Middleton Lodge Practice

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Middleton Lodge Practice on 21 January 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.
- Most risks to patients were assessed and well managed; however there were areas where systems needed to be strengthened to ensure all risks were mitigated.
- 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 told us 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 told us they found it easy to make urgent appointments on the same day but that could sometimes be a wait to access non-urgent appointments.
- There was an ongoing programme of improvement in place to upgrade facilities within the practice.
- The practice had a wide range of policies and procedures to govern activity and support staff.
- 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.

However we identified areas where the provider should make improvements. The provider should:

- Ensure blank computer prescriptions are handled in line with guidance
- Ensure all measures to control the risk of legionella are implemented.
- Improve mechanisms to communicate with all staffing groups including reception and administrative staff.

Summary of findings

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received support, explanations and apologies. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Most risks to patients were assessed and well managed with the exception of those related to prescription pads and the control of legionella.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average. Results showed the practice had achieved
- Staff assessed needs and delivered care in line with current evidence based guidance.
- There was evidence of clinical audit being used to review and improve performance.
- 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 met monthly with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

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. For example, 97% of patients said the last nurse they saw was good at listening to them compared to the CCG and national average of 91%.

Summary of findings

- Patients told us 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.

Are services responsive to people's needs?

Good

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. For example, the practice was engaged in discussions about increasing the size of its premises to provide additional consulting space to meet the needs of the population.
- Patients told us they generally found it easy to access urgent appointments on the same day but some patients told us there could be a wait for routine appointments. In addition some patient feedback noted that there could be long waiting times.
- The practice had an ongoing programme of work in place to improve and upgrade facilities for patients.
- 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?

Good

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

- The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice's vision and core values were displayed in the waiting area. 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.
- The partners encouraged a culture of openness and honesty.
- The practice sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- The practice offered proactive, personalised care to meet the needs of older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice worked effectively with the multi-disciplinary teams to identify patients at risk of admission to hospital and to ensure their needs were met.
- The percentage of people aged 65 or over who received a seasonal flu vaccination was which was marginally above the national average of 73.2%.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. The practice employed a specialist diabetic nurse to help meet the needs of this population group.
- Indicators to measure the management of diabetes were higher than local and national averages. For example, the percentage of patients on the practice register for diabetes with a record of being referred to a structured education programme within nine months of entry onto the register was 94.7%. This was above the local and national averages.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

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

Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The premises were suitable for children and babies. Urgent appointments were always available on the day.
- The practice offered dedicated weekly child health care clinics with flexible appointment times.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. This included access to appointments including telephone consultations where this was appropriate.
- The practice was proactive in offering online services and all GP appointments were offered through the online booking system
- Health promotion and screening was provided that reflected the needs for this age group.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- It offered longer appointments for people with a learning disability in addition to offering other reasonable adjustments.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- Information was available for vulnerable patients about how to access various support groups and voluntary organisations.
- The practice had a range of information in pictorial format to support the understanding of patients with a learning disability.

Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns.

People experiencing poor mental health (including people with dementia)

Good

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

- 93.8% of patients with a mental health condition had a comprehensive care plan documented in their records in the previous 12 months which was above the CCG average of 81%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia.

Summary of findings

What people who use the service say

We reviewed the results of the national GP patient survey results published in January 2016. A total of 259 survey forms were distributed and 103 were returned. This represented a 40% response rate.

The results showed the practice was performing above or in line with local and national averages:

- 86% of patients found it easy to get through to this surgery by phone compared to a CCG average of 64% and a national average of 73%.
- 89% of patients were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 86% and a national average of 85%.
- 85% of patients described the overall experience of their GP surgery as good compared to a CCG average of 85% and a national average of 85%.
- 89% of patients said they would recommend their GP surgery to someone new to the area compared to a CCG average of 76% and a national average of 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; 44 of these were positive about the standard of care and treatment received. Patients described staff as helpful, polite and caring and singled out individual staff for praise. However; 16 cards contained comments in respect of waiting times to be seen within the surgery or in respect of accessing appointments. Patients commented that they sometimes had to wait a week for a routine appointment. In addition six comment cards reflected negatively on the premises, particularly in respect of size and space.

We spoke with nine patients, including three members of the patient participation group (PPG) during the inspection. Patients said they were happy with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service SHOULD take to improve

- Ensure blank computer prescriptions are handled in line with guidance
- Ensure all measures to control the risk of legionella are implemented.
- Improve mechanisms to communicate with all staffing groups including reception and administrative staff.

