

Dr MF McGhee's Practice

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr MF McGhee's Practice (Castle Donington Surgery) on 9 September 2015. Overall the practice is rated as good.

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

- Information about safety was recorded, monitored, appropriately reviewed and any issues were addressed in a timely way. There was an effective system in place for reporting and recording significant events and complaints.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.

- Patients said they were treated with care, 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.
- Urgent appointments were available on 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.

Good



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

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. There was a systematic approach to ensure clinical staff were up-to-date with current guidance, for example, related to prescribing
- There was evidence that the practice had a systematic approach to staff development and training with regular meetings and formal appraisal to identify training and development needs for all staff.
- GPs met on a daily basis and discussed how best to improve outcomes for particular patients.

Staff worked with multidisciplinary teams to understand the range and complexity of patients' needs and help meet them.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.

Summary of findings

- Patients said they were treated with care, dignity and respect and they were involved in decisions about their care and treatment.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Information for patients about the services available was easy to understand and accessible.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice was involved with the local federation with a view to working with a number of other practices to improve weekend access to GP services.
- The practice had an End of Life Patient Charter which explained what kind of care and support a patient and their family might expect from the practice.
- Urgent appointments were available on 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 the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high standards of health care and advice to 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 a 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 practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Good



Summary of findings

- There was a strong focus on continuous learning and improvement at all levels.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- 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 to monitor any notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of older people in its population.
- It had identified patients most at risk of hospital admission. Each patient had a personalised care plan and an alert was put on the patient record. They were provided with a dedicated telephone number to contact the practice. Any admissions were reviewed to identify avoidable factors.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those who needed them. The practice was very aware that a number of its patients lived in rural villages with poor transport links and took this into account when providing a home visit.
- The practice provided care for the residents of two nearby care homes, providing weekly visits.
- The practice had developed a charter for patients needing end of life care. This explained the practice's commitment to providing the highest quality of care and support to patients in this situation and to their families or carers.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and worked closely with visiting specialist nurses.
- Patients were referred to local services for lifestyle advice related to their conditions.
- Patients at risk of hospital admission were identified as a priority.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Where patients had a number of long-term conditions the practice took a holistic approach and offered them one longer appointment to review all the conditions.
- Home visits were available when needed.

Summary of findings

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 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 (98-100%)
- Data showed that 81% of patients with asthma had been given an asthma review in the last 12 months.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals. Chlamydia screening packs were available in different areas of the practice.
- Data showed 84% of eligible women had received a cervical screening test.
- Appointments were available outside of school hours and the premises were suitable for children and babies. The practice offered 24 hour and six week baby checks.
- Staff told us they had good working relationships with midwives and health visitors and we saw notes of meetings evidencing this.

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 been identified and the practice offered services that were accessible, flexible and, where possible, offered continuity of care.
- Pre-bookable appointments were available from 7.30am.
- The practice offered a range of online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- Appointments could be pre-booked six weeks in advance. Urgent same-day appointments and telephone consultations were available.

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.

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability and staff were aware of individual patient needs such as what time of day a patient might prefer their appointment.
- Patients with learning disabilities were offered annual health checks.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. Some were referred to the community based co-ordinator of the virtual ward to ensure that their health and social care needs were identified and met where possible.
- The practice informed 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.

People experiencing poor mental health (including people with dementia)

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

- 77% of patients living with dementia had a face-to-face care review in the previous 12 months, which is slightly below the national average.
- 100% of patients with mental health problems had a comprehensive agreed care plan on their records which is above national figures.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. This included a specialist old age psychiatrist.
- The practice carried out advance care planning for patients with dementia.
- The practice had provided patients experiencing poor mental health with information about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency when they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was performing in line with local and national averages. 262 survey forms were distributed and 128 were returned, a response rate of 49%.

- 65% found it easy to get through to this surgery by phone compared to a CCG average of 71% and a national average of 74%.
- 89% were able to get an appointment to see or speak to someone the last time they tried (CCG average 86%, national average 85%).
- 81% described the overall experience of their GP surgery as fairly good or very good (CCG and national average 85%).
- 69% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG and national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 13 comment cards which were all positive about the standard of care received. Patients described the surgery as busy, friendly and efficient. Staff were described as caring, kind and concerned. Several mentioned that the GPs took the time to listen and answer any questions and had provided long-term support to them and their families.

