

Dr WHM Matta & Partners

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 Dr WHM Matta and Partners on 4 May 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with 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. Improvements were made to the quality of care as a result of complaints and concerns.

- 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 equipped to treat patients and meet their needs. They had plans in place to extend their building to provide improved services for patients.
- 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.

The areas where the provider should make improvement are:

- Implement a process to ensure that patients are requesting repeat prescriptions especially for high risk medicines or medicines for mental health related conditions.
- Continue to identify and support carers.
- Continue to monitor newly implemented process for the use of blank prescription pads.

Summary of findings

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- 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 things went wrong patients received reasonable support, an explanation, and a written apology. They were 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 patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- Staff had received training appropriate to their role and relevant pre-employment checks had been completed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable with local and national averages.
- 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 other health care professionals to understand and meet the range and complexity of patients' needs.
- There were adequate arrangements in place to respond to emergencies and major incidents.
- The practice identified patients who may be in need of extra support and referred to relevant services or visiting support workers.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice comparably with others for several aspects of care.

Summary of findings

- 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 and information confidentiality.
- The practice had identified 89 patients as carers, which equated to 1% of the practice list.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- 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.
- Extended hours appointments were offered from 6.30pm to 7.30pm every Monday and Wednesday.
- Home visits and telephone consultations were available.
- The practice had good facilities and was well equipped to treat patients and meet their needs and planned to extend the building to improve services offered.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality, safe and effective services for patients. Staff were clear about the vision and their responsibilities in relation to it.
- 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.

Summary of findings

- 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 notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice sought feedback from staff and patients, which it acted on. They had a virtual patient participation group and the first meeting of a face-to-face group was planned for July 2016.
- There was a strong focus on continuous learning and improvement at all levels.

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.

Good



- 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 provided assistance to help patients who found it difficult to use the online appointment system to book, cancel or amend appointments over the telephone.
- Downstairs consultation and treatment rooms were available.

People with long term conditions

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

Good



- 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 above the CCG and national average. The practice achieved 92% of available points compared to the CCG average of 85% and the national average of 89%.
- Early morning and late afternoon appointments were available with one of the practice nurses for patients with diabetes who wanted to attend the practice before or after work.
- 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.

Families, children and young people

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

Good



- 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.

Summary of findings

- Immunisation rates were relatively high for all standard childhood immunisations.
- 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 and health visitors.
- Families were referred to support services for child weight management.

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.
- Telephone consultations were available in addition to extended opening hours appointments twice a week.
- 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 those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. Referrals were made to an alcohol support worker who visited the practice every two weeks.
- 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.

Good



Summary of findings

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).

- 79% of patients diagnosed with dementia who had their care reviewed in a face-to-face meeting in the last 12 months, which is comparable to the local and national average.
- They were working on being a dementia friendly practice with training planned for all staff.
- The practice regularly worked with multi-disciplinary teams in the case management of patients 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. Referrals were made to a mental health support worker who visited the practice every two weeks.
- 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.
- A dementia support worker visited the practice every two weeks for patients or carers to speak with and get support on dealing with dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing in line with local and national averages in most areas. There were 304 survey forms distributed and 113 were returned. This represented a 37% response rate and 1% of the practice's patient list.

- 57% of patients found it easy to get through to this practice by phone compared to the local average of 68% and the national average of 73%.
- 66% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local average of 66% and the national average of 76%.
- 89% of patients described the overall experience of this GP practice as good compared to the local average of 80% and the national average of 85%.

- 77% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local average of 72% and the national average of 79%.

As part of our inspection, we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 28 patient Care Quality Commission comment cards. Of those, 26 had comments that were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, friendly and treated them with dignity and respect. Staff were described as polite although two cards stated the reception staff were abrupt at times.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received.

Dr WHM Matta & Partners

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 and a practice manager specialist adviser.