Middleton Lodge Practice

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist adviser and a practice manager specialist adviser

Background to Middleton Lodge Practice

Middleton Lodge Practice provides primary medical services to approximately 12376 patients through a general medical services contract (GMS). The practice serves a semi-rural area and is located in New Ollerton.

The level of deprivation within the practice population is above the national average. However, income deprivation affecting children and older people is below the national average.

The clinical team comprises five GPs (male and female), three practice nurses and three healthcare assistants/ phlebotomists. The practice also employs a diabetes nurse. In addition the practice has recently recruited a new practice nurse who is due to start in March.

The clinical team is supported by a practice manager, an office manager and 12 secretarial, reception and administration staff.

The practice opens from 8.30am to 6pm Monday to Friday. Telephone lines are open from 8am. General appointments are offered each morning from 8.30am to 11.20am and each afternoon from 2pm to 5.20pm. Appointments with a duty doctor are available daily from 8.30am to 6pm. The practice does not provide extended hours surgeries.

The practice has opted out of providing out-of-hours services to its own patients. This service is provided by Central Nottinghamshire Clinical Services (CNCS).

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 our inspection, we reviewed a range of information we held about the practice and asked other organisations, including Healthwatch, to share what they knew. We carried out an announced visit on 21 January 2016. During our visit we:

- Spoke with a range of staff (including GPs, nursing staff, the practice manager and reception and administrative staff)and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- 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.

Good

Are services safe?

Our findings

Safe track record and learning

The practice had robust systems and processes in place to enable staff to report and record significant events.

- Staff told us they would make the practice manager or one of the GP partners aware of any incident and complete the relevant form available on the practice's computer system.
- The practice thoroughly analysed individual significant events and discussed these at regular meetings. In addition, the practice analysed significant events on an annual basis to detect any themes or trends.

We reviewed minutes of meetings which demonstrated that information related to safety was regularly discussed. Lessons were shared to ensure action was taken to improve safety within the practice. For example, the practice recorded a significant event related to the administration of a vaccine outside the manufacturer's recommendations whereby a patient was given a patient was given a vaccine intended for a child. The affected patients were contacted and an given an explanation and an apology. Evidence showed that the event was discussed and learning shared at a practice meeting and a nurse meeting.

Overview of safety systems and processes

The practice had systems and processes in place to ensure patients were kept safe and safeguarded from abuse. These included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. The practice had policies and procedures in place to support staff in their roles which reflected local requirements and relevant legislation. One of the GPs was the lead for safeguarding and they were supported by an administrative lead. GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. GPs were trained to Safeguarding level 3. Staff demonstrated they understood their responsibilities and had received training relevant to their role; however, staff training records needed to be reviewed to ensure that all staff were up to date with safeguarding training.
- A notice in the waiting room advised patients that they could request a chaperone if this was required. The practice used clinical staff to act as chaperones and all 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).
- We observed the practice to be clean and tidy. Cleaning was undertaken by an external contractor and cleaning schedules were in place. Patient feedback indicated that the premises were generally clean and tidy although we noted there had been a negative comment and a complaint regarding the patient toilet. We saw evidence that the practice had taken action to address this.
- The practice nurse was the infection control clinical lead for the practice and had undertaken an infection control audit in May 2015. Evidence showed that the practice had taken action in respect of areas identified for improvement. They liaised with the local infection prevention team to keep up to date with best practice and were scheduled to attend training to support them in their role. The practice had been externally audited by the clinical commissioning group (CCG) infection control matron in January 2016 and a number of concerns were identified. In response to this, the practice produced an action plan. The action plan identified that the majority of actions had been completed and we saw evidence to support this. The remaining actions to be completed were in progress; for example, the practice was replacing all carpets with vinyl flooring as per the recommendation of the infection control matron.
- There were arrangements in place to manage medicines, including emergency drugs and vaccinations, within the practice which kept patients safe. One of the practice nurses was the lead for undertaking fridge temperature checks and medicines stock checks. Patient Group Directions (PGDs) 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 (PSDs) to enable health care assistants to administer vaccinations.
- Pre-printed prescription pads were stored securely and there were systems in place to monitor their use. However, the practice needed to strengthen its systems

to ensure blank computer prescription paper was stored securely. Although consulting rooms were locked when not in use, these were accessed in the evenings by cleaning staff not employed by the practice.

