

Wilmslow Health Centre

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Wilmslow Health Centre on 23 February 2016. Overall the practice is rated as good.

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

- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information about services and how to complain was available on request 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. However the practice could not produce updated maintenance certificates for gas and electrical systems.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour, in that they open and transparent with people who use their service in relation to care and treatment.

The areas where the provider should make improvement are:

- Ensure systems are in place to accurately record and share learning from significant events and complaints widely and in a timely manner to prevent re-occurrence.
- To ensure certificates demonstrating safety checks of the facilities are in place including gas and electrical safety.

Summary of findings

- Ensure all staff have received an annual appraisal.
- Re-instate the patient participation group to ensure patients can give feedback, comments and suggestions and are engaged with the future developments of the practice.
- Ensure that information on how to complain being openly available and accessible to people wishing to make a complaint

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- Staff we spoke with were aware of their responsibilities to raise concerns, however they were not clear how to report incidents, this was because the practice had recently changed the way in which incidents were reported and had not communicated the recent changes to all staff. We found that one recent serious incident had not been recorded. There was also some confusion around what constituted a significant event.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice used a risk profiling tool to identify patients who have a high risk of, being admitted to hospital, overdue for screening (i.e. blood tests) and put at risk because of their medications. This provided the practice with a list of patients at risk of complications or hospital admission, these patients could be reviewed easily electronically.
- The lead GP was the named lead for safeguarding within the practice. Staff understood their responsibilities to raise concerns, and to report incidents and near misses.

Good



Are services effective?

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.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was no evidence of recent appraisals and personal development plans for some staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

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

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information wishing to make a complaint, but was easy to understand and evidence showed the practice responded effectively to issues raised.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- There was a strong focus on continuous learning and improvement at all levels.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice worked with a number of care homes to reduce numbers of unplanned admissions to hospital and we noted that care planning for older people was of high standard.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was higher than the national average. For example The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 August to 31 March (01/04/2014 to 31/03/2015) was 96% compared to the national average of 94%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Data reported nationally was that outcomes were comparable to that of other practices for conditions commonly found in older people.

Good



Families, children and young people

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

Good



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.
- In the last 12 months, 70% of patients diagnosed with asthma, had undergone a review of their care compared to the national average of 75%.
- 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.
- In the last 5 years 86% of patients had received cervical screening against an 80% target.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

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

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

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Good



Summary of findings

- 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)

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.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015. The results showed the practice was performing in line with and at times above local and national averages. 317 survey forms were distributed and 120 were returned. This represented 38% completion rate of surveys sent out by the practice. Areas where the practice was performing above the CCG and national averages were:

- 87% found it easy to get through to this surgery by phone compared to a national average of 73%.
- 84% were able to get an appointment to see or speak to someone the last time they tried (national average 76%).

- 93% described the overall experience of their GP surgery as fairly good or very good (national average 85%).
- 85% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (national average 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 19 comment cards which were all positive about the standard of care received.

We spoke with five patients during the inspection. All five patients said they were happy with the care they received and thought staff were approachable, committed and caring. Patients told us that they were very satisfied with the care provided by the practice.

Areas for improvement

Action the service SHOULD take to improve

- Ensure systems are in place to accurately record and share learning from significant events and complaints widely and in a timely manner to prevent re-occurrence.
- To ensure certificates demonstrating safety checks of the facilities are in place including gas and electrical safety.
- Ensure all staff have received an annual appraisal.
- Re-instate the patient participation group to ensure patients can give feedback, comments and suggestions and are engaged with the future developments of the practice.
- Ensure that information on how to complain being openly available and accessible to people wishing to make a complaint

Outstanding practice

Wilmslow Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Wilmslow Health Centre

Wilmslow Health Centre is the largest practice within Wilmslow serving a practice population of 12,310 patients. The practice catchment area is classed as within the group of least deprived areas in England relative to other local authorities. For example, income deprivation affecting children was 7% compared to the national average of 23%.

At the time of inspection there were five whole time equivalent GPs, three full time GPs and two part time GPs, Of these four were male and three female. In addition as the practice was a training practice and there were also two GP registrars. (A qualified doctor who is training to become a GP through a period of working and training in a practice. They will usually have spent at least two years working in a hospital before you see them in a practice and are closely supervised by a senior GP or trainer.) They are supported by a nurse practitioner, a practice nurse and two healthcare assistants.

