75%, national average 81%).

Staff told us that translation services were available for patients who did not have English as a first language. We saw posters in the waiting area in various languages informing patients this service was available.

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.

There were posters in the waiting area to direct carers to the various avenues of support available to them and the practice website signposted patients to 'Carers Direct;' a support organisation for carers.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card

Good

Are services caring?

and sometimes staff attended the funeral services. This call was either followed by a patient consultation at a flexible time and or patients were referred to the in-house counsellor where necessary.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the local GP federation which is made up of 79 practices; and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice also worked closely with neighbouring practices and attended monthly meetings.

. • The practice offered appointments at 8.00am each morning for working patients.

• Longer appointments were available for people with a learning disability.

• Home visits were available for older patients / patients who would benefit from these.

- Same day appointments were available for children and those with serious medical conditions.

• There were disabled facilities, hearing loop and translation services available.

- The practice provided and paid for taxis for elderly patients to enable them to attend the practice and return home.
- There were disabled facilities and the practice had undertaken a Disability Discrimination Audit to improve disabled access.

Access to the service

The practice was open between 08:00 - 18:30 Monday to Friday except on Thursdays when the practice was open from 08:00 - 12:30. Appointments were from 08:00 to 11:00 every morning and 16:00 to 18:30 daily except on Thursdays when the practice is closed in the afternoon. Extended hours surgeries were not offered at the practice. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent and same day appointments were also available for people that needed them. Telephone consultations were available for patients to book each morning.

Patients were able to book GP appointments online and these appointments were 15 minutes in duration. The practice had tried various appointment systems over time and felt the current system with 15 minute pre-booked appointments worked well for both patients and staff. Patients we spoke with told us they felt the appointment system at the practice had improved.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was generally below the local and national averages. People told us on the day that they were able to get appointments when they needed them.

- 70% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and national average of 75%.
- 58% patients said they could get through easily to the surgery by phone (CCG average 69%, national average 73%).
- 62% patients described their experience of making an appointment as good (CCG average 66%, national average 73%.
- 43% patients said they usually waited 15 minutes or less after their appointment time (CCG average 40%, national average 27%).

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system in a practice leaflet and a poster within the waiting area.

We looked at six complaints received in the last 12 months and found these were satisfactorily handled in a timely way with openness and transparency. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, as a result of one complaint relating to patient dissatisfaction with a consultation following a diagnosis; learning identified was for the practice to provide a session for GPs and nurses to review how to give a diagnosis and managing and breaking bad news.

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 personalised individual care for patients and to treat everyone with respect, dignity and compassion.

- The practice had a mission statement which was displayed on the practice website and in the waiting area.
- We spoke with a cross section of staff and they all knew and understood the vision and values of the practice and knew what their responsibilities were in relation to these.

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 staffs told us that they were approachable and always take the time to listen to all members of staff.

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

When there were unexpected or unintended safety incidents:

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

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

- Staff told us that the practice held regular weekly and monthly team meetings.
- 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. All staff were involved in discussions about how to run and develop the practice, and staff were encouraged to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged 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 every quarter, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, one of the PPG members had suggested the development of a newsletter which would contain information the PPG feel are necessary for patients to know about the practice and the services available; and this was in the process of being developed.

Are services well-led?

Good

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

- The practice also analysed the results each month of the 'Friends and Family Test' survey and posted these on practice website for patients. Analysis for 2015 showed 90.4% of patients completing the forms were 'likely' or 'very likely' to recommend the practice to friends and family.
- The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, staff had suggested having a desk at the back or reception to be used for undertaking administrative work and this had been implemented. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. In June 2015 the Imperial College London presented the practice with a 'Commitment to Teaching' award. On Thursday afternoons the practice was closed for administrative work and practice learning and staff also have access to online learning from home.