Hedge End Medical Centre

Quality Report

24 Lower Northam Road
Hedge End
Southampton
SO30 4FQ
Tel: 01489785722
Website: www.**hedgeendmedicalcentre**.co.uk

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Hedge End Medical Centre on 11 November 2015. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider should make improvement are:

- The practice should ensure its system for storing and monitoring staff records is reviewed to confirm they are able to identify training needs for its staff and that staff are conducting the training at the relevant times.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

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

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data showed patient outcomes were at or above average for the locality.
- Staff 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 staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice generally in line with national averages and the practice was higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Summary of findings

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. An example seen was the practice had added to its website an application where patients could consult online from home at any time of the day. The patient had steps to follow to obtain advice such as for a specific problem or condition.
- Patients said they found it relatively easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- 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

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice was comparable to other practices with regards to diabetes indicators.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 87.02%, which was higher than the CCG average of 81.88%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Summary of findings

- We saw good examples of joint working with midwives, health visitors and school nurses.
- The practice hosted TADIC (the teenage drop in centre), a charity which offers sexual health, counselling and various other services to teenagers, not just registered with the practice.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- 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.
- Extended hours surgeries were offered with the GP or nurse on alternate Monday and Thursday evenings from 6:30pm to 8:00pm and every other Saturday morning from 09:00am – 12:00.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- It offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Summary of findings

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- 88.99% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the preceding 12 months.
- 95.71% of people with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice was generally performing in line with national averages, although they were performing lower than local and national averages in some areas. There were 110 responses which represented only 0.95% of the practice population.

- 76.8% find it easy to get through to this surgery by phone compared with a CCG average of 83% and a national average of 73.3%.
- 82% find the receptionists at this surgery helpful compared with a CCG average of 89.6% and a national average of 86.8%.
- 57.4% patients with a preferred GP usually get to see or speak to that GP compared with a CCG average of 63.7% and a national average of 60%.
- 85.7% were able to get an appointment to see or speak to someone the last time they tried, compared with a CCG average of 88.6% and a national average of 85.2%.
- 91.3% say the last appointment they got was convenient, compared with a CCG average of 92.7% and a national average of 91.8%.
- 62.3% describe their experience of making an appointment as good, compared with a CCG average of 78.1% and a national average of 73.3%.
- 59.1% usually wait 15 minutes or less after their appointment time to be seen, compared with a CCG average of 66.5% and a national average of 64.8%.
- 49.9% feel they don't normally have to wait too long to be seen compared with a CCG average of 58.8% and a national average of 57.7%.

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received nine comment cards which were all positive about the standard of care received. Comments made were that the medical practice was open alternate Saturdays, always good, staff extremely helpful and caring, GPs very supportive, when an urgent appointment was requested always seen on the same day.

We spoke with eight patients during the inspection. All eight patients said that they were happy with the care they received and thought that staff were approachable, committed and caring.

The practice was working to improve appointments and we saw evidence of their efforts in the patient survey report 2015 and the on-going priorities to improve this area. The PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, there was agreement that the new duty system implemented at the practice worked well.

Areas for improvement

Action the service SHOULD take to improve

- The practice should ensure its system for storing and monitoring staff records is reviewed to confirm they are able to identify training needs for its staff and that staff are conducting the training at the relevant times.

Hedge End Medical Centre

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 advisor and a practice manager specialist advisor. There was also a second CQC inspector.

Background to Hedge End Medical Centre

Hedge End Medical Centre, 24-28 Lower Northam Road, Hedge End, Southampton, SO30 4FQ

The practice has an NHS Personal Medical Services contract to provide health services which they deliver to approximately 13400 patients in and around the Hedge End area of Southampton. The practice is a member of a federation of five local practices and hosts TADIC (the teenage drop in centre), a charity which offers sexual health, counselling and various other services to teenagers, not just registered with the practice.

Hedge End Medical Centre is a training practice and at the time of our visit had a registrar and FY2 doctors training at the practice.

