

Raymond Road Surgery

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Raymond Road Surgery on 19 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.

- 98% of patients taking part in a recent patient survey found the receptionists at this surgery helpful compared with a clinical commission group average of 87% and a national average of 86.8%.
- 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.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice.

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

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

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were at or 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.

Good



Are services caring?

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.

Good



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

Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- 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. For example, the practice had recently joined a local clinical commissioning group initiative to provide appointments for patients at local hub GP practices. Routine appointments were available at three practices in the area from 6.30pm to 8pm weekdays and Saturdays and Sundays. The practice could refer patients to the hub appointments during the day and offer weekend appointments.
- 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?

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

Good



- 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

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

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

Good



People with long term conditions

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

- Nursing staff had 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.

Good



Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were 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 90%, 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.

Good



Summary of findings

- We saw good examples of joint working with midwives, health visitors and school nurses.

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 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.
- The practice offered a number of appointments outside of normal opening hours. These pre-bookable appointments were on Friday mornings 07.30am-08.00am, alternate Tuesday evenings 6.30pm-7.30pm and selected Saturday mornings 08.30am-12.30.

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 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.

Good



People experiencing poor mental health (including people with dementia)

- 76.8% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the preceding 12 months.

Good



Summary of findings

- 85.2% 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 above the national averages. There were 122 responses which represented 3.20% of the practice population.

- 90.1% find it easy to get through to this surgery by phone compared with a CCG average of 71.8% and a national average of 73.3%.
- 98% find the receptionists at this surgery helpful compared with a CCG average of 87% and a national average of 86.8%.
- 89.6% patients with a preferred GP usually get to see or speak to that GP compared with a CCG average of 63% and a national average of 60%.
- 91.5% were able to get an appointment to see or speak to someone the last time they tried, compared with a CCG average of 84% and a national average of 85.2%.
- 92.5% say the last appointment they got was convenient, compared with a CCG average of 90.5% and a national average of 91.8%.

- 95% describe their experience of making an appointment as good, compared with a CCG average of 71.7% and a national average of 73.3%.
- 76.6% usually wait 15 minutes or less after their appointment time to be seen, compared with a CCG average of 57.5% and a national average of 64.8%.
- 68.3% feel they don't normally have to wait too long to be seen compared with a CCG average of 51% 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 20 comment cards which were all positive about the standard of care received. Comments made were that the medical practice was always good, doctors and staff 1st class, very caring staff, very good can have an appointment on the same day.

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

Raymond Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Raymond Road Surgery

Raymond Road Surgery, 34 Raymond Road, Shirley, Southampton, SO15 5AL

The practice has an NHS General Medical Services contract to provide health services to approximately 3811 patients in and around the Shirley area of Southampton. The surgery is situated in Raymond Road off Hill Lane, Upper Shirley, Southampton. There is car parking to the front of the surgery. The surgery has four consulting rooms all of which are on the ground floor.

The practice is open between 8.00am and 6.30pm Monday to Friday. Appointments are available from 08.30am-12.30pm and 1.30pm to 6.30pm. Phone lines are open at 8:00am to book on the day appointments.

The practice offered a number of appointments outside of normal opening hours. These pre-bookable appointments were on Friday mornings 07.30am-08.00am, alternate Tuesday evenings 6.30pm-7.30pm and selected Saturday mornings 08.30am-12.30.

The practice offered telephone consultation appointments with the GP or nurses which could be arranged via the reception team. The practice also offered home visits if required and appointments with the practice nurses if the patient felt they did not need to speak with a GP.

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 offered 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 two GP partners, both male. The practice does employ a female locum GP on a regular basis every Monday. The practice has two practice nurses. The GPs and the nursing staff are supported by a practice manager and a team of eight 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

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 that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 19 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.

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, it was found that a urine sample had been left in a clinical fridge over a weekend, instead of being sent for analysis. Reception staff had not checked the diary on a Friday morning where a message had been left that the specimen was in the fridge. As a result staff were sent an information email to make sure that all staff checked the diary daily and it was not left for another person to do.

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; when a

nurse was not available other staff members had been trained to act as chaperones. 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. One of the practice nurses was the infection control clinical lead and had joined the practice in September 2015. She was taking part in on-going training to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. The last infection control audit had taken place in November 2015 and any actions required as a result had been completed.
- 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 was supported by the local clinical commissioning group 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.

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 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.

Are services safe?

- 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.

