School House 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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at School House Surgery on 27 July 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The practice was involved in working closely with the clinical commissioning group and other practices in the area about the development of services and how best to meet the needs of the local population.

There was one area of practice where the provider should make improvements:

- Ensure the continuation of the patient participation group and establish the group on a firm footing.

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. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams and the practice had a lead role in the locality for the development of proactive care services.

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their

Summary of findings

needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

The practice is rated as good for being well-led. It had a clear vision and strategy. 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 were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The practice continued to work to develop a stable patient participation group and in the meantime actively sought from other sources to ensure patients views were heard and acted upon. Staff had received inductions, regular performance reviews and attended staff meetings and events.

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. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. For example they scored above average in COPD, chronic kidney disease, heart failure, stroke and transient ischaemic attack and peripheral arterial disease. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. 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. Patients with Asthma and chronic obstructive pulmonary disease (COPD) were offered annual reviews and care plans were in use for patients with long term conditions.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of Accident and Emergency 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. Appointments were available outside of school hours, including same day appointments for children and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses.

Summary of findings

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice coordinated with student services in an annual event at a local university to advise students regarding the importance of registration. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. It had carried out annual health checks for people with a learning disability and all of these patients had received a follow-up. It offered longer appointments for people with a learning disability. The practice manager and senior GP partner were involved in leading a team of local practices in working towards being able to identify complex, vulnerable patients and providing extra care and shared resources to tackle social isolation.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and Out of Hours.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary

Summary of findings

organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice was performing in line with local and national averages. There were 105 responses and a response rate of 23%.

- 94% find it easy to get through to this surgery by phone compared with a CCG average of 76% and a national average of 73%.
- 94% find the receptionists at this surgery helpful compared with a CCG average of 89% and a national average of 87%.
- 93% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 66% and a national average of 60%.
- 84% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 88% and a national average of 85%.
- 94% say the last appointment they got was convenient compared with a CCG average of 92% and a national average of 92%.
- 78% describe their experience of making an appointment as good compared with a CCG average of 76% and a national average of 73%.
- 88% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 66% and a national average of 65%.
- 79% feel they don't normally have to wait too long to be seen compared with a CCG average of 59% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received eleven comment cards which were all positive about the standard of care received. We also spoke with three patients on the day of our inspection. Patients told us that staff were efficient, helpful, kind and compassionate and that they had experienced positive care and treatment within the surgery. All comments we received from patients were positive.

Areas for improvement

Action the service SHOULD take to improve

- Ensure the continuation of the patient participation group and establish the group on a firm footing.

School House Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector and included a GP specialist advisor and a practice manager specialist advisor.

Background to School House Surgery

School house surgery offers general medical services to people living and working in the Brighton area of Brighton and Hove. It is a practice with two partner GPs, two practice nurses, a practice manager and a team of administrative staff. The two partner GPs were male. If a female patient wished to see a female GP they would be booked into a session with a female locum. The practice generally used a locum GP for a regular session each week. There are approximately 4536 registered patients.

The practice runs a number of services for its patients including asthma clinics, child immunisation clinics, diabetes clinics, new patient checks, and weight management support.

Services are provided from:

School House Surgery

Hertford Road

Brighton

BN1 7GF

The practice has opted out of providing Out of Hours services to their patients. There are arrangements for patients to access care from an Out of Hours provider.

The practice population has a higher number of patients in paid work or full time education, compared with the England average. The practice population has a higher number of patients compared with the national average with health-related problems in daily life and a higher than average number of nursing home patients.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting the practice we reviewed a range of information we hold. We also received information from local organisations such as NHS England, Health watch and the NHS Brighton and Hove Clinical Commissioning Group (CCG). We carried out an announced visit on 27 July 2015. During our visit we spoke with a range of staff, including GPs, practice nurses, and administration staff.

We observed staff and patients interaction and talked with three patients. We reviewed policies, procedures and

Detailed findings

operational records such as risk assessments and audits. We reviewed 11 comment cards completed by patients, who shared their views and experiences of the service, in the two weeks prior to our visit.

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

Is it safe?

Is it effective?

Is it caring?

Is it responsive to people's needs?

Is it well-led?