- 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.

Monitoring risks to patients

- The practice had procedures in place to monitor and manage risks to patients and staff safety. A health and safety poster was displayed in the staff area which detailed important information and local contacts. 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 infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The legionella risk assessment was undertaken by a qualified professional in August 2015. A control measure indicated within the risk assessment related to the testing of water temperatures; however the practice informed us that they had not yet commenced the testing of the water temperature due to a delay in the testing kit being received in addition to the requirement to retrain a member of staff in this role.
- 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 recently appointed a new practice nurse to ensure increased nurse availability.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents. These included:

- An instant messaging system on the computers and panic alarms in consultation and treatment rooms which could be used to alert staff to an emergency.
- Staff received annual basic life support training and there were emergency medicines available.
- The practice had a defibrillator available on the premises and this was stored behind the reception area. This had recently been moved to this location following a risk assessment concerning its accessibility. A first aid kit and accident book were available.
- Emergency medicines were stored 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 stored oxygen (with adult and children's masks) in the same location. All clinical staff and the practice manager carried keys to access this room and an additional key was kept in the reception area to ensure medicines could be accessed by clinical staff quickly in an emergency.

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 and suppliers.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed the needs of the patient population 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 and local 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. In addition to this staff had access to local clinical pathways to support the delivery of effective patient care.
- 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 recently published results showed the practice had achieved 98.4% of the total number of points available, with an exception reporting rate of 8.9%. (The exception reporting rate is the number of patients which are excluded by the practice when calculating achievement within QOF). This practice was not an outlier for any QOF (or other national) clinical targets. The practice's performance was marginally above local and national averages which were 94.4% and 93.5% respectively.

Data from 2014/15 showed;

- Performance for diabetes related indicators was 93% which was similar to the CCG average of 88.8% and the national average of 89.2%.
- The percentage of patients with hypertension having regular blood pressure tests was 82.3% which was similar to the CCG average of 84.9% and the national average of 83.6%
- 93.8% of patients with a mental health conditions had a documented care plan in their records in the previous 12 months which was above the CCG average of 81% and the national average of 88.3%. The practice's exception reporting rate for this indicator was 17.2% which was marginally above the CCG average of 15% and the national average of 12.6%.
- Data showed 85.7% of patients with dementia had received a face to face review in the last 12 months which was similar to the CCG average of 81.4% and the national average of 84%.

Clinical audits demonstrated quality improvement.

- The practice provided us with copies three audits undertaken in the last two years. The practice had undertaken an audit in respect of DMARD monitoring. (DMARDs are disease-modifying anti-rheumatic drugs used in the treatment of rheumatoid arthritis to slow down disease progression).The practice had audited the patients taking these drugs and was able to adjust patient monitoring in line with NICE guidelines. Re-audit demonstrated that the practice's recall system for this group of patients was working well and patients were being monitored in line with guidelines.
- The practice had also undertaken an audit in conjunction with the CCG in respect of their rate of referrals to secondary care. The practice's rate of referrals to secondary care had been identified as being higher than the CCG average. The audit demonstrated that the practice's inappropriate referral rate was 3% and that this had remained the same in spite of the retirement of two partners. The practice told us they considered that their referral rate was higher than average due to the deprivation level of the patient population and the associated disease prevalence. The practice staff also provided support to a local specialist care unit for people with complex needs which impacted on its referral rates.
- Minor surgery audits were carried out on a regular basis. The most recent audit of minor surgery had been undertaken in July 2015 and demonstrated that there had been no complications following procedures. A total of 423 minor surgical procedures had been carried out in the 12 months preceding the audit and these included incisions, injections and excisions.

Good

Are services effective?

(for example, treatment is effective)

- The practice worked with the clinical commissioning group (CCG) pharmacy teams to undertake medicines audits to ensure prescribing was in line with guidelines for safe prescribing.

Effective staffing

We saw that staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice provided comprehensive inductions for all new clinical and non-clinical staff. Staff were assigned a buddy to support them throughout their induction. The induction programme covered topics including safeguarding, fire safety, health and safety and confidentiality.
- Role specific training was arranged for staff who required this, for example for staff reviewing patients with long term conditions. Staff who administered vaccinations and took samples for the cervical screening programme had received training which included an assessment of competence. In addition, staff who administered vaccinations ensured that remained up to date with changes to immunisations programmes by accessing online resources and sharing information at dedicated nurse 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, one-to-one meetings, appraisals, 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. The practice was considering investing in a new e-learning system for staff training.

