

Toddington Medical Centre

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Toddington Medical Centre on 2 December 2015. Overall the practice is rated as good.

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

- Risks to patients were assessed and well managed.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- 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. Urgent appointments available the same day and telephone consultations were offered.
- Access to the service was monitored to ensure it met the needs of patients.
- 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.
- Emergency medicines and oxygen were available.
- 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?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. Staff were trained to appropriate levels and knew how to access the reporting system.
- Risks to patients were assessed and well managed.
- There were appropriate recruitment checks undertaken for all staff and a robust induction process in place for both clinical and administrative staff.

Are services effective?

The practice is rated as good for providing effective services.

Good



Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.

- The practice had developed its own templates to ensure that patients' needs were assessed and delivered care delivered in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was a robust and comprehensive programme of audit and quality improvements were demonstrated.
- 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.

Summary of findings

- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.
- Patients were recalled for appointments if they had not attended, reminders were sent out and we saw evidence that these were checked on a monthly basis.
- Patients who had been discharged from hospital received a home visit from the practice matron who carried out an assessment to avoid a readmission and to check that patients and their families were able to cope.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had a register of carers and provided comprehensive information on how to access support services.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care. Appointments could be made by telephone or online.
- Urgent appointments and telephone consultations were available either the same day or up to four weeks in advance.
- Patients received telephone reminders of appointments.

Good



Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs, including a specific children's space of the waiting area. All consulting rooms were easily accessible.
- Audio and visual systems were in place in the waiting area to alert patients to their appointment with the GP or nurse.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

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.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population. The uptake of flu vaccinations for this group was 80%, higher than the national average of 73%. The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice matron had a caseload of patients with specific needs.
- Admissions and A&E attendances were monitored for actions.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. The health care assistant (HCA) had been supported in phlebotomy training to release practice nursing time to focus on long term condition management of diabetes, asthma, heart disease and high blood pressure.
- Performance for diabetes related indicators was similar to the national average. For example, the percentage of patients on the diabetes registers, with a record of having had a foot examination and that had been risk classified within the preceding 12 months was 89% where the national average was 88%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice held a nurse led chronic heart disease (CHD), chronic obstructive pulmonary disease (COPD) and asthma clinics; these were reviewed and followed up by the GP.

Summary of findings

- A practice nurse had specific responsibility for supporting GPs in reducing unplanned admissions to hospital and in developing care plans for this group.

Families, children and young people

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

Good



- 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 for example vaccinations given to under two year olds ranged from 95% to 98% (CCG average 94% to 100%) and five year olds from 97% to 100% (CCG average 93% to 98%).
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 85%, which was higher than the national average of 82%.
- Comprehensive, confidential advice was available regarding all forms of contraception, including emergency contraception.
- Appointments were available outside of school hours and the premises were suitable for children and babies, with a specific area in the waiting area for children and young families.
- We saw positive examples of joint working with midwives, health visitors and school nurses. GPs were involved in the antenatal and postnatal care of patients who planned to have their baby in hospital.
- Monthly multidisciplinary team meetings were held including the local health visitor. Children who may be at risk were discussed at these meetings.

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).

Good



Summary of findings

- 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. The practice offered 20 minute consultations, personal and travel vaccines, medicals, pathology, advice and consultant referrals.
- The practice had installed a health check area which provided the facility for patients to weigh themselves and check blood pressure.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability. Annual reviews had been carried out on 78% of patients on the Learning disability and mental health registers
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed 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.

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).

- 96% of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the last 12 months, which was higher than the national average of 84%.

Good



Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. The practice had access to counselling, cognitive behaviour therapy (CBT) and wellbeing workers.
- The practice 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 patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015. The results showed the practice was performing in line with local and national averages. 266 survey forms were distributed and 109 were returned. This represented a response rate of 41%.

- 74% found it easy to get through to this surgery by phone compared to a CCG average of 79% and a national average of 73%.
- 94% were able to get an appointment to see or speak to someone the last time they tried (CCG average 86%, national average 85%).
- 93% described the overall experience of their GP surgery as fairly good or very good (CCG average 87%, national average 85%).