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

Older people

People with long-term conditions

Families, children and young people

Working age people (including those recently retired and students)

People living in vulnerable circumstances

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 (QOF) data, this relates to the most recent information available to the CQC at that time.

Good

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. All complaints received by the practice were entered onto the system and automatically treated as a significant event. The practice carried out an analysis of the significant events.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, an incident where specimens were not properly processed by a locum GP led to additional checks being made by practice staff to prevent reoccurrence.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. The practice used the National Reporting and Learning System (NRLS) eForm to report patient safety incidents.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children 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. One of the GP partners was the lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. We saw that patient's records included details of prompt referrals when required. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A notice was displayed in the waiting room, advising patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a criminal records check via the disclosure and barring service (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Where staff had not received a DBS check, the decision had been taken following a risk assessment being carried out.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments and regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local clinical commissioning group (CCG) pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.
- Recruitment checks were carried out and the files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate criminal records checks via the Disclosure and Barring Service.

Good

Are services safe?

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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 did not have a defibrillator available on the premises although oxygen with adult and children's masks were available and regularly checked. The practice had undertaken a risk assessment for not having a defibrillator on the premises. Control measures included all staff having attended basic life support training and ambulance dispatch being located close to the surgery. This meant that an ambulance could be at the practice within a short space of time should it be required. There was also a first aid kit and accident book 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.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment 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 ensure all clinical staff were kept up to date which included the circulation of email updates within the practice. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework(QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 96% of the total number of points available, with 7.5% exception reporting. Data from 2013/14 showed;

- Performance for diabetes related indicators was better than the CCG and national average. Performance was at 99%, 7.6% above the CCG average and 9% above the national average.
- The percentage of patients with hypertension having regular blood pressure tests was better than the CCG and national average. Performance was at 100%, 13.5% above the CCG average and 11.6% above the national average.
- Performance for mental health related and hypertension indicators was worse than the CCG and national average. Performance was at 70%, 18% below CCG average and 21% below the national average. The practice had a recall system in place and in addition offered routine blood pressure monitoring opportunistically during routine/influenza clinics. They also worked alongside a local mental health recovery team to provide joint care for patients.
- The dementia diagnosis rate was comparable to the CCG and national average.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. We viewed examples of three clinical audits completed in the last year. These were completed audits where the improvements made were implemented and monitored. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, we viewed an audit of cancer cases and saw that the results were discussed at clinical meetings and that where necessary action was taken as a result.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness and the Mental Capacity Act 2005. Staff had access to and made use of e-learning training modules and in-house training. We viewed examples of additional training being provided for staff that included motivational interviewing (a technique that supports people to make changes to their health behaviour) and training on specific conditions e.g. Parkinson's.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results.

Good

Are services effective?

(for example, treatment is effective)

Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are 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

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. We viewed examples of records for patients who had been identified as not having capacity to make decisions regarding their own treatment and we saw that processes were in place to make best interest decisions. Clinical staff had attended training in the Mental Capacity Act 2005 and DoLS (Deprivation of Liberty Safeguards that aim to ensure people in care homes are looked after in a way that does not inappropriately restrict their freedom) and we saw that the practice maintained and monitored a register of all patients who had a DoLS in place.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. This included patients who were in the last 12 months of life and those who required advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. We viewed examples of records where patients were offered advice about weight management and lifestyle issues.

The practice's uptake for the cervical screening programme was 80.4%, which was comparable with the national average of 81.8%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.

Flu vaccination rates for the over 65s were 73%, and at risk groups 52%. These were also comparable to clinical commissioning group (CCG) and national averages.

Childhood immunisation rates for the vaccinations given were comparable to CCG/National averages. For example, childhood immunisation rates for the vaccinations given to under twos were at 90% and five year olds from 70%. We saw that immunisation uptake was discussed at practice meetings, including discussions around ways the practice could improve uptake. Information was available to patients in the waiting area of the practice.

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-up on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the eleven patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was generally above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 90% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 90% said the GP gave them enough time compared to the CCG average of 87% and national average of 89%.
- 98% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%
- 91% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.
- 97% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 90%.
- 94% patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey we reviewed showed patients generally responded positively to questions about their involvement in planning and making decisions about their care and treatment although results were marginally lower than local and national averages. For example:

- 90% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% 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 national average of 81%.