The practice is open between 8.00am and 6.30pm Monday to Friday. Appointments are available from 08.30am to 6.00pm. Extended hours surgeries were offered with the GP or nurse on alternate Monday and Thursday evenings from 6:30pm to 8:00pm and every other Saturday morning from 09:00am – 12:00. Urgent appointments were also available for people who needed them. Routine appointments could be made well in advance usually up to five weeks in advance and telephone appointments up to one week in advance. Appointments could be made by phone, on line or by visiting the practice.

The practice offers online booking of appointments and requesting prescriptions.

The practice has opted out of providing out-of-hours services to their own patients and refers them to the Out of Hours service via the NHS 111 service.

The practice has seven GP partners, four male and three female, and two salaried GPs one male part time and one female, who is currently on maternity leave. The practice currently has a three month locum male GP. The practice has seven practice nurses and one health care assistant. The GPs and the nursing staff are supported by a practice manager, a data manager, a reception manager and a team of 21 administration staff who carry out administration, reception, scanning documents and secretarial duties.

Why we carried out this inspection

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

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 11 November 2015. During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- Reviewed 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.'

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 are provided for specific groups of people and what good care looks like for them. The population groups are:

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

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.

Good

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 also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

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, a nurse had received a needle stick injury, the procedure was followed correctly but it was found that a contact number in the policy was out of date. The practice ensured that the telephone number in the policy was corrected. Posters were placed in the clean sluice and information cards by sharps boxes. It was felt that communication was part of the reason why this had happened and the changes were discussed with staff to ensure they knew how to access policies through the practice systems.

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

Overview of safety systems and processes.

The practice had clearly defined and embedded systems, processes and practices in place to keep people 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. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3 for safeguarding children.
- A notice in the waiting room advised patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations.
- The practice kept most of their records electronically however not all information held was readily available for inspection. We looked at the personal files to check that recruitment checks had been undertaken prior to employment the practice was unable provide us with the evidence until the next day.

Monitoring risks to patients.

Risks to patients were assessed and 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 displayed in the practice.
- The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use

Good

Are services safe?

and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents.

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive disaster recovery plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

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

Management, monitoring and improving outcomes for people.

The practice used the information collected for the Quality 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 100% of the total number of points available, with 10.7% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-2015 showed;

- Performance for diabetes related indicators was better than the clinical commissioning group (CCG) and national average. The practice was 7.7 percentage points above the CCG average and 10.8 percentage points above the England average.
- The percentage of patients with hypertension having regular blood pressure tests was 1.7 percentage points above the CCG and above the England national average by 2.2 percentage points.
- Performance for mental health related indicators better than the CCG by 6 percentage points and the England average by 7.2 percentage points.
- The dementia diagnosis rate was better than the CCG by 2.6 percentage points and national average by 5.5 percentage points.

Clinical audits demonstrated quality improvement.

- There had been six clinical audits completed in the last two years, several of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, there was an audit dated September 2015 regarding dementia and the premises which was stated as on-going. This was undertaken as part of the practice becoming dementia friendly. The practice was looking at how well they cared for patients with dementia in relation to: training, staff dementia champions, data collection and data quality, use of antipsychotic medicines, carer identification, and physical environment.

Effective staffing.

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme. Although the practice should ensure its system for storing and monitoring staff records is reviewed to confirm they are able to identify training needs for its staff and that staff are conducting the training at the relevant times.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included on-going support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.

Good

Are services effective?

(for example, treatment is effective)

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing.

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

- This included care and risk assessments, care plans, medical records and 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 people to other services.

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

Consent to care and treatment.

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

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

Health promotion and prevention.

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

- These included patients in the last 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 has access to on-site sexual health, counselling and various other services for teenagers.

The practice had a system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 87.02%, which was comparable to the CCG average of 81.88%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 89.9% to 98.8% and five year olds from 96.6% to 100%. Flu vaccination rates for the over 65s were 70.96%, and at risk groups 48.96%. These were below CCG and national averages.

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

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy.

We observed that members of staff were courteous and very helpful to patients and treated people 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 and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed and they could offer them a private room to discuss their needs.