Clinical staff are supported by a practice manager, assistant manager and administration staff.

The male life expectancy for the area is 82 years compared with the CCG averages of 81 years and the National average of 79 years. The female life expectancy for the area is 85 years compared with the CCG averages of 84 years and the National average of 83 years

The reception, waiting areas, consulting rooms and disabled toilet facilities are on the ground floor. There is step free access into the building and easy access for those in wheelchairs or with pushchairs. There is also a car park attached to the building.

The practice is open between 8 am and 6.30pm with extended hours on Tuesdays until 8.30pm , Fridays between 7.30am and 6.30pm and Saturdays between 8.15am and 12pm.

Appointments with GP's are available between 8.30am and 6.30pm.

Out of hours care can be accessed via the surgery telephone number and is provided by GP Out of Hours Primary Care Centre or by calling the NHS111 service.

Why we carried out this inspection

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

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 23 February 2016. During our visit we:

- Spoke with a range of staff, GPs, practice nurse, the practice manager, administration 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 comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed information from CQC intelligent monitoring systems.
- Reviewed patient survey information.
- Reviewed various documentation including the practice's policies and procedures.

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

- Is it safe?

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

Staff we spoke with were aware of their responsibilities to raise concerns, however they were not clear how to report incidents. This was because the practice had recently changed the way in which incidents were reported and had not communicated the recent changes to all staff. We found that one recent serious incident had not been recorded.

Before our inspection we asked for the details of all events and complaints over the last 12 months including actions taken and lessons learnt. The information demonstrated that the practice used one system to record all incidents either minor or serious in the same way and had recorded 71 incidents.

We were told that the practice had recently begun to review incidents on the first Wednesday of every month, however the minutes for these meetings could not evidence that incidents had been reviewed and learning shared amongst staff. However staff explained that they had been discussed.

Due to this, it was not possible to fully verify that recording, monitoring and reviewing activity was accurate. Some lessons were learned from incidents, although from records it was not always possible to tell what actions had been taken, who was responsible for these, and what the eventual outcomes were.

From reviewing the incidents it was clear that the practice had not embedded a process fully which meant that themes from incidents could not be easily identified. The practice acknowledged that changes in which incidents were recorded, required review and comprehensive minutes should be available to help share learning amongst staff.

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

Overview of safety systems and processes

We looked at the practice's systems, processes and protocols to keep people safe and noted the following:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3 as required .
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be 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). The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an independent prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

Are services safe?

The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were appropriate systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- The practice used a risk profiling tool to identify patients who have a high risk of, being admitted to hospital, overdue for screening (i.e. blood tests) and put at risk because of their medications. This provided the practice with a list of patients at risk of complications or hospital admission, these patients could be reviewed easily electronically.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice

had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However, the practice was unable to produce current Gas or Electrical Safety Certificates. Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

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

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed that the practice had attained 99.5% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was above to the national average. For example: the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceeding 12 months (01/04/2014 to 31/03/2015) was 92% compared to the national average of 88%
- The percentage of patients with hypertension having regular blood pressure tests was comparable to the national average. The practice rate was 78% compared to the national average of 84%. However the practice could not explain why this was the case.
- Performance for mental health related indicators was above the national average. For example: the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015). The practice rate was 95% compared to the national average of 88%.

Clinical audits demonstrated quality improvement. The practice conducted a monthly antibiotic audit. It showed

continuing improvement in the rates of prescribing, which were Cephalosporin's or Quinolones (antibiotics) and these were shared as learning with the CCG practices. Additionally the QIPP (Quality, Innovation, Productivity and Prevention). It is a national, regional and local level programme designed to support clinical teams and NHS organisations to improve the quality of care they deliver while making efficiency savings that can be reinvested into the NHS.) audit in November 2013 and reaudit in January 2014 showed improvements in all but one area.

We noted that audits were discussed in practice development meetings every one to two months.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of their competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- Staff told us that they had access to appropriate training to meet their learning needs and to cover the scope of their work which was supported by the practice. Staff had received training that included safeguarding, fire procedures, chaperone training, health and safety, infection control, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.
- All GPs were up to date with their yearly appraisals. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General

Are services effective?

