

# Wheatfield Surgery

## 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 Wheatfield Surgery on 16 February 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.

- 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.

We saw one area of outstanding practice:

- The practice identified patients who were also carers and placed an alert on the electronic patient record. A member of the reception team was the carers' lead. There was a carers' corner in the waiting area where written information was available to direct carers to the various avenues of support available to them. This area was surrounded by a partition which provided privacy for patients if they needed to access the information or complete any forms.

**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 learnt were shared to make sure actions were taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, an explanation and 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.
- They maintained a risk log to ensure risks to patients and staff were assessed and well managed.
- Staff had received training appropriate to their role and relevant pre-employment checks had been completed.

### 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 comparable to the local and national averages in most areas. The practice had implemented actions for the areas where they were below average.
- 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 patients' needs.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- Although data from the National GP Patient Survey showed patients rated the practice lower than others for several aspects of care the practice had completed their own survey with a more positive response.

# Summary of findings

- 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 an identified carer's champion and two bereavement support leads.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- 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.
- Pre-bookable appointments were available up to six weeks in advance with urgent appointments available on 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 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.

Good



- The practice had a clear vision to deliver high quality, safe and effective services.
- 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 practice demonstrated through their significant events and complaints management that they were aware of and complied with the requirements of the Duty of Candour.
- 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 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

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.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice carried out visits as required to a local care homes.
- Annual health checks were available for patients over the age of 75 years.

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.
- The nursing team were working with an intermediate diabetic nurse from the local hospital who attended the practice weekly to assist with the more complex diabetic patients.
- 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.

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. Immunisation rates were relatively high for all standard childhood immunisations.
- Appointments were available outside of school hours and facilities in the practice were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

Good



# Summary of findings

- There was a dedicated breast feeding room in the practice for nursing mothers.

## **Working age people (including those recently retired and students)**

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services such as appointment booking and repeat prescription requests.
- There was a full range of health promotion and screening that reflected the needs of this age group.
- Extended hours appointments were available outside of normal work hours.
- Telephone consultations were available.

**Good**



## **People whose circumstances may make them vulnerable**

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- 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.
- The practice had an identified carer's lead and a private area in the waiting area for carers to access information and avenues of support available to them.

**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).

**Good**



# Summary of findings

- 93% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was better than the national average.
- Performance for mental health related indicators was slightly below the CCG and national average. The practice achieved 89% of available points, compared to the CCG average of 94% and the national average of 93%.
- 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.
- A counsellor and a psychiatric link worker visited the practice weekly to see patients referred by the GP.
- 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 7 January 2016. The results showed the practice was performing below the local and national averages. There were 334 survey forms distributed and 126 were returned.

- 29% found it easy to get through to this surgery by phone compared to a CCG average of 77% and a national average of 73%.
- 72% were able to get an appointment to see or speak to someone the last time they tried (CCG average 86%, national average 85%).
- 68% described the overall experience of their GP surgery as fairly good or very good (CCG average 86%, national average 85%).
- 52% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 78%, 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 27 comment cards which were all positive about the standard of care received. Many of the cards described the practice as very good. All levels of staff were mentioned as being friendly and helpful. Patients also said staff treated them with dignity and respect. Three of the cards had additional comments regarding difficulty in obtaining an appointment.

We spoke with five patients during the inspection. All five patients said they were happy with the care they received and thought staff were supportive and caring.

The NHS Friends and Family Test results for January 2016 showed that 92% of respondents were likely to recommend the practice.

# Wheatfield Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Wheatfield Surgery

Wheatfield Surgery provides a range of primary medical services to the residents of Luton from its purpose built location, 60 Wheatfield Road, Luton, LU4 0TR.

The practice population is of mixed ethnicity and has a slightly higher than average under 59 year age range and a slightly lower than average over 60 year age range. National data indicates the area is one of mid deprivation. The practice has approximately 13,600 patients and services are provided under a Primary Medical Services (PMS) Contract.