All the patients we spoke with on the day told us that reception staff were kind and courteous to patients when they telephoned or attended the practice. Patients told us that it was sometimes difficult to see their GP of choice, but sometimes they were able to have a useful telephone consultation with their GP. Information from the Friends and Family test showed that 90% of patients would recommend the surgery to others.

Dr MF McGhee's Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

Background to Dr MF McGhee's Practice

Castle Donington Surgery is located at 53 Borough Street, Castle Donington, which is a small market town in North West Leicestershire close to the Derbyshire border. 70% of its patients live in or close to Castle Donington but the remainder live in rural villages. The practice catchment area covers 150 square miles. It is housed in a purpose-built building in the centre of the town. There is public parking on site, with some disabled bays. There is disabled access, with ramps and automatic doors. There is an independent pharmacy adjacent to the surgery. It has a General Medical Services (GMS) contract and is a training practice providing placements for trainee GPs.

- The practice has five GP partners and two salaried GPs. There are four female GPs and three male GPs. There are four practice nurses, a health care assistant and two phlebotomists (who also work in administration) who are all female. There are also administrative staff including the practice manager and a reception team.
- The practice is open between 8.15am and 6.15pm Monday to Friday. Appointments are available from 7.30am to 11am every morning and from 4pm until 6pm. Appointments from 7.30am to 8.15am are pre-bookable only and are designed for patients who cannot attend during the day.

- Out of hours services are provided by NEMs Community Benefit Services. Patients are directed to the correct numbers if they phone the surgery when it is closed.
- The practice has 9,260 patients registered with it. Although in an area of low deprivation it has a slightly higher proportion of patients in the 40 to 74 age groups and 80 patients in two care homes.
- The practice catchment area of 150 square miles presents challenges in terms of providing home visits and where patients may choose to receive secondary care and community services.

Why we carried out this inspection

We carried out a planned 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 9 September 2015. During our visit we:

- Spoke with a range of staff, including GPs, nurses, reception, and administrative staff and we spoke with patients who used the service.

Detailed findings

- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed comment cards where patients shared their views and experiences of the service.
- Reviewed some aspects of anonymised patient records.

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

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

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

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

Please note that when referring to information throughout this report, for example, any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at the 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 received training to help them identify and report any potentially significant event.
- Staff told us they would inform the practice manager or assistant practice manager of any incidents and there was 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, and minutes of meetings where these were regularly discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, we saw discussion about what the practice could have done better in relation to a near miss safeguarding issue which made the practice realise that it needed to put alerts on other family members records in certain situations in order to ensure children and vulnerable adults were kept safe. This was done.

Where patients were affected by safety incidents they received information, an apology where appropriate and were told about any actions the practice had taken to prevent similar incidents happening again.

Overview of safety systems and processes

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

- There were arrangements in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation. Policies and information were accessible to all staff and included 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 where possible and provided reports for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- Notices in the waiting areas advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role. The

practice had carried out a risk assessment related to those members of reception staff who acted as chaperones and decided that a Disclosure and Barring Service check (DBS check) was not needed as it was stated policy that such staff would never be left alone with a patient. Staff understood this. (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).

- We observed that the premises were clean and tidy and that appropriate standards of cleanliness and hygiene were maintained. A practice nurse and a GP were the infection prevention and control leads for the practice. They were in contact with local infection control teams to keep up to date with best practice. Other staff were trained and updated on a regular basis. There was an infection control policy which included annual infection control audits. We saw evidence that action was taken to address any improvements needed.
- There were arrangements in the practice for managing medicines, including emergency drugs and vaccinations which kept patients safe. This included prescribing, storage, recording and security. The practice carried out regular audits, with support from 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.
- We reviewed the recruitment policy and looked at five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identity, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- The practice had a range of policies and procedures to ensure it monitored and managed risks to patients and staff safety. There was a health and safety policy available on the practice's computer system which was regularly reviewed. Any risks identified had action plans with timescales and completion dates. The practice had

Are services safe?

up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure it was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella (Legionella is a bacterium which can contaminate water systems in buildings).