- 91% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 79%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 49 comment cards which were all positive about the standard of care received and that the staff always treated patients with respect and explained treatment well. We spoke with four patients during the inspection. All four patients said they were happy with the care they received and thought staff were approachable, caring and committed to providing a good service.

Toddington Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Toddington Medical Centre

Toddington Medical Centre provides a range of primary medical services from its location at, Luton Road, Dunstable, Central Bedfordshire. It is a single storey, purpose built location with good parking facilities and disabled access.

The practice serves a population of approximately 7348 patients with higher than average populations of both males and females aged 10 to 15 and those aged between 40 and 69 and lower than average populations aged 0 to 4, aged 25 to 39 and those aged over 80 years. The practice population is largely white British. National data indicates the area served is less deprived in comparison to England as a whole.

The clinical staff team consists of two GP partners and one female salaried GP, five regular locums were used according to demand, a practice matron, two practice nurses and a health care assistant (HCA). The team is supported by a practice manager, an office manager and a team of administrative and reception staff. The practice holds a PMS contract for providing services and is a teaching practice.

The practice is open from 8.30am to 6.30pm Monday to Friday. Patients requiring a GP outside of normal hours care is provided by Care UK.

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

During our visit we:

- Spoke with a range of staff including GP partners, two nurses, the practice manager and a range of administrative staff. We spoke to a representative from the patient participation group (the PPG is a group of patients who work with the practice to discuss and develop the services provided). We also spoke with four patients who used the service.
- Observed how staff interacted with patients.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

Detailed findings

- 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 were provided for specific groups of people and what good care looked like for them. The population groups are:

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

Please note 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.

Are services safe?

Our findings

Safe track record and learning

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

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

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, we saw that following a significant event, practice policy was changed to ensure that if a patient refused treatment it would be recorded in the patient notes

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

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS

check). (DBS checks identify whether a person has a criminal record or is on an official list of 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 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 and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescriptions were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were able to administer vaccinations. Records showed that the staff had been assessed and signed off accordingly.
- We reviewed three personnel files and found 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.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Are services safe?

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and 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 had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty this was reviewed regularly.

Arrangements to deal with emergencies and major incidents

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

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

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

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 93% of the total number of points available, with 6% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed;

- Performance for diabetes related indicators was similar to the national average. For example, the percentage of patients on the diabetes register, with a record of having had a foot examination and that had been risk classified within the preceding 12 months was 89% where the national average was 88 %.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the national average at 86% where the national average was 83%.
- Performance for mental health related indicators were comparable to the national average. For example, the percentage of patients with diagnosed psychoses who had a comprehensive agreed care plan was 86% where the national average was 86%

- A nurse held a diploma in chronic obstructive pulmonary disease (COPD) and all patients were also reviewed on a weekly basis by the lead GP.
- The practice matron was involved in care following discharge from hospital and would visit the patient at home to check that they were coping and would carry out a full assessment to avoid another admission to hospital.

Clinical audits demonstrated quality improvement.

- There had been four clinical audits completed in the last two years, we were told of two of these were completed audits where the improvements made were implemented and monitored. For example, repeat cycle audits included audits of diabetes and pain relief medicines to ensure that patients were using the appropriate medicines dependent on their medical history. We saw that patients were reviewed following audits and that prescriptions were changed when needed. The GPs told us that clinical audits were linked to medicines management information, clinical interest, safety alerts or as a result of QOF performance. All GPs participated in clinical audits creating an environment of continuous improvement and learning.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Information about patients' outcomes was used to make improvements. Feedback was received from patients and other clinical staff and discussed at monthly clinical meetings.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff; for example for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered

Are services effective?

(for example, treatment is effective)

vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

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

Consent to care and treatment

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, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and access to a counsellor was available. Patients were then signposted to the relevant service.
- Dietary information and smoking cessation advice was available from the nurses and via the Health and Wellbeing Hub.

The practice's uptake for the cervical screening programme was 85%, which was comparable to the national average of 82%. The practice demonstrated how they encouraged uptake of the screening programme ensured a female sample taker was available. 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 averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 98% (CCG average 94% to 100%) and five year olds from 97% to 100% (CCG average 93% to 98%).