The practice is led by seven GP partners, four male and three female. The nursing team consists of two minor illness nurses, three practice nurses and two health care assistants, all female. There is a practice manager and an assistant practice manager who lead a team of reception and administrative staff.

The practice is a registered training practice and has two GP trainers. They train post graduate doctors who wish to gain experience in general practice and GP trainees.

The practice is open between 8.30am and 6.30pm Monday to Friday. There is an emergency contact number available

on the practice answerphone from 8am to 8.30am. Appointments are available from 8.30am to 11.30am and 3.30pm to 5.30pm daily. The practice offers extended opening hours from 6.30pm to 8pm Monday to Friday.

When the practice is closed out-of-hours services are provided by Care UK and can be accessed via the NHS 111 service.

## 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 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 16 February 2016. During our visit we spoke with a range of staff including GPs, nurses, the practice manager and assistant practice manager, administrative and reception staff. We also spoke with patients who used the service and the chair of the patient participation group

# Detailed findings

(PPG). We observed how staff interacted with patients during their visit to the practice. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

We also looked at how well services 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.

- The practice had a significant event policy that was available for all staff to view on the practice computer system.
- There was an identified GP who was the significant event clinical lead.
- 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.
- Significant events were discussed at the monthly clinical governance meetings. These meetings were attended by a representative from all the staff groups.
- 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 learnt were shared to make sure action was taken to improve safety in the practice. For example, administration processes had been reviewed to ensure extra checks were taken when scanning letters from other providers and identifying the actions the GPs needed to take.

When there were unintended or unexpected safety incidents, patients received reasonable support, an explanation and 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. They contained a form for staff to complete for referrals to the local authority. 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 an appropriate level in children's 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. One of the practice nurses 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 clinical staff had received up to date training. The non-clinical staff had not received infection control training but they were able to demonstrate an awareness of good infection control processes, for example, hand washing, non-touch technique when dealing with specimens and the use of personal protective equipment (PPE). The practice had completed a recent infection control audit and identified actions with a plan to address any improvements.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicine audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. They had implemented a system to ensure the prescribing of controlled drugs was in line with best practice and that the prescription was collected from the practice by the patient or their nominated representative. Some prescription medicines are controlled under the Misuse of Drugs legislation. 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

## Are services safe?

therefore prescribe medicines for specific clinical conditions. They received support from the GPs for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.

- We reviewed five 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

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice manager maintained a risk log that rated identified risks according to their impact on the practice and had mitigating actions in place to ensure patient and staff safety. There was a health and safety policy available with a poster on the staff notice board which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills every six months. They had identified fire wardens to assist patients with mobility problems in the event of a fire. 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. The practice had completed a capacity and demand audit in September 2015 to look at the appointments available and which were the busiest days. As a result of the audit they recruited an additional full time minor illness nurse.

### 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 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. All staff had access to the plan and the practice manager held a copy off site.

# 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 peoples' needs. We were informed that new NICE guidelines were discussed at the monthly governance meetings.

The practice used templates that incorporated NICE guidelines to deliver care and treatment. We reviewed a sample of these and found they contained appropriate evidence based information.

### 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 90% of the total number of points available, with 7% 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 2014/15 showed;

- Performance for diabetes related indicators was below the CCG and national average. The practice achieved 67% of available points compared to the CCG average of 86% and the national average of 89%.
- Performance for hypertension related indicators was better than the CCG and national average. The practice achieved 100% of available points, with 2% exception reporting, compared to the CCG average of 98% and the national average of 98%.

- Performance for mental health related indicators was slightly below the CCG and national average. The practice achieved 89% of available points, compared to the CCG average of 94% and the national average of 93%.
- Performance for dementia related indicators was above the CCG and national average. The practice achieved 100% of available points, with 7% exception reporting compared to the CCG average of 95% and the national average of 95%.

The practice had looked at ways to improve their performance for diabetes related indicators. They had an appointed QOF manager who followed up patients who did not attend for review. The nursing team were working with an intermediate diabetic nurse from the local hospital who attended the practice weekly to assist with the more complex diabetic patients.