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

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 all the computers in the premises which alerted staff to any emergency.
- All staff had received basic life support training with annual updates. The practice had a defibrillator (used in cardiac arrest) and oxygen available.
- Emergency medicines were accessible to staff in secure areas of the practice and staff knew of their location. All the medicines we checked were in date and fit for use. There was also a first aid kit and an accident book.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and could be accessed securely outside of the premises.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- There were systems in place to ensure all clinical staff were kept up-to-date. Staff had access to guidelines from NICE and also used local guidelines to develop how care and treatment were delivered to meet patients' needs.
- The practice monitored that these guidelines were followed using audits, risk assessments, and 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 99% of the total number of points available. Data from 2014/5 showed:

- Performance for diabetes related indicators was similar to the CCG and national average.
- The practice scored 87% for the QOF indicator relating to sugar control management for diabetic patients, compared with a national average of 78%.
- The practice scored 80% for the QOF indicator relating to blood pressure management in diabetic patients, compared with a national average of 78%.
- The percentage of patients with diabetes, who had influenza immunisation in the preceding 1 August 2014 to 31 March 2015 was 93% compared with the national average of 94%.
- The practice scored 74% for the QOF indicator related to cholesterol management in diabetic patients compared with the national average of 81%.
- The percentage of diabetic patients with a record of a foot examination and risk classification within the preceding 12 months was 92% compared with the national average 88%.

- The percentage of patients with hypertension (high blood pressure) having regular blood pressure tests was 85% which was similar to the national average at 84%.
- Performance for mental health related indicators, for example, relating to agreed care plans documented in the patient record was 100% compared with the national average of 88%.

The practice could evidence quality improvement with a number of clinical audits across a range of areas.

- There had been eight clinical audits completed in the last two years. We looked at two of these which were completed audits where the improvements made were implemented and monitored.
- The practice also participated in local audits, (such as antibiotic prescribing) national benchmarking, accreditation, and peer review.
- Findings were used by the practice to improve services. For example, the practice had looked at patients who had been prescribed antipsychotic medication. In all cases the audit showed these were not necessary. The practice has developed its own policy with an emphasis on providing care and support for the patient and their families rather than prescribing such drugs.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as health and safety, safeguarding, infection prevention and control, fire safety, and confidentiality.
- The practice could demonstrate how staff received role specific training and updating, for example, for those taking samples for cervical screening and providing immunisations. This had included an assessment of competence. They kept up-to-date, for example, with changes to immunisation programs by accessing online resources and sharing information at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support

Are services effective?

(for example, treatment is effective)

during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidating GPs. All staff had had an appraisal within the last 12 months.

- There was also ongoing training to ensure staff kept up-to-date. This included safeguarding, fire safety procedures, and basic life support and information governance awareness. Staff made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The practice's patient record and intranet system ensured information needed to plan and deliver care and treatment was available to all staff.

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

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients were referred on by the service or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. GPs also told us the reception and nursing staff had got to know many patients well over a number of years and would refer to the GP if they had any concerns about a patient, for example, if the patient seemed to be confused or particularly unwell.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.
- The practice carried out joint injections and obtained the patient's consent after providing information about the procedure and likely outcomes.
- The process for seeking consent was monitored through records audits.

Supporting patients to live healthier lives

The practice identified patients who were potentially in need of extra support.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition such as diabetes, and those requiring advice on their diet, alcohol and smoking cessation. Patients were offered appropriate checks or signposted to the relevant service.
- The practice's uptake for the cervical screening programme was 84% which was comparable to the national average of 82%. The practice wrote to patients who had not attended for screening and where there was no response an alert was put on the patient record so that the patient could be encouraged to arrange this when they contacted the practice.
- The practice also encouraged patients to attend national screening programs for bowel and breast cancer. There was information in the waiting area to promote these programs.
- 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 97% to 100% and five year olds from 95% to 97%.
- 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. Where risk factors or abnormalities were identified there was appropriate follow-up.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During the inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- There were curtains in treatment and consulting rooms to ensure a patient's privacy and dignity during examinations, investigations and treatments.
- When patients wish to discuss sensitive issues or appeared distressed receptionists could take them to a private area adjacent to reception to talk privately.

All of the 13 Care Quality Commission patient comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were very polite and friendly and treated them with dignity and respect.

