

# Heath Lane Surgery

## Quality Report

Heath Lane, Earl Shilton, Leicester, LE 9 7PB

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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 Heath Lane Surgery on 13 January 2016. Overall the practice is rated as good. .

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- 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.
- 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 practice was pro-active in planning for increased future demand on services.

We saw evidence of outstanding practice:

- The practice had innovated in leading in the provision of facilities for kidney dialysis that allowed patients to undergo treatment without the need to attend hospital.

**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. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. 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 comparable to other practices in the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Good



### Are services caring?

The practice is rated as good for providing caring services. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



### Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with NHS England and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. 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.

The practice had innovated in leading in the provision of kidney dialysis that allowed patients to undergo treatment without the need to attend hospital.

Good



# Summary of findings

## Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. 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 were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. There was a patient participation group in existence. Staff and GPs had received inductions, and all staff received regular supervision and appraisal of their performance. The practice had identified and was planning to meet increased demands on services.

**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. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

Individual GPs had specific responsibility to residential care homes, helping to ensure continuity of care. There was quick access and a back office telephone number for care home staff to avoid the need to go through the practice switchboard

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions. GPs had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and were recalled in line with NICE guidelines for a review to check that their health and medication needs were being met. For those people with the most complex needs, the practice worked with relevant health and care professionals to deliver a multidisciplinary package of care.

The practice used on-line resources to help patients self-manage their conditions.

Good



### Families, children and young people

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

Appointments were available outside of school hours and the premises were suitable for children and babies.

Good



### 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

Good



# Summary of findings

been identified and the practice had adjusted the services it offered, include on-line booking of appointments and repeat prescriptions 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 reflected the needs for this age group.

## 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 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)

The practice is rated as good for the care of people experiencing poor mental health. 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 advanced 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. Staff had received training on how to care for people with mental health needs and dementia .

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results published in July 2015 showed that in people's opinions, the practice was generally performing in line with local and national averages. There were 116 responses from 272 surveys that were sent out. This represents a response rate of 43%.

- 67% found it easy to get through to this surgery by phone compared with a CCG average of 71% and a national average of 73%.
- 97% said the last appointment they got was convenient compared with a CCG average of 92% and a national average of 92%.
- 75% described their experience of making an appointment as good compared with a CCG average of 74% and a national average of 73%.

- 58% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 70% and a national average of 65%.
- 52% felt they don't normally have to wait too long to be seen compared with a CCG average of 61% and a national average of 58%.
- 83% said they would recommend this surgery to someone new to the area, compared with the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. Of the 18 comment cards that had been completed, 17 which were positive about the standard of care received.

## Outstanding practice

- The practice had innovated in leading in the provision of facilities for kidney dialysis that allowed patients to undergo treatment without the need to attend hospital.

# Heath Lane 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 adviser a practice nurse specialist advisor and a practice manager specialist advisor.

## Background to Heath Lane Surgery

Heath Lane Surgery provides primary medical care for approximately 14,300 patients living in Earl Shilton and the neighbouring villages.

The service is provided under a General Medical Services contract with West Leicestershire Clinical Commissioning Group.

The practice is a member of Hinkley and Bosworth Medical Alliance, a GP federation of 13 practices.

The area is less deprived than the national average. The practice demographics mirror those nationally.

It is a training practice.

The practice is a partnership consisting of five GPs. There are two salaried GP together with a GP registrar and two GP trainees. There are five practice nurses and two health care assistants. They are supported by receptionists and administration staff. In an average week there were 49 GP sessions and 22 GP registrar and foundation year two doctor sessions.

The practice was open between 8am to 6.30pm , Monday to Friday. The duty doctor was available until 6.30pm daily. Urgent appointments were available on the same day for people that needed them.

When the surgery is closed GP out-of hours services are provided by Central Nottinghamshire Clinical Service which is accessed via NHS111.

## Why we carried out this inspection

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

Please note that references to data in this report relate to the most recent information available to CQC at the time of the inspection.

## How we carried out this inspection

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

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



# Detailed findings

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

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 13 January 2016.

During our visit we spoke with a range of staff including partner and salaried GPs, nurses, administration and reception staff. We spoke with patients who used the service and a member of the patient participation group. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