We saw that patient feedback was discussed at clinical meetings. We were told that action to improve the patient experience or feeling listened to and involved, included GPs either recording patient information at the end of a consultation or informing patients they will record as they go during the consultation. We viewed examples of care plans and saw that these included evidence that patients and carers were involved in decisions about care planning. For example, we viewed an annual review for a patient with a learning disability and another with mental ill health and saw that their care plan had been discussed with them.

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.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers and were being supported, for example, by

Good

Are services caring?

offering health checks and referral for social services support. The practice manager told us they would offer carers flu vaccinations and that annual patient reviews included discussions with carers to identify additional support needs. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local clinical commissioning group (CCG) to plan services and to improve outcomes for patients in the area. For example, the practice manager and senior partner had taken lead roles working with other local practices over the last year in working towards proactive care through collaboration in their locality within the city. The aim of the project was to be able to identify patients with complex needs, and vulnerable patients. This was done by providing extra care and shared resources in order to provide these patients with better care and by trying to tackle social isolation. They attended regular meetings and worked closely with the clinical commissioning group (CCG) to provide services that met the needs of the practice population.

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

- The practice offered a lunchtime clinic two days a week for working patients and students who could not attend during normal surgery times. This had been implemented following patient survey results.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services available.
- Arrangements were in place to ensure that patients who found it difficult to wait in the waiting area were seen straight away. For example, appointments were made for a patient with a learning disability in a way that meant they would arrive at the practice and go straight into the consulting room.
- Other reasonable adjustments were made and action was taken to remove barriers when people found it hard to use or access services.

Access to the service

The practice was open between 8.30am and 6.00pm Monday, Tuesday, Thursday and Friday. It was closed on a Wednesday afternoon and cover was provided by a partner practice during this time. Appointments were from 8.30am to 12.30 pm every morning and from 4.00pm to 6.00pm daily except Wednesdays. Extended hours surgeries were offered at between 12.30 and 4pm for those patients who required lunchtime appointments during their working day. The practice offered lunchtime appointments following consultation with patients and following poor uptake when they had previously offered early morning appointments. The practice participated in an on-call rota with two neighbouring practices to ensure patients could speak to a doctor between the hours of 8.00am and 6.30pm. In addition to pre-bookable appointments that could be booked up to four 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 high compared to local and national averages and people we spoke to on the day were able to get appointments when they needed them. For example:

- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 75%.
- 94% of patients said they could get through easily to the surgery by phone compared to the CCG average of 89% and national average of 87%.
- 78% of patients described their experience of making an appointment as good compared to the CCG average of 76% and national average of 73%.
- 88% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 66% and national average of 65%.
- 84% of were able to get an appointment to see or speak to someone the last time they tried. This was marginally below the CCG average of 88% and a national average of 85%. The practice had routinely begun to offer telephone consultations to patients who were unable to attend for an appointment. This was in response to feedback from the patient satisfaction survey.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

Good

Are services responsive to people's needs?

(for example, to feedback?)

We saw that information was available to help patients understand the complaints system was available and that posters displayed with information in patient areas. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at one complaint received in the last 12 months and found that this was satisfactorily handled and dealt with in a timely way and that action had been taken to prevent similar issues in the future.

Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, information and policies were updated as required to ensure that staff and patients were aware of the processes involved in booking emergency appointments. The practice held an annual meeting to review all complaints, comments and feedback received in the year.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values. Principles relating to the mission statement included good communication, accessible healthcare and collaborative working.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

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

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

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

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through surveys and complaints received. The practice had worked to establish a Patient Participation Group (PPG) and had sought external support with establishing one. The practice manager told us they had on-going difficulties trying to establish a stable PPG and we viewed information leaflets relating to this and were told that the practice continued to work to develop this. Patient feedback sought through the practice survey had helped to identify areas for improvement that the practice had acted on. This included the provision of online appointment booking and prescription requests to help address difficulties patients had in getting through by phone. This was an area on the GP patient survey where the practice had scored significantly higher than the CCG and national averages.

The practice had also gathered feedback from staff and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Innovation

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. Both the senior partner and practice manager provided lead input into the development of a local proactive care project.