Clinical audits demonstrated quality improvement.

- There had been five clinical audits completed in the last two years, all of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included the review of patients taking certain painkilling medicines to see if the correct guidelines had been followed for the prescription of these medicines. These patients were offered an additional medication to reduce the side effects of gastric problems experienced with this group of medicines.

### 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



# Are services effective?

## (for example, treatment is effective)

cervical screening programme had received specific training which had included an assessment of competence. Staff who administered 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 received 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 to, 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.
- The practice had devised their own information leaflet and consent form for certain procedures. The patient was given the leaflet to take away so they could read the information in their own time before the procedure took place.

### 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.
- The health care assistants were trained to give smoking cessation and weight management advice.
- The practice referred patients to a local lifestyle hub where they could access support for weight management, alcohol and smoking cessation. The hub provided whole family support for weight management that included children when necessary.
- A counsellor and a psychiatric link worker attended the practice weekly. The GPs informed us they could refer patients directly if needed.

The practice's uptake for the cervical screening programme was 81% which was comparable to the CCG average of 85% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

## Are services effective?

(for example, treatment is effective)

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 91% to 96% and five year olds from 90% to 95%.

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 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.
- All telephone calls were answered in a room at the back of reception so confidentiality was maintained.
- If patients wanted to discuss sensitive issues or appeared distressed the reception staff would offer them a private room to discuss their needs.
- There was a designated room available for nursing mothers to breastfeed their babies in private.

All of the 27 patient Care Quality Commission comment cards we received were positive about the service experienced. Many of the cards described the practice as very good. All levels of staff were mentioned as being friendly and helpful. Patients also said staff treated them with dignity and respect. Three of the cards had additional comments regarding difficulty in obtaining an appointment.

We spoke with a member of the patient participation group. They also told us they were happy with the care provided by the practice. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

The national GP patient survey showed patients felt they were treated with compassion, dignity and respect. However, the practice was below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 77% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 69% said the GP gave them enough time (CCG average 86%, national average 87%).

- 89% said they had confidence and trust in the last GP they saw (CCG average 94%, national average 85%)
- 76% said the last GP they spoke to was good at treating them with care and concern (CCG average 83%, national average 85%).
- 84% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 91%).
- 72% said they found the receptionists at the practice helpful (CCG average 88%, national average 87%).

In response to the lower than average results of the GP patient survey the practice conducted their own survey in October 2015. They had responses from 204 patients and found the feedback was more positive. In the analysis of the two surveys they looked at a comparison of four indicators and found they scored an overall average of 84% in their own survey compared to 48% in the GP national survey.

They made use of the NHS Friends and Family Test, a feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. The results for January 2016 showed that 92% of respondents were likely to recommend the practice. This had been an improvement since April 2015 when less than 60% of respondents were likely to recommend the practice.

### 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 although the results were below the local and national averages. For example:

- 73% 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%.

## Are services caring?

- 69% said the last GP they saw was good at involving them in decisions about their care (CCG average 79%, national average 82%)
- 80% said the last nurse they saw was good at involving them in decisions about their care (CCG average 86%, national average 85%)

The practice's own survey showed a better response, for example, 93% of respondents felt involved in decisions about their care.

Translation services were available for patients who did not have English as a first language. The practice could arrange for an interpreter to attend the practice if required. They also had access to British Sign Language interpreters for patients with hearing difficulties.

### **Patient and carer support to cope emotionally with care and treatment**

There were a number of posters in the patient waiting room that told patients how to access a support groups and organisations. We saw that these were reviewed and dated to ensure the information provided was current and relevant.

The practice identified patients who were also carers and placed an alert on the electronic patient record. A member of the reception team was the carers' lead. There was a carers' corner in the waiting area where written information was available to direct carers to the various avenues of support available to them. This area was surrounded by a partition which provided privacy for patients if they needed to access the information or complete any forms.

