

# Burnside Surgery

## Quality Report

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Burnside Surgery on 14 October 2015. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make routine appointments with a GP, and in an emergency they could be seen on 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 provider was aware of and complied with the requirements of the Duty of Candour (Duty of Candour ensures that providers are open and transparent with people who use services and other relevant persons in general in relation to care and treatment).

The areas where the provider should make improvement are:

- The recruitment policy should be reviewed to make sure all aspects of the recruitment process are recorded.
- A system should be implemented to make sure the oxygen is in date.

**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.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were at or slightly below for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice in line with 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.

Good



# Summary of findings

## Are services responsive to people's needs?

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 routine appointments. They said they had to telephone the practice at 8am to access an on the day appointment, but patients said they were seen in an emergency.
- 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.

Good



## Are services well-led?

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

- It 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.
- 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 notifiable safety incidents
- 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.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

Good



### People with long term conditions

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

- Nursing staff had some 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 medicines needs were being met.
- For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were in line with or above average 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 and health visitors.

Good



# 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. 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.

## 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 when required homeless people, travellers and those with a learning disability.
- It offered longer appointments for people with a learning disability.
- 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).

- 78.6% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months.
- 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, how to access various support groups and voluntary organisations.

# Summary of findings

Staff had a good understanding of how to support people with mental health needs and dementia.	
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# Summary of findings

## What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was usually performing in line with local and national averages. There were 310 surveys issued and 98 were returned.

- 81% find it easy to get through to this surgery by phone compared with a CCG average of 79% and a national average of 73%.
- 91% find the receptionists at this surgery helpful compared with a CCG average of 88% and a national average of 87%.
- 46% 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%.
- 92% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 85% and a national average of 85%.
- 87% say the last appointment they got was convenient compared with a CCG average of 93% and a national average of 92%.

- 77% describe their experience of making an appointment as good compared with a CCG average of 77% and a national average of 73%.
- 93% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 69% 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 61% 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 36 completed comment cards. All of these gave positive comments about the service although four also stated they were unhappy with the appointments system. Patients said staff were helpful and treated them respectfully. They said they felt listened to and rated the GPs highly. These comments were duplicated by the 10 patients we spoke with.

## Areas for improvement

### Action the service SHOULD take to improve

- The recruitment policy should be reviewed to make sure all aspects of the recruitment process are recorded.
- A system should be implemented to make sure the oxygen is in date.



# Burnside Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team also included a second CQC inspector, a GP specialist advisor and an expert by experience. An expert by experience is someone who uses health and social care services.

- Thursday 8.30am until 10.50am and 2.30pm until 5.30pm.

- Friday 8.30am until 10.50am and 1pm until 6pm.

The practice has a Personal Medical Service (PMS) contract with NHS England. At the time of our inspection 4948 patients were registered.

The practice has opted out of providing out-of-hours services to their patients. This service is provided by a registered out of hours provider, Bardoc.

## Background to Burnside Surgery

Burnside Surgery is located in a health centre in Bolton. It has two storeys and is fully accessible to those with mobility difficulties. There is a car park outside the building.

There are two GP partners (one male and one female) and a male salaried GP. The practice is a training practice so trainee doctors and medical students are in attendance on occasions. There is a practice nurse that has an employment contract with the clinical commissioning group (CCG). There is also a practice manager and other administrative and reception staff.

The practice and the telephone lines are open Monday to Friday from 8am until 6.30pm. GP consultation hours are as follows:

The practice was open between 8am and 6.30pm Monday to Friday. GP appointment times were:

- Monday 8.30am until 10.50am and 2pm until 4.30pm.
- Tuesday 8.30am until 10.50am and 3.30pm until 6pm.
- Wednesday 8.30am until 10.50am and 4.30pm until 5.30pm.

## 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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

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?

## Detailed findings

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 whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 14 October 2015.

During our visit we spoke with a range of staff including GPs, the practice manager, the practice nurse, and administrative and reception staff.

We spoke with 10 patients We reviewed 36 CQC comment cards where patients and members of the public shared their views and experiences of the service.

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us forms to report significant events were available on their computer system. They said it was normal practice for a GP or the practice manager to complete the forms and forward them to the clinical commissioning group (CCG). They would ask the practice manager or a GP for advice if required. The staff would also inform the practice manager of any incidents by using a recording form available on the practice's computer system.
- The practice and the CCG carried out a thorough analysis of the significant events. We saw evidence that events were reported appropriately, shared with relevant bodies and discussed within the practice this included learning also being put in place when required.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice.

### 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 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.
- A notice in the waiting room advised 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 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).

- Non clinical staff did not act as a chaperone although they had had awareness training.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy.
- The practice manager was the infection control lead and the practice nurse was the clinical lead. They 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 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. Patients and the pharmacy signed to say they had collected prescriptions.
- We reviewed four personnel files. Most staff had worked at the practice for several years.
- Appropriate recruitment checks had been undertaken prior to employment. For example, in most files we saw proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The recruitment policy did not contain instructions about what information should be obtained from prospective employees.
- The practice did not ask for DBS checks for reception staff as they had assessed there was not a need for this. However, they were aware that should their duties change and for example chaperoning duties took place this need would be reassessed.