Background to Dr WHM Matta & Partners

Dr WHM Matta and Partners also known as Leagrave Surgery provides a range of primary medical services to the residents of Luton who live within a two-mile radius of the practice. They have been at their current purpose built location of 37a Linden Road Luton LU4 9QZ for 27 years.

The practice population is ethnically diverse with an average age range. National data indicates the area is one of mid deprivation. The practice has approximately 8,000 patients with services provided under a General Medical Services (GMS) contract, a nationally agreed contract with NHS England.

The practice is led by three male GP partners and they employ three salaried GPs, one male and two female. The nursing team consists of two practice nurses and one health care assistant, all female. There are a number of administrative and reception staff all led by a practice manager and deputy practice manager.

The practice is open from 8am to 6.30pm Monday to Friday and offers extended opening hours from 6.30pm to 7.30pm on Mondays and Wednesdays.

When the practice is closed, out-of-hours services are provided by Care UK and can be accessed via the NHS 111 service.

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. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before inspecting, 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 inspection on 4 May 2016.

During our inspection we:

- Spoke with a range of staff including GPs, practice nurses, the health care assistant, the practice manager and deputy practice manager, reception and administration staff. We also spoke with patients who used the service.
- Observed how staff interacted with patients and their family members.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

Detailed findings

- 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

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

- Staff told us they would inform the practice manager of any incidents.
- There was a significant event policy on the practice computer system that contained a flowchart to advise staff of the process to follow. The policy contained incident reporting forms. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, an explanation, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, MHRA alerts, patient safety alerts and minutes of meetings where these were discussed. We saw that eight significant events had been recorded in the last year. We reviewed a selection of the completed forms, which showed that lessons learnt were noted and shared with staff in practice meetings. For example, a new protocol had been introduced for reception staff to advise what to do in the event of a reported patient death. The practice manager received patient safety alerts into the practice and disseminated them to staff as required. A copy of all alerts was kept with a record of the actions taken.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly

outlined whom to contact for further guidance if staff had concerns about a patient's welfare. One of the GP partners was the lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and they all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level 3 and nurses to level 2.

- A notice in the consulting rooms and in the practice leaflet advised patients that chaperones were available if required. All staff who acted as chaperones had received awareness training for the role and the practice had planned for an external trainer to deliver chaperone training in September 2016. Clinical staff carrying out chaperone duties had received a Disclosure and Barring Service (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 had completed a risk assessment regarding the non-clinical staff and had decided a DBS check was not required as these staff members would not be left alone with a patient. This was reflected in the chaperone policy.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. One of the practice nurses was the infection control clinical lead who liaised with the local infection prevention team to keep up to date with best practice. There was an infection control protocol in place, that incorporated the local CCG policy, and staff had received up to date training. Annual infection control audits were undertaken and the practice provided evidence that actions were taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. However, there was not a process to ensure that patients requiring these medicines requested the repeat prescription. The practice carried out regular medicines audits, with the support of the local CCG

Are services safe?

medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The Health Care Assistant was trained to administer vaccines under the supervision of the GPs and nurses using patient specific prescriptions or on direction from a prescriber. We found that the blank prescriptions were not stored securely. When we informed the practice of this requirement, they immediately relocated the blank prescriptions to a secure location and implemented a process to monitor their use.

- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- 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 patient waiting area which identified local health and safety representatives. We noted the poster was out of date and the practice immediately ordered a new one. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked in November 2014 to ensure the equipment was safe to use and clinical equipment was checked in June 2015 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).

- 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 enough staff were on duty. There was a buddy system in place so staff members could cover for each other in the event of annual leave and absences. The clinical staff's annual leave dates were announced on the practice website so patients could see when their usual GP or nurse was unavailable.

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 stored securely.
- 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. They had identified four practices in the local area that they could use the facilities of, if required. The practice kept copies of the plan off site for reference in case of an emergency.

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 patients' needs. We were informed that new guidelines were discussed in clinical meetings.

The practice used templates and care plans on the patient computer record system that incorporated up to date guidance for use when treating patients.