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 97.5% of the total number of points available, with 7.1% 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 10.4 percentage points above the CCG average and 8.5 percentage points above the England average.
- The percentage of patients with hypertension having regular blood pressure tests was 3.8 percentage points above the CCG and above the England national average by 2.2 percentage points.
- Performance for mental health related indicators lower than the CCG by 2.8 percentage points and the England average by 4.3 percentage points.
- The dementia diagnosis rate was better than the CCG by 7.4 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, four 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, the practice had conducted a Safeguarding audit. As a result there was better organised training of child and vulnerable adult safeguarding covered in-house. A Health visitor attended clinical meetings more regularly. Internal training had been completed using external speakers and the practice had initiated a Prevent lead. Prevent is part of the Government's counter-terrorism strategy and aims to stop people becoming terrorists or supporting terrorism. Raising awareness of the health sectors contribution to the Prevent strategy amongst healthcare workers is felt to be crucial by NHS England.

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.
- 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. Staff we spoke with had had an appraisal within the last 12 months.

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 weekly 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.

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 90%, 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 88.6% to 100% and five year olds from 89.6% to 97.9%. Flu vaccination rates for the over 65s were 76.64%, and at risk groups 60%. These were in line with CCG and national averages.

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy.

We observed 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 20 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 above or close to the average for its satisfaction scores on consultations with doctors and nurses. For example:

- 93.2% said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88.8% and national average of 88.6%.
- 95% said the GP gave them enough time (CCG average 86.6%, national average 86.6%).
- 97.2% said they had confidence and trust in the last GP they saw (CCG average 94.3%, national average 95.2%)
- 83.8% said the last GP they spoke to was good at treating them with care and concern (CCG average 85.6% national average 85.1%).

- 89.3% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90.3%, national average 90.4%).
- 98% said they found the receptionists at the practice helpful (CCG average 87%, national average 86.8%)

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 in line with local and national averages. For example:

- 91.1% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87.3% and national average of 86%.
- 92% said the last GP they saw was good at involving them in decisions about their care (CCG average 82.4%, 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.

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 had recently joined a local CCG initiative to provide appointments for patients at local hub GP practices. Routine appointments were available at three practices in the area from 6.30pm to 8pm weekdays and Saturdays and Sundays. The practice could refer patients to the hub appointments during the day and offer weekend appointments.
- The practice employed a female locum GP on a regular basis every Monday. This may have an impact on patients who preferred to be seen by a female GP as it restricted the access to appointments.

Access to the service.

The practice was open between 8.00am and 6.30pm Monday to Friday. Appointments were available from 08.30am 12.30pm and 1.30pm to 6.30pm. Phone lines were open at 8:00am to book on the day appointments.

The practice offered a number of appointments outside of normal opening hours. These pre-bookable appointments were on Friday mornings 07.30-08.00, alternate Tuesday evenings 18.30-19.30 and selected Saturday mornings 08.30-12.30.

The practice offered telephone consultation appointments with the doctors or nurses which could be arranged via the reception team. The practice also offered home visits if required and appointments with the practice nurses if the patient felt they did not need to speak with a GP.

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 offered online booking of appointments and requesting prescriptions.

The practice had appointments available each day of the week with the practice nurse for minor injuries such as cuts and bruises, splinters, bee or wasp stings.

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. Patients told us on the day that they were able to get appointments when they needed them.

- 78.9% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group (CCG) average of 75.9% and national average of 74.9%.
- 90.1% patients said they could get through easily to the surgery by phone (CCG average 71.8%, national average 73.3%).
- 95% patients described their experience of making an appointment as good (CCG average 71.7%, 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 six 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 patient had complained about a possible breach of the Data Protection Act 1998. A clear procedure was followed and a learning point made. A Letter was sent

Are services responsive to people's needs?

(for example, to feedback?)

to acknowledge the complaint and a discussion took place with the receptionist and the whole team at a TARGET

(Time for Audit, Research, Governance, Education and Training) meeting. Another letter was sent to the patient with a result and the practice made changes in its processes.

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 strategy and supporting business plans which reflected the vision and values. For example the practice told us that they had secured funds to allow them to make major improvements to the building. We saw that they had already changed the layout of the reception to make it more welcoming for patients and better for staff in response to patient feedback.

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 take the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- the practice gave 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, although these were not always fully minuted. We saw minutes from target meetings which had covered areas such as medicine management, fire prevention, significant events, learning points and safeguarding learning points.
- 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. There was a PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, some patients were unclear with regard to what action they should take after a GP consultation. The practice introduced a slip of paper that was used for certain patients to direct them as to they should book an appointment, a blood test or a further appointment with the nurse. This made it clearer for the patient and eased the workload of reception. Since using this system there had been less confusion for patients and carers. Clearer instructions were also given to the reception team, enabling them to ensure that patients had the correct appointment and care.

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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 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 recently joined a local clinical commissioning group initiative to provide appointments for patients at local hub GP practices. Routine appointments were available at three practices in the area from 6.30pm to 8pm weekdays and Saturdays and Sundays. The practice could refer patients to the hub appointments during the day and offer weekend appointments.