(for example, treatment is effective)

Medical Council can the GP continue to practise and remain on the performers list with NHS England.) However not all staff had had annual appraisals in the last year, such as the majority of administration staff.

Coordinating patient care and information sharing

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

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

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

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

- These included patients with palliative care needs, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and substance misuse. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 89%, which was higher than the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice encouraged uptake of the screening programme. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates were comparable to CCG and national averages.

Flu vaccination rates for the over 65s were 65%, and at risk groups 84%. These were also comparable to national averages.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations.
- Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 19 patient Care Quality Commission comment cards we received were wholly 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 and staff responded compassionately when patients needed additional help and provided support when required.

We spoke with five people attending the practice. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey published on 2 July 2015 showed patients felt they were treated with compassion, dignity and respect. The practice was comparable for its satisfaction scores on consultations with GPs and above average in relation to nurses and receptionists. For example:

- 89% said the last GP they saw was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 88% said the GP they saw gave them enough time (CCG average 89%, national average 87%).
- 93% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 84% said the last GP they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).

- 97% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 90%).
- 90% said they found the receptionists at the practice helpful (CCG average 86%, national average 87%).

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

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 slightly lower than the CCG average but in line with national averages. For example:

- 85% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 86%.
- 80% said the last GP they saw was good at involving them in decisions about their care (CCG average 84%, national average 81%).
- 84% said the last nurse they saw was good at involving them in decisions about their care (CCG average 84%, national average 85%).

Staff told us that translation services were available for patients who did not have English as a first language. We were unable to find 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. The practice had identified 140 people on the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

The practice had information available for families who had suffered bereavement.

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 improve outcomes for patients in the area. The practice offered a range of enhanced services such as: urology, hand surgery and physiotherapy.

The practice did not have a current active Patient Participation Group (PPG). We saw minutes of a meeting held in February 2015 and noted that the GP's had not attended this meeting. Subsequently a meeting held in August 2015 announced that the PPG would temporarily cease meeting until more members could be recruited.

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 extended opening hours. A 'Commuter's Clinic' was provided on a Monday and Wednesday evening until 8.30pm for working patients who could not attend during normal opening hours. It had also operated weekend opening hours for the last 10 years.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had a lift installed to improve access.
- Other reasonable adjustments were made and action was taken to remove barriers when patients found it hard to use or access services. For example homeless people were registered with the service and communication was made with them via the local church which acted as a correspondence address.

Access to the service

The practice was open between 8am and 6.30pm with extended hours on Tuesdays until 8.30pm, Fridays between 7.30am and 6.30pm and Saturdays between 8.15am and 12pm.

Appointments with GPs were available between 8.30am and 6.30pm.

Out of hours care was accessed via the surgery telephone number and was provided by GP Out of Hours Primary Care Centre or by calling the NHS111 service.

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

- 77% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 87% of patients said they could get through easily to the surgery by phone (national average 73%).
- 62% patients said they always or almost always see or speak to the GP they prefer (national average 60%).

People told us on the day of the inspection that they were able to get appointments when they needed them.

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.
- However, people who wished to raise a concern about the service had to request information from reception staff rather than the information on how to complain being openly available and accessible to people in reception.

We looked at three complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, openness and transparency. Lessons from complaints were discussed during monthly meetings, however minutes of these meetings did not evidence the discussion of learning from complaints.

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 mission statement stating they wanted to deliver high quality care and promote good outcomes for patients. Staff we spoke with were aware of the culture and values of the practice and told us patients were at the centre of everything they did. Patients spoken with during our inspection gave positive comments that aligned with some of the statements particularly with regards to being provided with a good service from a caring team that had good values.

Governance arrangements

Staff were confident that they could raise any concerns. The staff team were fully supportive of the GPs. They had worked at the practice for many years creating great stability amongst the team and amongst their patients who they knew very well.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements
- Some staff were unsure where to locate practice specific policies which had been implemented and changes had not always been communicated

Leadership and culture

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 they were approachable and always took the time to listen to all members of staff.

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

When there were unexpected or unintended safety incidents:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. 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.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking to improve outcomes for patients in the area. For example the practice had been involved in patient education events such as eye health and urology (disorders of the kidneys, ureters, bladder, prostate and male reproductive organs.).