### Monitoring risks to patients

## Are services safe?

Risks to patients were assessed and well managed. We found :

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available.
- 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.
- There were a variety of other risk assessments in place to monitor safety of the premises. These included control of substances hazardous to health and legionella. However, these were managed by the building management company.
- 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.
- A defibrillator was available in the building and this was managed by another provider.
- Oxygen was available with adult and children's masks. We saw that the oxygen was out of date. The practice immediately contacted the supplier and found a change to the contact had meant it had not been replaced. We received confirmation it had been replaced.
- 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.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care 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 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.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 results for 2014/15 were 92.7% of the total number of points available, with 5.4% exception reporting. Data from 2014-14 showed;

- Performance for diabetes related indicators was similar to the CCG and national average. The practice scored 86% compared to the CCG average of 88.7% and the national average of 89.2%.
- The practice scored below average for the percentage of patients on the diabetes register with a record of a foot examination and risk classification within the preceding 12 months. The practice explained that these patients were seen at a local diabetic clinic and the examinations were not carried out at the practice.
- The percentage of patients with hypertension having regular blood pressure tests was 78.2%. This was slightly worse than the CCG average of 81.6% and the national average of 80.4%.
- Performance for mental health related indicators was similar to the CCG and national average. The practice scored 92.3% compared to the CCG average of 93.9% and the national average of 92.8%.

- The dementia diagnosis rate was 78.6% which was slightly below the CCG average of 80.1% and slightly above the national average of 77%.

Clinical audits demonstrated quality improvement.

- There had been several clinical audits completed in the last two years. These included audits where the improvements made were implemented and monitored.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.
- Information about patients' outcomes was used to make improvements. These included changes to medicines prescribed and changes in the way dermatology patients were referred to other services.

### 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. This covered an introduction to the practice but the practice manager and staff confirmed the full induction 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.

# Are services effective?

## (for example, treatment is effective)

- We saw 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 regularly 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.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance. Some staff had received training in the Mental Capacity Act 2005.

### 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 and those requiring advice on their diet, smoking and alcohol. Patients were then signposted to the relevant service.

The practice had a comprehensive screening programme:

- The uptake for the cervical screening programme was 73.2%, which was slightly below the CCG average of 76.1% and the national average of 76.7%.

There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages:

- Childhood immunisation rates for the vaccinations given to under two year olds ranged from 76.8% to 98.2%
- For five year olds the immunisation rate was from 91.4% to 98.6%.
- Flu vaccination rates for the over 65s were 75.37%, and at risk groups 49.81%. These were also comparable to CCG and 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 on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# 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 36 patient CQC comment cards we received contained positive comments 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. We spoke with 10 patients and they gave us similar comments.

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 about average for its satisfaction scores on consultations with doctors and nurses. For example:

- 85% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 84% said the GP gave them enough time compared to the CCG average of 88% and national average of 87%.
- 96% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%
- 86% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 85%.
- 84% 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%.
- 91% patients said they found the receptionists at the practice helpful compared to the CCG average of 88% 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 were in line with local and national averages. For example:

- 88% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 83% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 81%

Staff told us that translation services were available for patients who did not have English as a first language. This was usually a telephone service. British sign language interpreters were also 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 these were being supported, for example, by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them.

Patients we spoke with who had suffered a bereavement told us they felt supported by the practice. They said they were offered bereavement counselling. Staff told us patients could be referred to a local counselling service.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- There were longer appointments available for people with a learning disability.
- There was also an alert on the computer system so patients with complex needs could be offered a longer appointment.
- Text reminders were sent to patients regarding their appointments.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- The practice had signed up to Pride in Practice, a quality assurance service to strengthen the relationship with lesbian, gay and bi-sexual patients.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. GP appointment times were:

- Monday 8.30am until 10.50am and 2pm until 4.30pm.
- Tuesday 8.30am until 10.50am and 3.30pm until 6pm.
- Wednesday 8.30am until 10.50am and 4.30pm until 5.30pm.
- Thursday 8.30am until 10.50am and 2.30pm until 5.30pm.
- Friday 8.30am until 10.50am and 1pm until 6pm.

There were no extended opening hours. Urgent on the day appointments were available and they could also be made up to six weeks in advance. During our inspection we saw that appointments were available the same day for patients with an urgent need, and the first routine pre-bookable appointment was in four working days.

The practice carried out a weekly 'unmet needs' audit by recording patients who were unable to access an appointment when they wished. They analysed these audits with a view to amending the number of appointments available.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages and people we spoke to on the day were able to get appointments when they needed them. For example:

- 74% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 75%.
- 81% patients said they could get through easily to the surgery by phone compared to the CCG average of 79% and national average of 73%.
- 77% patients described their experience of making an appointment as good compared to the CCG average of 77% and national average of 73%.
- 93% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 69% and national average of 65%.

### Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- 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. This included a leaflet and information on the website.

We looked at four complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. 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 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 practice and on the website. Staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### 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 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 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 take 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 notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gives 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 that the practice held regular team meetings.
- 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 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.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- It had a suggestions box and provided comments slips for patients. Feedback could also be provided via the practice's website.
- The practice had also carried out an annual patient satisfaction survey. The most recent had been completed in November 2014. Actions following the survey were publicised. The results of the national GP patient survey were analysed.
- 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.
- The practice was in the process of setting up a patient participation group (PPG). They had one member and were approaching other patients with a view to formally collecting the views of more patients.