Baddow Village 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 Baddow Village Surgery on 20 August 2015.

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.

However there were areas of practice where the provider needs to make improvements.

Importantly the provider should;

- Ensure a fire drill is carried out.
- Ensure blank prescription pads are stored securely.

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. Disclosure and Barring Service (DBS) checks had been completed for all staff that required them. Good infection control arrangements were in place and the practice was clean and hygienic. There was enough staff to keep patients safe.

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 and systems were in place to ensure all practice staff received this information in a timely way. 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.

There was evidence of completed clinical audit cycles and changes made to improve patient outcomes, audit analysis clearly demonstrated any changes or improvements made as a result.

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. We saw staff were courteous and helpful throughout the inspection. Patients told us their GP gave them the time and attention they needed and listened to them. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Staff of local care homes described the service provided by the practice as supportive and professional and the approach of the GPs as compassionate. They were very satisfied with the care and treatment patients received and highlighted the caring approach of the GPs to patients' families.

Summary of findings

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 their preferred 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. 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 providing well-led services. The practice had open and supportive leadership and a clear vision for the future of the practice including expansion to meet increased demands. We found details of the vision and practice values were part of the practice's strategy and 2015 year business plan. There was a clear leadership structure and staff felt supported by management. The practice had well organised management systems and met regularly to review the delivery of care and the management of the practice. The practice had systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients and responded to suggestions made. The practice had an active patient reference group (PRG). A PRG is made up of a group of patients registered with a practice who work with the practice team to improve services and the quality of care.

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. 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, they used co-ordinated care for patients receiving end of life care and these were shared with the out of hours services to ensure they were aware of patients' needs and wishes. 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. There was a named clinical lead for each long term condition and nursing staff had lead roles in chronic disease management. Patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All patients with chronic obstructive pulmonary disease were offered care plans and referred to pulmonary rehabilitation when appropriate.

All patients with long term conditions 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..

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 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. Appointments were available outside of school hours 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. Patients could book non-urgent appointments and order repeat prescriptions on-line. The practice provided the NHS Health Check for those over 40 and opportunistic screening for blood pressure, cholesterol and diabetes at routine appointments.

The practice was proactive in offering 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 learning disability however they were not routinely offering annual health checks. Suitable arrangements were in place for the practice to register patients who were homeless.

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 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 4 July 2015 showed the practice was performing in line with local and national averages. There were 128 responses and a response rate of 47.6%.

- 61.7 % find it easy to get through to this surgery by phone compared with a CCG average of 64.7% and a national average of 74.4%.
- 88.6% find the receptionists at this surgery helpful compared with a CCG average of 86.4% and a national average of 86.9%.
- 68% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 62% and a national average of 60%.
- 87% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 86% 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 91%.
- 75% describe their experience of making an appointment as good compared with a CCG average of 70% and a national average of 74%.
- 46% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 63% and a national average of 65%.
- 41% feel they don't normally have to wait too long to be seen compared with a CCG average of 57% and a national average of 57%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 33 comment cards which were mostly positive about the standard of care received. However, some cards referred to issues around appointments, their ability to obtain one at a time suitable to them and the wait at the surgery to see the GP sometimes exceeded half an hour. On the day of the inspection we spoke with nine patients and three members of the Patient Reference Group (PRG). A PRG is a group of patients registered with a practice who work with the practice to improve services and the quality of care.

Areas for improvement

Action the service SHOULD take to improve

- Ensure a fire drill is carried out.
- Ensure blank prescription pads are stored securely.

Baddow Village Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Baddow Village Surgery

Great Baddow is an urban village and civil parish in the Chelmsford borough of Essex. It is close to the city of Chelmsford and, with a population of over 13,000 is one of the largest villages in Essex country.

Baddow Village Surgery provides GP primary care services to approximately 11,520 people, they accept patients from areas of Great Baddow, Galleywood, Howe Green, Rettendon, The Hanningfields and Sandon. The practice is staffed by seven GPs, three male and four female; Baddow Village Surgery is a training practice. This means their registrars are fully qualified doctors generally with hospital experience. They are attached to the practice for 12-18 months and usually become general practitioners after completing their training. Nursing staff include four practice nurses, two health care assistance and a Phlebotomist. The Practice manager and assistant practice manager are supported by a senior receptionist two secretaries and reception staff. Baddow Village Surgery is a dispensing surgery run by a dispensary manager.