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 the practice achieved 93% of the total number of points available, with 8% exception reporting. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

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 similar 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 preceding 12 months was 96% with 6% exception reporting compared to the local average of 89% (7% exception) and the national average of 88% (8% exception).
- Performance for mental health related indicators similar to the national average. For example, The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 79% with 8% exception reporting compared to the local average of 81% (11% exception) and the national average of 84% (8% exception).

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits completed in the last two years, both of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, the practice had audited the amount of inhalers patients with asthma were using in one year. Any patient who used more than 12 per year were offered a referral to the asthma clinic for a review.

Information about patients' outcomes was used to make improvements such as, the practice constantly reviewed their QOF achievement to identify if there were any areas which required additional focus. Both the GPs and the nursing team were involved in reviewing QOF achievement.

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. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. We spoke with a two members of staff who had joined the practice within the preceding six months and they commented that they had been supported through the induction process.
- 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. The nursing staff had undertaken additional training in a variety of conditions, for example, chronic obstructive pulmonary disease (COPD) and diabetes.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines 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.

Are services effective?

(for example, treatment is effective)

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included safeguarding, fire safety awareness, basic life support and information governance. 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 computer system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Patients with care plans were given copies to keep at home.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals 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. The practice dealt with referral and discharge letters appropriately within an acceptable timescale. When the patients usual GP was away the practice operated a 'buddy' system to ensure there were no delays in dealing with communications from other services. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

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.
- The practice had written consent forms for invasive procedures such as minor surgery.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service. For example, Live Well Luton a service to help people stop smoking, lose weight, become more active or manage their alcohol consumption. This service was also used to refer families for child weight management.
- An alcohol support worker visited the practice twice a month to provide support to patients who wished to stop drinking or to family members who supported someone they lived with.
- A mental health support worker visited the practice twice a month to see patients referred by the GPs.

The practice's uptake for the cervical screening programme was 73%, which was lower than the CCG average of 80% and the national average of 82%. The practice informed us that they continued to send letters as well as telephone reminders for patients who did not attend for their cervical screening test. There exception reporting rate was lower than average at 5% compared to the CCG average of 9% and the national average of 6%. There were failsafe 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.

Are services effective?

(for example, treatment is effective)

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example,

- 70% of females, aged 50-70 years, were screened for breast cancer in last 36 months compared to the CCG average of 71% and the national average of 72%.
- 54% of patients, aged 60-69 years, were screened for bowel cancer in last 30 months compared to the CCG average of 51% and the national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 97% and five year olds from 87% to 96%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74 years. 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; conversations taking place in these rooms could not be overheard.
- If patients wanted to discuss sensitive issues or appeared distressed there was a separate, private reception area that could be used to discuss their needs.

We received 28 patient Care Quality Commission comment cards. Of those, 26 had comments that were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, friendly and treated them with dignity and respect. Staff were described as polite although two cards stated the reception staff were abrupt at times.

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

- 89% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 83% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 82% and the national average of 85%.

- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 91%.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

We spoke with four patients on the day of the inspection and they told us they felt involved in decision making about the care and treatment they received. They felt there was sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

- 92% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and the national average of 86%.
- 80% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and the national average of 82%.
- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. There were notices advising of this in the waiting area.
- There was a hearing loop for patients with hearing difficulties.
- Information leaflets were available in easy read format.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. The practice website contained links to health information websites for patients to find further advice and support groups.

The practice identified patients who were also carers and placed an alert on their electronic record to inform the GP and other staff in the practice. The practice had identified

89 patients as carers which equated to 1% of the practice list. There was a carers board in the waiting area with written information available to direct carers to the various avenues of support available to them.

A dementia support worker visited the practice every two weeks for patients or carers to speak with and get support on dealing with dementia.

