

# Dr Trzcinski and 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 Trzcinski and Partners

on 13 January 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 the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with kindness, dignity and respect and they were involved in decisions about their care and treatment.
- Information about services and how to complain was available and easy to understand.

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day however two of the comment cards said that it was difficult to get an appointment.
- 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 provider was aware of the requirements of the Duty of Candour.
- The practice had an active patient participation group in place.
- All staff had completed MCA training and staff were able to demonstrate an understanding of the act and could relate it to their roles.
- The practice had a number of policies and procedures to govern activity which were reviewed annually.

**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 there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. Patients were told about any actions 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 and procedures were in place for monitoring and managing risks to patient and staff safety.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice had a system in place for completing a wide range of completed clinical audit cycles which demonstrated quality improvement
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- All staff received an appraisal and discussed training needs.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

### 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 higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

# Summary of findings

- 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.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care however some patient comments said that it was difficult to get an appointment.
- 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.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity which were easily accessible through the practice computer system.
- There was an overarching governance framework which supported the delivery of good quality care. This included arrangements to monitor and improve quality and identify risk.
- The practice sought feedback from staff and patients, which it acted on. There was a patient participation group (PPG) which was both active and involved in decisions.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people and offered home visits and urgent appointments for those with enhanced needs.
- The practice systematically identified older patients and coordinated the multi-disciplinary team (MDT) for the planning and delivery of palliative care for people approaching the end of life.
- Practice nurses carry out home visits for housebound patients to complete annual reviews and vaccinations.
- Patients that were admitted to hospital were assessed to look at ways to prevent future deterioration or admission.

Good



### People with long term conditions

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

- Community specialist nursing service provided support and education for patients.
- The GPs and nurse team had the knowledge, skills and competency to respond to the needs of patients with long term conditions such as COPD (Chronic obstructive pulmonary disease is the name for a collection of lung diseases including chronic bronchitis, emphysema and chronic obstructive airways disease).
- Performance for diabetes related indicators was 99% which was better compared to the CCG and national average (93% CCG and 89% national average).
- Practice nurses have attended training and upskilling events in relation to Diabetes.
- Longer appointments and home visits were available when needed.
- Patients with long term conditions such as Heart Failure, Asthma and COPD that have an unplanned admission to hospital are seen within two weeks by a GP for review.

Good



### Families, children and young people

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

Good



# Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, the practice then flagged these patients onto the clinical system so that all staff were aware.
- 83% of patients diagnosed with asthma, on the register, had an asthma review in the last 12 months which was above the national average of 75%.
- The practice's uptake for the cervical screening programme was 84%, which was similar to the CCG average of 83% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

## Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered telephone consultations.
- There was a range of appointments between 8am and 5.30pm every weekday
- Extended hours were not available and the practice had assessed that it was not required when analysing patient satisfaction surveys.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected 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 offered longer appointments or home visits for patients with a learning disability.
- 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.
- The practice conducted annual checks for patients with a learning disability.

Good



# Summary of findings

- The GPs regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

## 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).

- Quality data demonstrated the monitoring of people experiencing poor mental health (including people with dementia) was better when compared to local and national averages. For example:
- 97% of people experiencing poor mental health had a comprehensive, agreed care plan documented in their medical record, which was higher when compared to the local average (94%) and national average (88%).
- The practice carried out advance care planning for patients with dementia. For example, 82% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was similar when compared to the local average (86%) and national average (84%).
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- 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.
- All staff had a good understanding of how to support patients with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 2 July 2015. The results showed the practice was performing in line with local and national averages. 256 survey forms were distributed and 112 were returned. This was a 44% response rate.

- 86% found it easy to get through to this surgery by phone compared to a CCG average of 71% and a national average of 73%.
- 94% were able to get an appointment to see or speak to someone the last time they tried (CCG average 88%, national average 85%).
- 90% described the overall experience of their GP surgery as fairly good or very good (national average 85%).

- 91% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (national average 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients before our inspection. We received 24 comment cards which were all positive about the standard of care received. Feedback received said that staff were helpful and kind and that the practice was clean and tidy. Two of the comment cards whilst they were positive also mentioned that there were problems in booking appointments however other comments said that it was easy to get an appointment when needed.



# Dr Trzcinski and 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 Trzcinski and Partners

Dr Trzcinski and Partners is a GP practice situated in the village of Markfield in Leicestershire. The practice is situated in a purpose built building and provides general medical services to approximately 6871 patients. Markfield has a retirement village and two warden controlled complexes. The practice covers Markfield, Thornton, Stanton-under-Bardon and parts of Newtown Linford, Groby, Copt Oak and Ulverscroft. There is car parking with disabled car parking and the practice is fully accessible to people with limited mobility or those that use a wheelchair.