The Surgery is open for appointments and general enquiries between 8am and 6.30pm Monday to Friday, the main phone line is closed between 1pm and 2pm for lunch. The dispensary is open Monday to Friday 8.30am to 6.30pm. The details of the 'out of hours' service are communicated in a recorded message accessed by calling the practice when closed and details can also be found on the practice website. Patients can book appointments and order repeat prescriptions online.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. This provider had not been inspected before and that was why we included them.

How we carried out this inspection

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

Is it safe?

Is it effective?

Is it caring?

Is it responsive to people's needs?

Is it well-led?

We 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

Mothers, babies, children and young people

The working-age population and those recently retired

Detailed findings

People in vulnerable circumstances who may have poor access to primary care

People experiencing mental health problems

Before our inspection, we reviewed a range of information we hold about the service and asked other organisations such as Healthwatch, to share what they knew about the service. We carried out an announced visit on 20 August 2015. During our visit we spoke with a range of staff (doctors, practice manager, nurses, dispensing staff and administrative staff.) and spoke with patients who used the service. We reviewed policies and procedures, patient treatment records, various documentation and Care Quality Commission (CQC) comment cards where patients shared their views and experiences of the service.

Good

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach to reporting and recording significant events. People affected by significant events received a timely apology and were told about actions taken to improve care. 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.

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.

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. The practice had appointed a dedicated GP as the lead in safeguarding. 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 disclosure and barring check (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).
- 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, however they had not practiced a fire drill in the past two years staff spoken with were aware of the fire evacuation process. 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. 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 CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were stored in an unlocked cupboard within the dispensary but there were systems in place to monitor their use.
- Recruitment checks were carried out and the seven 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 checks through the Disclosure and Barring Service.
- 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

Good

Are services safe?

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. 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. For example, the practice had arrangements with a nearby practice to use their premises and equipment in such an event to minimise the potential disruption to the patients services. The plan included emergency contact numbers for services and staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line 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. 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. Data from 2013/14 showed;

- Performance for diabetes related indicators was similar to the CCG and national average. For example the percentage of patients with diabetes, on the register, who have a record of an albumin: creatinine ratio test in the preceding 12 months, practice percentage was 85.3 and national percentage was 85.94.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the national average. The practice percentage was 82.17 and national percentage was 83.1.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. There had been a number of clinical audits completed in the last two years. Some audits were identified as a result of drug alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). The MHRA is sponsored by the Department of Health and provides a range of information on medicines and healthcare products to promote safe practice. One audit had been conducted on an atypical anti-psychotic to assess and one was on simvastatin/amlodipine interaction. We saw that these audits demonstrated an effective response to mitigating possible health risks to patient safety.

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, coaching and mentoring, 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. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

Good

Are services effective?

(for example, treatment is effective)

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.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition. The practice offered new patient health checks, and NHS checks for patients aged 16 and over. Advice was available on smoking cession, alcohol consumption and weight management. Patients over the age of 75 were allocated a named GP. Nurses used chronic disease management clinics to promote healthy living and health prevention in relation to the person's condition. The practice website contained health advice and information on long term conditions, with links to support organisations.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 83% which was slightly higher to the national average of 81%. There was a policy to offer telephone reminders and followed by a letter, for patients who did not attend for their cervical screening test.

The practice had 23 people on their learning disabilities register. The practice had not routinely offered annual health checks but was not commissioned to do so. The practice informed us a GP and a nurse had received specialist training and they were to commence reviewing patients with a learning disability in the near future.

Childhood immunisation rates for the vaccinations given were comparable to national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 87% to 98% and five year olds from 91% to 98%. Flu vaccination rates for the over 65s were 76%. These were also below the national averages. The practice was actively promoting the flu vaccination with posters displayed in the waiting area and advising patients when the specific flu clinics were held.

In addition to routine immunisations the practice offered travel vaccines, including yellow fever and flu vaccinations. Asthma, diabetes, heart disease and family planning clinics were available.

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. 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.