# Are services safe?

## Our findings

### Safe track record and learning

- There was an open and transparent approach and a system in place for reporting and recording 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 we saw that an alert had recently been received regarding a shortage of insulin available in the area. We saw that this had been circulated to the appropriate staff and an email acknowledgment received from the individual members of staff to say they had received it.
  - People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents.
  - We looked at the records of 24 significant events that had occurred in the period from April 2014 to October 2015. We found them to have been well recorded with good evidence gathering and analysis. Any actions or learning was clearly defined and had been cascaded to relevant staff and GPs through meetings and minutes of meetings. For example we saw how the practice had identified a delay in a two week wait for secondary care had been delayed. GPs had been reminded to check that the request had been actioned. There had been no further incidents of this type and an internal audit system had been set up.
  - Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.
- 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. A GP was the lead for safeguarding.
- Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
  - A notice was displayed in the waiting room, advising 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). (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).
  - There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and a recent fire drill had been carried out. 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.
  - Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. A healthcare assistant was the lead for infection prevention and control clinical. There was an infection control protocol in place and staff had received up to date training. We looked at the two latest infection prevention and control audits and saw evidence that action had been taken to address any improvements identified as a result.
  - The process for the prescribing of medicines including controlled drugs was well documented and provided assurance that patients were adequately protected.
  - Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored.
  - Recruitment checks were carried out and appropriate recruitment checks had been undertaken prior to employment.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation

## 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**

- There was an instant messaging system on practice EMIS computer system in all the consultation and treatment rooms which alerted staff to any emergency.

- All clinical staff received basic life support training every 18 months and non-clinical staff every three years. The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- All the medicines we checked were in date and fit for use.

The practice had a 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 carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.
- An assigned GP or nurse identified the action required and its urgency and immediate action was taken where necessary. The practice had systems in place to ensure all clinical staff were kept up to date. They were circulated to staff.

### Management, monitoring and improving outcomes for people

- The practice participated in the Quality and Outcomes Framework(QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 99.7% of the total number of points available. This was 5.5% above the national average. Results were consistently high across all of the indicators, they all being above or comparable to other practices. For example we saw that; The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 84% compared with the national average of 78%. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 99% compared with the national average of 90%. The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less was 89% compared to the national average of 84%.
- Clinical audits were carried out to demonstrate quality improvement. These included full cycle audits of antibiotic prescribing associated with C difficile infection, end of life, medicines related falls and minor surgery.
- GPs led on the management of patients with long term conditions such as diabetes, chronic pulmonary

obstructive disease, asthma and dementia. Patients were recalled for review in line with NICE guidelines and reviewed by suitably trained and experienced practice nurses.

### Effective staffing

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

- The practice had a rigorous induction programme for newly appointed members of staff and GPs that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- Clinicians had a varied mix of special interests including minor surgery, nephrology, sexual health, safeguarding end of life care and GP training.
- The learning needs of staff were identified through a system of 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, coaching and clinical supervision. Nurses told us that GPs were always approachable for guidance and advice. GPs told us that the duty doctor process they operated meant that there was always a GP available for other GPs and nurses to refer to for advice or opinion.
- There was a formal system of staff supervision and appraisal.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to on-line 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 test results.
- Incoming mail and pathology results was all dealt with by a GP. The duty doctor system in operation ensured that results for GPs who were not in the surgery, for example on holiday, were not missed.

# Are services effective?

## (for example, treatment is effective)

- Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.
- Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. The minutes of multi-disciplinary meetings relating to these matters were clear and comprehensive.

### Consent to care and treatment

- Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- We were provided with an example of a young patient being deemed Gillick competent and how this was managed with that young person's parents.

- We saw an example of written consent to minor surgery.

### Health promotion and prevention

- The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 76.6% which was comparable to both the CCG and national average. 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 averages. For example, childhood immunisation rates for the vaccinations given to under one year olds was 98% and five year olds from 94% to 99%.
- Flu vaccination rates for the over 65s were 75% and at risk groups 57%. These were comparable to 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.
- The health survey completed by new patients helped clinicians to identify those at risk who were invited in for an assessment.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

- We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect.
- Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- The comments cards we received were positive. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.
- We spoke with a member of the patient participation group (PPG) on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.
- Results from the latest national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was comparable for its satisfaction scores on consultations with doctors and nurses. For example:
  - 85% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
  - 81% said the GP gave them enough time compared to the CCG average of 86% and national average of 87%.
  - 93% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%
  - 80% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.

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

- Patients said that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also said 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.
- 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 and staff gave an example of where the service had been used.
- Results from the national GP patient survey we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were comparable to local and national averages. For example:
  - 83% 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%.
  - 76% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 81%.

### 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, EMIS, alerted GPs if a patient was also a carer. Information was available for carers to ensure they understood the various avenues of support available to them. The practice website contained relevant and easily accessible information for carers that covered a wide range of issues concerning carers such as signposting to finance and benefits advice. The website also urged patients to inform the practice if they were a carer.
- GPs told us that they followed the Gold Standard Framework guidelines for palliative care and held palliative care meetings with nurses and other healthcare professionals such as Macmillan nurses. The content of the meetings was comprehensively and clearly recorded.