The practice had two bereavement support leads to provide guidance to patients who had suffered a bereavement. The practice sent a bereavement letter to the family of any deceased patients offering their condolences.

# 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.

- The practice offered extended opening hours from 6.30pm to 8pm Monday to Friday. This was especially useful for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and those with complex needs.
- 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.
- Telephone consultations were available both during the day and in the extended hour's period. This was useful for patients who could not attend the practice.
- Translation services were available for patients who did not have English as a first language. The automatic check in was available in different languages and the practice website could be translated into many languages.
- The practice had access to British Sign Language interpreters for patients with hearing difficulties and there was a hearing loop in the reception area.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- Disabled facilities including wide doors and access enabled toilets were available.
- All consulting and treatment rooms were on the ground floor.
- The waiting area and corridors had enough space to manoeuvre mobility aids and pushchairs.
- There were baby changing facilities and a designated private room for breastfeeding mothers.

### Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday. There was an emergency contact number available on the practice answerphone from 8am to 8.30am. Appointments were available from 8.30am to 11.30am and 3.30pm to 5.30pm daily. The practice offered

extended opening hours from 6.30pm to 8pm Monday to Friday. 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.

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

- 64% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.
- 29% patients said they could get through easily to the surgery by phone (CCG average 77%, national average 73%).
- 45% patients said they always or almost always see or speak to the GP they prefer (CCG average 60%, national average 59%).

In response to the lower than average results of the GP patient survey the practice conducted their own survey in October 2015. They had responses from 204 patients and of these 77% of patients said it was easy or fairly easy to get through to the surgery by phone. The practice had made use of administration staff to assist the receptionists with answering the telephones at peak times.

### 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 a designated responsible person who handled all complaints in the practice.
- One of the GP partners took responsibility for investigating complaints of a clinical nature.
- We saw that information was available to help patients understand the complaints system in the patient waiting area.

The practice had received 42 complaints in 2015. We saw that these had been satisfactorily handled and dealt with in a timely way. Apologies were offered to patients when required. Lessons were learnt from concerns and complaints and action was taken as a result to improve the

## Are services responsive to people's needs? (for example, to feedback?)

quality of care. For example, the process followed when patients booked appointments was reviewed with the reception staff to ensure they checked the patient's date of birth so the correct person was identified.

# 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, safe and effective services. They had a mission statement which contained their aims and objectives. These included providing monitored, audited and continually improving healthcare.

The practice had recognised that access to the service had been an ongoing problem and they were looking at ways to address this which included plans to introduce telephone triage. They had researched this by looking at how other practices performed this role so they could adopt the best practice.

### 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
- There was a comprehensive understanding of the performance of the practice such as through the monitoring of the quality and outcomes framework (QOF).
- There was 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. They maintained a risk log that rated the risks and their impact on the service.
- Monthly governance meetings were held.

### Leadership and culture

The practice was led by the GP partners with the support of the practice manager and the assistant practice manager. They prioritised 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 practice manager had won a Royal College General Practitioners practice manager of the year award in 2015. They had been nominated for this local award by the GP partners.

The practice demonstrated through their significant events and complaints management that they were aware of and complied with the requirements of the Duty of Candour. When there were unexpected or unintended safety incidents the practice gave affected people reasonable support, an explanation and a verbal and written apology.

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 told us they felt respected, valued and supported by the partners and the practice manager. There was an employee recognition scheme that identified a star employee every three months. They were awarded with a trophy, a voucher and had their picture displayed in the patient waiting area

### 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 an active PPG which met regularly.
- They made use of the NHS Friends and Family Test, a feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience.
- The practice had gathered feedback from staff through staff meetings and appraisals. Staff told us they felt able 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

# Are services well-led?

Good 

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

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

They were involved in training the training of physician associates. This is a new role to provide support for doctors

in the diagnosis and management of patients. Physician associates are trained to perform a number of roles including: taking medical histories, performing examinations, analysing test results, and diagnosing illnesses under the direct supervision of a doctor.