We spoke with one member of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published in July 2015 showed patients felt they were treated with compassion, dignity and respect. The practice's satisfaction scores on consultations with GPs and nurses were comparable with national averages. For example:

- 90% said the GP was good at listening to them compared to the CCG average of 88% and national average of 87%.
- 90% said the GP gave them enough time (CCG average 86%, national average 87%).
- 95% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%)
- 83% said the last GP they spoke to was good at treating them with care and concern (CCG average 84%, national average 85%).
- 96 % said the last nurse they spoke to was good at treating them with care and concern (CCG average 89%, national average 90%).
- 77% said they found the receptionists at the practice helpful (CCG average 86%, national average 87%)

Care planning and involvement in decisions about care and treatment

We spoke with patients who told us that health issues were discussed with them and 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 above local and national averages. For example:

- 93% 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%.
- 87% said the last GP they saw was good at involving them in decisions about their care (CCG average 80%, national average 81%)
- 98% said the last nurse they saw was good at involving them in decisions about their care (CCG average 82%, national average 85%)

Staff told us that interpretation 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

There were posters and leaflets in the waiting area which gave information about support groups and organisations.

Patients who were carers were encouraged, for example, by information in the waiting area to inform the practice of this so that appropriate support could be offered. The practice's computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to the various kinds of support available to them.

Staff told us that if families were bereaved, their usual GP contacted them or sent them a sympathy card. Advice was offered about how to access appropriate support services if needed.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to ensure the needs of its patients were met wherever possible.

- Telephone consultations were available for patients.
- There were longer appointments available for patients with complex needs, for example, with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those who needed to see a doctor urgently.
- The practice had developed a charter for patients receiving end of life care which detailed the practice's commitment to providing patients and their families the highest quality of care and support.
- There were disabled facilities including a hearing loop and toilets.
- Interpretation services were available.

Access to the service

The practice was open between 7am and 6.15pm Monday to Friday. Appointments were from 7.30 to 11am every morning and from 4pm until 6pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent same day appointments were also available for people that needed them.

Results from the national GP patient survey published in July 2015 showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages.

- 65% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and the national average of 74%.

- 65% of patients said they could get through easily to the surgery by phone (CCG average 71%, national average 73%).
- 41% of patients said they always or almost always see or speak to the GP they prefer (CCG average 59%, national average 60%).

The practice was aware of these figures and believed that they related somewhat to the fairly recent retirement of three GPs who had worked in the practice for many years but that patients still asked to see.

Patients told us on the day of the inspection that they were able to get appointments when they needed them but had to wait if they wished to see a particular GP.

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 guidance and contractual obligations for GPs in England.

- There was a designated responsible person who handled all complaints in the practice.
- We saw that leaflets were available in the waiting area and information was available on the practice website to help patients understand the complaints system.

We looked at a summary of complaints and at two complaints in detail. We found they were handled in accordance with the policy. They were acknowledged and dealt with in a timely way. There was evidence of a full investigation and the patient was given a full explanation and apology and where appropriate offered a meeting with the practice manager. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, following a complaint, an alert was put on a patient's record to remind staff that they should not send them any reminders for diabetic review as this was done at hospital.

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 the highest standards of health care and advice and promote good outcomes for patients. It was committed to a team approach with well-trained staff.

- The practice communicated these aims through its website and patient information leaflet.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had a 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
- The practice had its own policies which were implemented and kept up to date. They were available to all staff on the practice intranet.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised high-quality care which ensured patients' safety and well-being. Staff told us they were approachable and always took the time to listen to all members of staff. GPs met each morning after surgery to discuss referrals, interesting or difficult cases and significant events and ask one another for advice thus ensuring openness and robust peer review.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and truthfulness. Complaints and significant events were investigated and explanations and apologies given to patients.

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

- Staff told us the practice held regular team meetings and we saw minutes of these meetings.
- Staff told us there was an open culture within the practice. They felt able to raise issues at team meetings or directly with management and felt confident in doing so. They felt their suggestions and input were welcomed.
- 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.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and made suggestions for improvements to the practice management team. For example, the PPG had encouraged the practice to provide more information to patients and two TV screens had been installed in the waiting areas. These showed information such as how to access online services, opening times and advice on checking into the surgery.
- The practice had gathered feedback from staff through team meetings, discussion and appraisals. Staff told us they felt comfortable making suggestions for improvement or change.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice

Are services well-led?

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team was forward thinking and was involved with locality and Federation meetings with a view to improve outcomes for patients in the area. It planned to be involved in a local pilot scheme with other practices to increase access to a GP at weekends.