Coordinating patient care and information sharing

Staff had access to the information they required to plan and deliver patients care. This was easily accessible through the practice's patient record system and on their internal computer systems.

- This included care and risk assessments, care plans, medical records and investigation and test results. 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.

We saw evidence of effective working with other health and social care services to meet the needs of complex patients. This included the assessment and planning of care and treatment. Multidisciplinary meetings were held monthly and were attended by a range of staff including GPs, social workers, occupational therapists and the community matron. This ensured that patients being referred between services or those recently discharged from hospital received the appropriate follow up. Care plans were regularly reviewed and updated.

The practice held monthly meetings to discuss patients on their palliative care register. These were attended by GPs and specialist nurses.

Consent to care and treatment

We saw that 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 patient's capacity was assessed and the outcome of the assessment recorded.
- The process for seeking consent was monitored through records audits.

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. Patients were signposted to relevant services and a wide range of health promotion material was available within the waiting area.
- The practice had staff trained in providing alcohol identification and advice and smoking cessation advice.

Good

Are services effective?

(for example, treatment is effective)

The practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG average of 85.8% and the national average of 81.8%. The practice followed up patients who did not attend for their cervical screening test with further letters and telephone calls where appropriate. There were 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. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93.3% to 98.6% and five year olds from 90.8% to 97.9%.

Flu vaccination rates for the over 65s were 76.5%, and at risk groups 51.3%. These were also marginally above the national averages of 73.2% and 48.8% respectively.

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

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During the inspection we saw that staff were polite and helpful towards patients and treated them with dignity and respect. The practice had implemented measures to ensure patients felt comfortable within the practice. These included:

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- When patients wanted to discuss sensitive issues or appeared distressed reception staff offered to speak with them privately to discuss their needs.

The majority of the 49 patient completed CQC comment cards we received were positive about the service experienced. Patients described staff and helpful, polite and caring and said they were treated with dignity and respect. Four comments cards contained negative references to the attitude of staff. The practice told us that they had recently provided customer service training for staff and further training was planned for February.

We spoke with three members of the patient participation group. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They highlighted friendly, helpful and caring staff that always did their best for patients. Comment cards and feedback from patients we spoke with aligned with these views.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was in line with local and national averages for its satisfaction scores for interactions with GPs and reception staff. For example:

- 91% of patients said the GP was good at listening to them compared to the CCG average of 86% and national average of 89%.
- 85% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 85% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 85%.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%.

Satisfaction scores for consultations with nurses were generally above average. For example:

- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.
- 97% of patients said the nurse was good at listening to them compared to the CCG average of 91% and national average of 91%.
- 97% of patients said the nurse gave them enough time compared to the CCG average of 93% and the national average of 92%.

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.

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

- 86% 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%.
- 78% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.

Good

Are services caring?

- 97% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 90%.
- 95% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 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.

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. For example, there was information related to support groups for older people, people experiencing poor mental health and dementia.

The practice's computer system enabled them to record if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them. This was available from staff and copies were also available in the patient waiting area.

The practice had a bereavement policy in place which assisted staff in offering support to families who had experienced bereavement. Visits or telephone calls were made by the patient's usual GP where this considered appropriate. The practice had a comprehensive list of contact details for organisations who could offer support to bereaved families.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice was planning to make improvements to its premises to create additional clinical space. In addition:

- There were longer appointments available for patients with a learning disability or for those who needed them.
- The practice provided a range of enhanced services for its patients, including minor surgery and learning disability reviews.
- Home visits were available for older patients and for patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- A walk-in phlebotomy clinic was provided each morning with appointments given on a sit and wait basis.
- Nursing staff provided a minor injuries services which patients could access without an appointment.
- There were disabled facilities, including disabled access ramps, push button assisted doors and a lowered area of the reception desk.
- A hearing loop and translation services available.
- The practice was undertaking works to the premises to improve and update facilities.
- The practice offered dedicated weekly child health care clinics with flexible appointment times.