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

- They offered extended opening hours from 6.30pm to 7.30pm on Mondays and Wednesdays. This was especially useful for working patients who could not attend during normal opening hours.
- Early morning and late afternoon appointments were available with one of the practice nurses for patients with diabetes who wanted to attend the practice before or after work.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Telephone consultations with GPs were available for patients who had difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Online appointment booking and repeat prescription requests were available. The practice had a staff member who acted as a patient partner to help older people, or those who had difficulty using on line services, to book, cancel or amend appointments over the telephone.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were facilities for people with disabilities that included wide doors and corridors and an access enabled toilet. Consultation and treatment rooms were available on the ground floor for patients who could not climb the stairs. The practice had plans to extend the building and these included the installation of a lift to improve access.
- There was a hearing loop and translation services available.
- The doors and corridors were wide enough to manoeuvre pushchairs and baby changing facilities were available.

- The practice provided paper and crayons for children to keep them occupied while waiting to see a GP. There was a notice board at the entrance to the surgery for children to display their pictures.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointment times were from 8.15am to 12pm and 3.30pm to 5.50pm daily with all members of the health team. Extended hours appointments were offered from 6.30pm to 7.30pm every Monday and Wednesday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages in some areas. For example,

- 79% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 78%.

However they were lower in one area,

- 57% of patients said they could get through easily to the practice by phone compared to the CCG average of 68% and the national average of 73%.

In response to this, the practice had increased the staffing of the reception team to provide additional staff available to answer the telephones.

People told us on the day of the inspection that they were able to get appointments when they needed them. However, patients we spoke with and responses on the comments cards indicated that patients sometimes had to wait in the surgery as appointments often ran late.

The practice had a system in place to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. The reception staff completed a home visit template and printed this for the GP. The duty GP would contact the patient by telephone in advance to gather information to allow them to make an informed decision on prioritisation according to clinical need. In cases where the urgency of need was so great that it would

Are services responsive to people's needs?

(for example, to feedback?)

be inappropriate for the patient to wait for a GP home visit, they made alternative emergency care arrangements. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

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.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example, there was complaints leaflet available in the waiting area.

We looked at 13 complaints received in the last 12 months and found that they had been addressed appropriately with explanations and apologies given to patients as required. The complaint documentation contained a summary and outcome of the complaint, how it was resolved, and the lessons learnt identified. They were all dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and from analysis of trends and action was taken to as a result to improve the quality of care. For example, reception staff received on-going training in customer care and posters were displayed in the reception office advising how to act positively to requests from patients.

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, safe and effective services for patients. They documented their aims and objectives in their statement of purpose and they included to treat all patients with dignity, respect, and honesty and to provide continuously improving healthcare services. Staff we spoke with staff knew and understood the values of the practice.

The practice had a robust strategy and supporting business plans, which reflected the vision and values and were regularly monitored. They had plans in place to extend the building to provide more consultation rooms and improve the facilities available to patients.

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 was maintained through the monitoring of the quality and outcomes framework (QOF).
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording, and managing risks, issues, and implementing mitigating actions.

Leadership and culture

The practice was led by three GP partners with the support of a practice manager and deputy practice manager. On the day of inspection, the partners and managers in the practice demonstrated they had the experience, capacity, and capability to run the practice and ensure high quality

care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment they gave affected people reasonable support, an explanation and a verbal and written apology. The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us that regular meetings were held for the individual staff groups.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at staff meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners and the managers 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.

- The practice had gathered feedback from patients through surveys and complaints received. There was a suggestions box in the patient waiting area and they made use of the NHS Friends and Family test, a feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. They had a virtual patient participation group (PPG) with

Are services well-led?

Good 

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

information on the practice website for patients who wanted to join. They had plans in place to commence a face-to-face PPG with the first meeting scheduled for July 2016.

- The practice had gathered feedback from staff through staff meetings, appraisals, and informal 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 to improve how the practice was run.

Continuous improvement

There was a 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.

The practice was working to become dementia friendly and training was planned for all staff with the Dementia Action Alliance.