- The practice has three GP partners and two salaried GPs (3 female and two male). The practice employs four practice nurses and two healthcare assistants (HCA's). The practice employs a practice manager who works alongside two office co-ordinators and are assisted by 10 administration and reception staff.
- The practice is a training practice for GP Registrars. GP Registrars are qualified doctors who undertake additional training to gain experience and higher qualifications in general practice and family medicine

- The practice is open between 8am and 6.30pm Monday to Friday. Appointments are available between 8am and 5.30pm. Appointments can be made on the day or booked up to two weeks in advance.
  - Out of hours care can be accessed by calling the surgery telephone number or by calling the NHS111 service.
- The practice has a higher than average elderly population.
- The practice lies within the NHS West Leicestershire Clinical Commissioning Group (CCG). A CCG is an organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services.

The practice is registered to provide; diagnostic and screening procedures, maternity and midwifery services, surgical procedures and the treatment of disease, disorder or injury and family planning at Dr Trzcinski and Partners, 24 Chitterman Way, Markfield, Leicestershire, LE67 9WU.

Dr Trzcinski and Partners has not been inspected previously by the Care Quality Commission.

## Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

# Detailed findings

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 2 December 2015.

During our visit we:

- Spoke with a range of staff (GP's, practice nurse, reception staff and practice manager).
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'
- Spoke with members of the practices patient participation group.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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 and there was a recording form available that all staff could access.
- The practice carried out a thorough analysis of the significant events.
- The practice discussed significant events in staff meetings and also at an annual review.
- Minutes were produced for staff that were unable to attend

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. For example, an incident had been reported which had led to a change in process to prevent reoccurrence. We also saw that audits had been undertaken following significant events to ensure patient safety.

We saw the practice had in place an understanding on their responsibility with regards to the Duty of Candour. When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

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 that reflected relevant legislation and local requirements and policies were accessible to all staff on the shared drive of the practice computer system. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. The practice had separate GP leads for safeguarding adults and children. The GP responsible for safeguarding children met with the health visitor bi

monthly to discuss any concerns. The leads provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities. All staff had completed safeguarding training to the required level relevant to their role. For example, GPs were trained to Safeguarding children level three, the nurses were trained to Safeguarding children level two and the GPs and nurses had completed adult safeguarding training.

- National patient safety alerts were received into practice by email and were forwarded onto the relevant team member for discussion and action.
- Notices in the waiting, treatment and consultation rooms advised patients that chaperones were available for patients if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice had a contract for cleaning of the practice and there was a log book of the tasks for completion and when these had been actioned. There was an infection control protocol in place and 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). We saw that there were records that the emergency drugs and expiry dates were checked. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads and paper were securely stored and there were systems in place to monitor their use.
- We reviewed recruitment files and found that checks on qualifications and registration with the appropriate professional body were present and the appropriate checks had been completed through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

## Are services safe?

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy in place.
- The practice had a legionella risk assessment completed in 2014 and actions that had been recommended had been implemented. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- All staff had completed training in fire safety. The practice had a designated fire warden and we saw that fire drills were carried out with the last one in January 2015. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.

### **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.
- Staff had received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. Nice guidance was discussed in clinical meetings.
- The practice monitored that these guidelines were followed through audits and random sample checks of patient records.

### 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 were 98% of the total number of points available, with 12% exception reporting which was comparable to the CCG and national average of 9%. (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 99% which was better compared to the CCG and national average (93% CCG and 89% national average).
- The percentage of patients with hypertension having regular blood pressure tests was 89% which was higher compared to the CCG and national average (84% CCG and 84% national average).
- Performance for mental health related indicators was 100% which was comparable to the CCG and national average (98% CCG and 93% national average).

Clinical audits demonstrated quality improvement.

- There had been nine clinical audits completed in the last two years which were completed audits where the improvements made were implemented and monitored.
- Audits had been completed following significant events, for example an audit on patients on an oral contraception and another drug meant that there was a reduced effectiveness of the contraception. The practice had audited to identify if there were any patients that were at risk and had plans to repeat this audit annually.
- The practice participated in numerous local audits through the prescribing committee, benchmarking, accreditation and peer review.
- Findings and lessons learned were used by the practice to improve services.

### 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 also included shadowing existing staff initially.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals 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 during sessions, one-to-one meetings, appraisals, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, dementia awareness, infection control and basic life support.

# Are services effective?

## (for example, treatment is effective)

- Staff had completed MCA training (Mental Capacity Act) and were able to demonstrate a good understanding relevant to their role.

### 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.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The health visitors, midwives and district nurses were also based in the building so there was a good working relationship.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan on going care and treatment. The practice could refer to other agencies. We saw evidence that multi-disciplinary team meetings took place on a quarterly basis for palliative patients and that care plans were routinely reviewed and updated.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits.

### Supporting patients to live healthier lives

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

- 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 cessation. Patients were then signposted to the relevant service.
- Smoking cessation advice was available from a local support group.
- The practice nurse was able to provide health education.
- Social services, occupational therapy and community physiotherapists were utilised and patients where referred were appropriate.