We spoke with nine patients during the inspection, and received 33 completed CQC comment cards. Patients told us they were satisfied with the service provided, that they were treated with dignity, respect and care, and staff were kind, professional and approachable. We also spoke with three members of the Patient Reference Group (PRG) on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. 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 National GP Patient Survey published in July 2015 reports the practice was above average for its satisfaction scores on consultations with doctors but slightly below average for the feedback they received relating to the nursing team. For example:

- 94% said the GP was good at listening to them compared to the CCG average of 87% and national average of 88%.
- 90% said the GP gave them enough time compared to the CCG average of 85% and national average of 87%.
- 100% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%
- 92% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and national average of 85%.
- 85% said the nurse was good at listening to them compared to the CCG average of 90% and national average of 91%.
- 88% said the nurse gave them enough time compared to the CCG average of 92% and national average of 92%.
- 86% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 90%.
- 89% patients said they found the receptionists at the practice helpful compared to the CCG average of 85% 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 responded positively to questions about their involvement in planning and making decisions about their care and treatment and results for GPs were in line with local and national averages; however for the nurse responses were slightly lower than local and national averages. For example:

- 86% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 79% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and national average of 81%
- 84% 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%.
- 83% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and 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.

Good

Are services caring?

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. Written information was available for carers to ensure they understood the various avenues of support available to them.

Patients spoken with said they were given good emotional support by the doctors, and were supported to access support services to help them manage their treatment and care. GP's referred people to bereavement counselling services where necessary, although there was no information about this available to patients in reception. Where people had suffered bereavement, the practice sent a standard condolence letter to the next of kin.

The practice maintained registers of patient groups who may need or benefit from extra support, such as those with dementia, and patients with mental health issues. The practice held end-of life meetings with district nurses, palliative GP and McMillan nurses to discuss end-of-life care for patients.

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 CCG and their PRG to plan services and to improve outcomes for patients in the area. For example, The PRG had organised information evenings, covering subjects of dementia and weight management. These and been well attended and feed back from patients and carers was positive with future subjects being suggested.

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;

- 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, hearing loop and translation services available.
- Flu clinics were provided two Saturdays a month and the practice encouraged all eligible patients to attend.
- The practice had increased the number of nursing staff in response to an increase in their patients with long term conditions and to facilitate enhanced demand in their clinics including an INR clinic. An INR clinic ensures patients who are on blood thinning agents have regular checks and tests to review and monitor their drug levels.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8am to 12.30pm every morning and 3pm to 6.30pm daily. 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 comparable to local but not always national averages and people we spoke to on the day were able to get appointments when they needed them. Patients waiting longer than 15 minutes or less after their appointment time is considerably less which is a positive response; For example:

- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and national average of 76%.
- 62% patients said they could get through easily to the surgery by phone compared to the CCG average of 65% and national average of 74%.
- 75% patients described their experience of making an appointment as good compared to the CCG average of 70% and national average of 74%.
- 46% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 63% and national average of 65%.

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.

We saw that information was available to help patients understand the complaints system posters displayed in the waiting area, information on the practice web site and in the welcome pack. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at all the complaints received in the last 12 months and found that these were handled satisfactorily, dealt with in a timely way and showed openness and transparency in dealing with the complaint. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

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 service had a clear vision to deliver high quality care and promote good outcomes for patients. We found details of the vision and practice values were part of the practice's strategy and 2015 year business plan. We saw evidence the strategy and business plan were regularly reviewed by the practice. The vision and values included providing a friendly, caring good quality service that was accessible to all patients and providing a true partnership between primary care, secondary care and ambulance services.

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 staff were aware of their own roles and responsibilities.
- The practice had a number of policies and procedures in place to govern activity and these were available to staff on the desktop on any computer within the practice. We looked at 10 of these policies and procedures and staff confirmed when they had read the policy. All 10 policies and procedures we looked at had been reviewed annually and were up to date.
- A programme of continuous clinical and internal audit which is 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 have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. Staff told us that the GPs and managers at the service were approachable and listened to them. All staff were invited and where appropriate involved in discussions about how to manage, improve and develop the service. We saw from minutes that team meetings were held every month. Staff told us that there was an open culture within the service; they were supported to raise any issues at team meetings and felt confident in doing. Staff said they felt respected, valued and supported, particularly by the GPs.

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 the patient reference group (PRG) and through surveys and complaints received. There was an active PRG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, Patient and carers information evenings were scheduled and future subjects identified for discussion this year included, living with dementia and weight management.

The practice gathered feedback from staff through staff meetings, appraisals and discussions. 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 in the practice to improve outcomes for both staff and patients.

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. For example the practice were using a web system called that is a risk profiling tool designed to identify patients who have a high risk of, being admitted to hospital, overdue for screening (i.e. blood tests) or put at risk because of their medications. This has improved patient safety. The practice told us they had seen a reduction in patients attending A&E or being admitted to hospital. The dispensary manager had a system in place to identify medication reviews requiring blood tests.