All of the nine patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered excellent care and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was below some of the national average for its satisfaction scores on consultations with doctors and nurses and similar for other results. For example:

- 88.6% said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91.3% and national average of 88.6%.
- 83.4% said the GP gave them enough time (CCG average 88.3%, national average 86.6%).
- 96.1% said they had confidence and trust in the last GP they saw (CCG average 96.9%, national average 95.2%).
- 83.8% said the last GP they spoke to was good at treating them with care and concern (CCG average 87.9% national average 85.1%).
- 90.7% said the last nurse they spoke to was good at treating them with care and concern (CCG average 91.8%, national average 90.4%).
- 82% said they found the receptionists at the practice helpful (CCG average 89.6%, national average 86.8%).

The practice had produced a short video available on You Tube to explain the new processes thay had put into place to improve the services offered with training for reception staff and a new duty system to deal with appointments.

Care planning and involvement in decisions about care and treatment.

Patients told us that they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

- 84.4% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88.3% and national average of 86%.
- 78.6% said the last GP they saw was good at involving them in decisions about their care (CCG average 84.6%, national average 81.4%).

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment.

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

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

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs.

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

- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- There were routine and emergency appointments outside school hours. The practice encourages children and teenagers to come to them for minor injuries.
- The practice hosted TADIC (the teenage drop in centre), a charity which offers sexual health, counselling and various other services to teenagers, not just registered with the practice.
- Phlebotomy was offered in the practice and in the last year the practice has implemented extended hours in the mornings, which include extra phlebotomy appointments.

Access to the service.

The practice was open between 8.00am and 6.30pm Monday to Friday. Appointments were available from 08.30am to 6.00pm. Extended hours surgeries were offered with the GP or nurse on alternate Monday and Thursday evenings from 6:30pm to 8:00pm and every other Saturday morning from 09:00am – 12:00. Urgent appointments were also available for people who needed them. Routine appointments could be made well in advance usually up to five weeks in advance and telephone appointments up to one week in advance. Appointments could be made by phone, on line or by visiting the practice. The practice offers online booking of appointments and requesting prescriptions.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was in some instances below local and national averages. People told us on the day that they were able to get appointments when they needed them.

- 71.8% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group (CCG) average of 76% and national average of 74.9%.
- 76.8% patients said they could get through easily to the surgery by phone (CCG average 83%, national average 73.3%).
- 62.3% patients described their experience of making an appointment as good (CCG average 78.1%, national average 73.3%).

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.

We looked at seven complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way and with openness and transparency. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a verbal complaint about the attitude of staff was made. This was investigated quickly and an apology made to the patient. Lessons learned about customer service were then updated in the practice protocols. We saw feedback from patients that the staff treated them with respect and dignity and were very caring.

Are services well-led?

Good

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

Our findings

Vision and strategy.

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a robust strategy and supporting business plans which reflected the vision and values and which were regularly monitored.

Governance arrangements.

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- There was a comprehensive understanding of the performance of the practice.
- There was a programme of continuous clinical and internal audit which is used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency.

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners 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 partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

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

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

- Staff told us that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings, were confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

It had gathered feedback from patients through the patient participation group (PPG) and through surveys and from complaints received. The PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, there was agreement that the new duty system implemented at the practice worked well. This was evidenced by the responses to a patient survey which showed that 77% of people answered Yes, 14% answered No and 9% said Not Applicable. This showed a small minority who were not able to get an appointment on the day if they needed to be seen urgently.

To improve this further it was agreed that information about the duty system and how to use it would be put onto the website, and also included in a newsletter. A video about the booking system was made and put onto YouTube, with a link to it on the website and Facebook. The Spring 2015 Newsletter included a section on the appointment system.

The practice had also gathered feedback from staff through staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not

Are services well-led?

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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 strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

For example the practice had added to its website an application where patients could consult online from home at any time of the day. The patient had steps to follow to obtain advice such as for a specific problem or condition, or if they were unsure what their symptoms might mean, or required a test result, sick note, referral letter or medical report. The system also advised the patient if they needed to seek further emergency help. If not an emergency the patient completed a form on line which was then actioned first thing the next morning by a GP at the practice and the patient was then contacted back with advice, a prescription or an appointment.