Flu vaccination rates for the over 65s were 80%, and at risk groups 52%. These were also comparable to national average.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40 - 74. For this age

Are services effective?

(for example, treatment is effective)

group 145 had been completed in 2015. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

We spoke with a member of the patient participation group (PPG) and four patients on the day of the inspection, who told us they were satisfied with the care, provided by the practice and said their dignity and privacy was respected also care and treatment was explained well. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey July 2015 showed patients felt they were treated with compassion, dignity and respect. The practice was above 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 87% and national average of 87%.
- 90% said the GP gave them enough time (CCG average 86%, national average 87%).
- 97% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%).
- 86% said the last GP they spoke to was good at treating them with care and concern (CCG average 84%, national average 85%).
- 97% said the last nurse they spoke to was good at treating them with care and concern (CCG average 95%, national average 95%).

- 93% said they found the receptionists at the practice helpful (CCG average 88%, national average 87%)

Care planning and involvement in decisions about care and treatment

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

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

- 94% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 87% said the last GP they saw was good at involving them in decisions about their care (CCG average 79%, national average 81%).
- 98% said the last nurse they saw was good at involving them in decisions about their care (CCG average 86%, national average 85%).

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, this information was also included in the practice leaflet.

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 137 patient carers which equates to 1.9% of the practice list. Written information was available to direct carers to the various avenues of support available to them.

Are services caring?

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.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice offered a range of enhanced services including regular clinics for patients with chronic heart disease (CHD), chronic obstructive pulmonary disease (COPD) and asthma. These were reviewed monthly by the GP's, avoiding unplanned admissions to hospital. The practice held multi-disciplinary meetings to discuss the needs of palliative care patients, patients with complex needs and patients who were at risk of unplanned hospital admissions.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.

Access to the service

The practice was open between 8.30am and 6pm Monday to Friday. Appointments were available during these times. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. The practice had a telephone triage system and patients could also book appointments on line.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages.

- 86% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 75%.

- 74% of patients said they could get through easily to the surgery by phone (CCG average 79%, national average 73%).
- 78% of patients said they always or almost always see or speak to the GP they prefer (CCG average 61%, national average 60%).
- People told us on the day of the inspection that they were able to get appointments when they needed them.
- The practice was located in a purpose built building with disabled, baby changing and feeding facilities. There was a hearing loop and translation services available details of which were included in the practice leaflet.

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.
- 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 leaflets and complaints forms were available in the reception area

We looked at 12 complaints received in the last 12 months and found all of these had been recorded and handled appropriately. The practice manager was the complaints lead and we saw that all complaints had been dealt with in a timely way, with an open and transparent approach to receiving and responding to complaints. Apologies were offered to patients when required. Lessons were learnt and action was taken as a result to improve the quality of care. For example a complaint was received regarding a missed hospital appointment due to an incorrect address recorded on the system. The practice discussed this at the monthly meeting and changed the system to ensure that patients address was checked when arranging tests and referrals.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

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 was maintained
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership and culture

The partners in the practice had 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 they were approachable and always took the time to listen to all members of staff.

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

When there were unexpected or unintended safety incidents:

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

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

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

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was a virtual PPG with 64 members the majority were contacted by email but a small number were kept up to date by letter. The demographics of the PPG was an age range from 35-74. The practice also used social media to encourage younger patients to keep informed. The practice carried out patient surveys and submitted proposals for improvements to the practice management team. For example
- Following feedback the practice had introduced telephone triage appointments trial. This had been positively received and formed part of the appointment system for Monday and Friday mornings following Bank Holidays
- The latest survey issued was to gauge the views on continued improvements to appointment availability

Are services well-led?

Good 

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

- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and to improve outcomes for

patients in the area, by using income from room hire to employ additional staff and reviewed the nursing structure which enabled an acute treatment service to be provided to patients. The practice was a teaching practice and had maintained high standards for training and supporting its students, evidenced by approval for the practice to receive a cohort of medical students from Cambridge University Medical School.