Access to the service

The practice opened from 8.30am to 6pm Monday to Friday. Telephone lines were open from 8am. General appointments were offered each morning from 8.30am to 11.20am and each afternoon from 2pm to 5.20pm. Appointments with a duty doctor were available daily from 8.30am to 6pm. Extended hours surgeries were not provided. In addition to pre-bookable appointments that could be booked four 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 above or comparable to local and national averages.

- 67% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 75%.
- 86% patients said they could get through easily to the surgery by phone (CCG average 64%, national average 73%).
- 72% patients said they always or almost always see or speak to the GP they prefer (CCG average 59%, national average 59%).
- 57% of patients felt they didn't normally have to wait too long to be seen compared to the CCG average of 58% and the national average of 58%.

People told us on the day of the inspection that they were able to get appointments when they needed them. However, feedback from the comment cards reflected that there could sometimes be a long wait to see staff. The practice staff informed us that there had been an adverse impact on waiting times during the last two weeks due to a consultation room and treatment room being closed for improvement works. Notices were displayed in the waiting area to advise patients if GPs were running late.

The practice had noted that feedback from the GP patient survey had identified that their performance in respect of waiting times was marginally below the CCG and national averages. In response to this, the practice had undertaken a review of nursing and healthcare assistant appointment system. A new guide for time requires for appointments was developed and this has resulted in fewer appointments running over time.

Listening and learning from concerns and complaints

The practice had effective systems 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. For example, there was information about how to make a complaint displayed in the waiting area and leaflets were available for patients.

We looked at seven complaints received since April 2015 and found that the practice had responded promptly to

Good

Are services responsive to people's needs?

(for example, to feedback?)

issues raised. Responses offered to complainants included explanations and apologies where appropriate and detailed actions taken as a result of the complaint. We saw that complaints were reviewed on an ongoing basis and learning points were identified.

In addition we saw that the practice undertook an annual review of complaints, including those made verbally and in writing, to identify themes, trends, learning outcomes and changes made as a result of complaints. For example, changes made in 2014/15 included changes to the wording of the recall letter for patients with diabetes and changes to the patient self-check-in screen to inform patients of the waiting time and the number of patients waiting in front of them.

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 documented mission statement which was displayed in the waiting and staff areas. This was underpinned by a set of core values. Staff knew and understood the values.
- The practice held regular partners' meetings to discuss the future strategy for the practice to develop supporting business plans. For example, there were regular discussions about improvements to the practice's premises. In addition to this the manager had recently undertaken a workflow analysis exercise with administrative and reception staff to ensure the correct resources were in place. This aimed to provide information for the senior management team to plan a medium and long term strategy.

Governance arrangements

The practice had a robust governance framework which supported the delivery of 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. The practice had an organisational structure chart in place which outlined staff and management reporting responsibilities.
- Practice specific policies were implemented and were available to all staff.
- An understanding of the performance of the practice was maintained
- A programme of clinical and internal audit was used to monitor quality and to make improvements
- There were arrangements in place to identify, record and manage risks to patients, and implementing mitigating actions.

Leadership and culture

We saw that the partners and salaried GPs within the practice had a range of experience and special interests which ensured that they had the capacity and capability to run the practice and deliver high quality care. For example doctors had additional qualifications and special interests in areas such as minor surgery and sexual and reproductive health. In addition the practice had recently recruited a new practice manager who brought a wide range of managerial skills and expertise. The partners and practice manager were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

When there were unexpected or unintended safety incidents:

- Affected people were offered support and provided with explanations and apologies where appropriate.
- The practice 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.

- The practice held a range of regular meetings including clinical meetings, nursing meetings and weekly practice meetings. However, although the practice meetings were attended by the office manager, there was limited involvement of reception and administrative staff in regular meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported by the partners and the practice manager. Staff said they were involved in discussions about to 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 gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly and recently recruited a

Are services well-led?

Good

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

number of new members. The PPG had produced a newsletter for patients and submitted proposals for improvements to the practice management team. The PPG were also directly involved in helping the practice to improve; for example, members of the PPG attended the practice regularly to assist other patients in learning how to use the self-check-in screens to free up reception staff. The PPG was working with the practice to plan a patient survey for 2016.

- The practice had gathered feedback from staff through meetings, ongoing discussions and appraisals. 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 focus on learning and improvement within the practice. For example one of the practice nurses had completed her mentorship qualification and was keen for the practice to host nursing students. The practice were supportive of this and the practice nurse had made contact with the local university to progress this.