## Are services caring?

- Staff and GPs told us that if families had suffered bereavement, a letter of condolence was sent to the next of kin. This letter was followed by advice and signposting to support such as counselling and bereavement services.
- The practice website contained good information to assist people in times of bereavement.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- There were longer appointments available for people with a need for one, for example patients with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were good disabled facilities and translation services available.
- The practice had a large car park with designated disabled parking.
- The practice used the on-line resource 'Sound Doctor' that allowed patients with long term conditions to help self-manage their condition through access to over 60 short films on dementia, diabetes, back pain and chronic obstructive pulmonary disease. It also included a chat forum to enable patients and carers to share their experience.
- The practice had innovated in leading in the provision of facilities that allowed patients to undergo kidney dialysis treatment without the need to attend hospital. The practice had identified that there were 26 patients in its GP federation that underwent kidney dialysis. Working with the nephrology department at the local hospital, the practice had made available a room at the surgery that had dialysis equipment aimed at meeting the needs of patients who had been assessed by the hospital capable and suitable for self dialysis at home but for various reasons were reluctant or unable to do so. This could be because of the lack of suitable facilities or room, or if they felt they needed support in the case of an emergency. Other factors that made it difficult for patients to undertake dialysis at hospital were the wait for patient transport that meant that sometimes they did not get home until very late at night. We spoke with the patient participation group who told us that they were funding alterations to the garden to allow patients a good view while undergoing treatment. They had also commissioned a local art group to provide art work that

would be changed on a regular basis. All these things were aimed at making the time spent undergoing dialysis as pleasant as possible. The patients were responsible for all aspects of their dialysis, supported by the nephrology department. The only support provided by the practice would be in the case of a medical emergency. The practice had received no additional funding from the CCG for this initiative.

### Access to the service

- The practice was open between 8am and 6.30pm Monday to Friday. The duty doctor was available until 6.30pm daily. Urgent appointments were available on the same day for people that needed them.
- Pre-bookable appointment were available up to six weeks in advance and 'book on the day' appointments were available from 8am. Almost 40% of patients had registered to enable them to book appointments on-line.
- The practice operated a 'duty doctor' system. The duty GP dealt with the telephone triage of patients and responded to immediate patient needs, for example unwell children who had ben brought to the surgery.
- The next available pre-bookable appointments with GPs were four working days from the date of the inspection. Nurse appointments were available two working days from the date of inspection.

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 For example:

- 72% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 75%.
- 67% patients said they could get through easily to the surgery by phone compared to the CCG average of 71% and national average of 73%.
- 75% patients described their experience of making an appointment as good compared to the CCG average of 74% and national average of 73%.
- 58% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 70% and national average of 65%.



# Are services responsive to people's needs?

(for example, to feedback?)

- 80% patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and national average of 87%.

## Listening and learning from concerns and complaints

- The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The practice manager was the designated responsible person who handled all complaints in the practice. We saw that information was available to help patients understand the complaints system for example through posters displayed in the surgery and in the practice information leaflet. The practice website contained good information and advice on complaints.
- We looked at the complaints received in the period April 2014 to October 2015 and found these were satisfactorily handled, dealt with in a timely way and with openness and transparency with dealing with the complainant. None needed to be referred to the Parliamentary and Health Service Ombudsman. Where lessons needed to be learned as result the matter had been discussed, for example at practice meetings.
- We noted that the provider recorded all verbal complaints which provided a full analysis of the nature of the complaint in order to identify any trends. They had been dealt with properly and all included details of their resolution and outcomes for the practice.

Records showed that concerns, serious events and and complaints were a standing agenda item at practice 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.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The partners were proud of what they termed as 'old fashioned' healthcare where the needs of the patient always came first.
- Comments we received about the practice indicated that patients held both the clinical staff and support staff in high regard and received a very good service.
- The practice engaged with the local healthcare community and was an active member of the CCG.
- The practice was a member of the Hinkley and Bosworth Medical Alliance, a GP federation of 13 practices. One of the GP partners was lead medical director for the federation and the surgery hosted the federation office.
- Local housing development meant that in excess of 5,000 new patients may seek to register at the practice. The partnership had recognised this increased pressure on the existing facilities and had already had started the process of planning for the extension the building to meet demand.
- The inspection team noted that staff moral was high.

### Governance arrangements

- The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice

- A programme of continuous 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

- We found the partners and salaried GP we spoke with to be open and honest with a desire to improve the practice and patient outcomes.
- The GPs had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care.
- The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff and encouraged a culture of openness and honesty.
- Staff told us and we saw evidence that regular team meetings were held. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. Staff said they felt respected, valued and supported.

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

- The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. We met a member of the patient participation group.
- The practice sought to build strong bonds and gain feedback from staff. The practice paid for all to go for a day at a health Spa as well as organising a Christmas event and barbeque at a partners home during the summer.
- The latest patient survey carried out by the PPG showed that 266 out of 290 respondents said they were either very happy or happy with the care they got at the practice.