The practice's uptake for the cervical screening programme was 84%, which was similar to the CCG average of 83% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Records showed the GP and nurses proactively sought and promoted the childhood immunisation programme and this was evident in the immunisation data as the practice was in line with both local and national averages for childhood immunisations. For example:

- Childhood immunisation rates for the vaccinations given in 2014/15 to children under 12 months were 98%, under two year olds were from 96% to 100% and five year olds from 97% to 100%. This was in line with the CCG averages which were 97% for children under 12 months, between 96% and 100% for children under two years old and between 94% and 98% for five year old children.

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



# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; 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 24 patient Care Quality Commission comment cards we received were positive about the service that the patients had experienced. Two of the comment cards provided positive feedback also referred to problem with a lack of appointments, whilst other comment cards said that they were always able to get an appointment when needed. Other comment cards said that staff were always helpful kind and supportive and that the practice was clean and tidy. Comment cards highlighted that staff responded professionally and were caring when they needed help.

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

- 92% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 89% said the GP gave them enough time (CCG average 86%, national average 87%).
- 98% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 90% said the last GP they spoke to was good at treating them with care and concern (CCG average 84%, national average 85%).

- 92% said the last nurse they spoke to was good at treating them with care and concern (CCG average 89%, national average 90%).
- 91% said they found the receptionists at the practice helpful (CCG average 86%, national average 87%).

### Care planning and involvement in decisions about care and treatment

Patient feedback on the comment cards said they felt involved in decision making about the care and treatment they received. They also told us they were listened to and provided support when required by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

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

- 89% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 88% said the last GP they saw was good at involving them in decisions about their care (CCG average 80%, national average 81%).
- 84% said the last nurse they saw was good at involving them in decisions about their care (CCG average 82%, national average 85%).

Staff told us that translation services were available for patients who did not have English as a first language.

### 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 had an end of life policy and charter which set out how care would be provided and support for patients and their families at a difficult time. One of the GPs was the lead for end of life care in the practice and invited patients and families to feedback on any areas or suggestions to improve care. The charter looked at care planning and taking into account patient's wishes and reviewing care plans every quarter.

## Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them.



# 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.

- The practice had federated with other practices in the area to look at how they could work together more effectively with future challenges.
- There were longer appointments and home visits available for patients with a learning disability.
- The practice conducted annual checks for patients with a learning disability and had letters adapted for those patients in an easy to read format.
- Home visits were available for older patients and patients who would benefit from these.
- Telephone consultations could be booked at patient's request.
- Same day appointments were available for children and those with serious medical conditions.
- There was a hearing loop in the practice and translation services were available.
- The practice was all on the ground level and therefore was accessible to all.
- The practice provided a room for antenatal visits so pregnant women could be seen at the surgery.
- The practice offered 24 hour blood pressure monitoring and electrocardiogram (ECG) in practice which reduced the need for patients been referred and travelling to the hospital. ECG is a test which measures the electrical activity of your heart to show whether or not it is working normally. An ECG records the heart's rhythm and activity on a moving strip of paper or a line on a screen.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were available from 8am to

5.30pm. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments on the day 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 above local and national averages.

- 80% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 75%.
- 86% patients said they could get through easily to the surgery by phone (CCG average 71%, national average 73%).
- 83% patients said they always or almost always see or speak to the GP they prefer (CCG average 59%, national average 60%).

The majority of the comment cards stated that they were able to get appointments when they needed them and that they found it easy to get an appointment.

### 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 for example a poster in the waiting area and information in a practice leaflet.

The practice had received 14 complaints in 2015 and we found all were satisfactorily handled and dealt with in a timely way. Actions had been taken to improve the quality of care. The practice showed openness and transparency in dealing with the complaints we reviewed. Apologies were given where appropriate. Complaints were discussed in team meetings.

# 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.

### 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. These were reviewed and updated annually or sooner if required.
- A comprehensive understanding of the performance of the practice was maintained.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

The GPs in the practice ensured the service provided safe, high quality and compassionate care. The GPs were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

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

- Staff told us the practice held regular team meetings with agenda items such as incidents, results from audits and training.
- Significant events were reviewed at practice meetings.

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at any time or at team meetings. Staff felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported. 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.
- Staff had clear roles and responsibilities.

### 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 a patient participation group (PPG) that met to discuss ways that the practice could improve.
- The PPG met every six to eight weeks and also had some virtual members.
- The PPG were involved with discussing changes in the practice and looking to improve the practice for patients. They also promoted the PPG at local events and school open days.
- The PPG raised funds to enable an ECG monitor to be purchased for the practice.
- The practice had published the results of surveys and meetings of minutes on the web site.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

### Continuous improvement

The practice had plans to move to a new clinical system for patient records this would enable information to be shared between different teams and improved communication with the hospital and out of hours. The practice was part of a federation which were looking at potential seven day working arrangements and ways to improve patient care.