

Drs M.S.Glasby, R.G. Dall'Ara, C.J.Rigby, R.C.Rigby & M.D.Speight

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 Woodside Surgery on 5 April 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- There was the need to review and update a number of policies and procedures.
- There was the need to develop and introduce a formal induction package for locum GPs.
- A system needed to be fully implemented to ensure that the relevant professional eligibility to practice checks were routinely carried out.

Summary of findings

- A formal training matrix needed to be introduced and a system implemented to ensure that clinical staff were up to date with relevant clinical training.
- Risk assessments needed to be developed to ensure on-going monitoring of risks to patients.

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 a system in place for reporting and recording significant events, however this could be developed further with increased recording and shared learning within the practice team.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were 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 patients safe and safeguarded from abuse.
- Risks to patients needed to be developed further with the introduction of risk assessments and on-going monitoring.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to the national average.
- 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 all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national patient survey published in 2016 showed that patients rated the practice similar to others for several aspects of care. 87% of respondents said the last GP they saw or spoke to was good at listening to them compared to the CCG average of 89% and national average of **87%**.

Summary of findings

- 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 saw staff treated patients with kindness and respect, and maintained patient confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, 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 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 quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity.
- 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 notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

Good



Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Summary of findings

The six population groups and what we found

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

Older people

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

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

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 percentage of patients with diabetes, on the register, in whom the last IFCC HbA1c (blood test to check for any potential risks) was 64 mmol/mol or less in the preceding 12 months (01/04/2016) was 77%, this was the same as the national percentage of 77%.
- Longer appointments and home visits were available when needed.
- 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.

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.

Good



Summary of findings

- Nationally reported data from 2014/2015 showed the practice's uptake for the cervical screening programme was 100%, which was higher than the CCG average of 96%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive 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 reflected the needs for this age group.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- 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.

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 (including people with dementia).

Good



Summary of findings

- Nationally reported data from 2014/2015 showed 78% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, this was lower than the national average of 84%.
- Nationally reported data from 2014/2015 showed 93% of patients diagnosed with mental health problems had had an agreed care plan documented in the preceding 12 months; this was above the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice 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.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- A dedicated mental health nurse was employed by the service to support patients where needed.

Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing above the local CCG and national averages. There were 276 survey forms distributed for Woodside Surgery and 108 were returned, representing 1.4% of the practice's patient list.

- 71% found it easy to get through to this surgery by phone compared to the local CCG average of 75% and national average of 73%.
- 71% found the receptionists at this surgery helpful compared to the local CCG average 90% and national average of 87%.
- 71% were able to get an appointment to see or speak to someone the last time they tried compared to the local CCG average 76% and national average of 77%.
- 100% said the last appointment they got was convenient compared to the local CCG average 92% and national average of 93%.

- 82% described their experience of making an appointment as good compared to the local CCG average 75% and national average of 73%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received two comment cards which were all positive about the standard of care received. Comments included that they had been patients many years and had received exemplary care. Patients commented about the friendliness, helpfulness and approachability of the staff

We spoke with one patient during the inspection. The patient said they were satisfied with the care they received and thought staff were approachable, committed and caring. They told us staff were helpful and treated them with dignity and respect. We were told that the GPs, nurses and reception staff explained processes and procedures and were available for follow up help and advice.

Areas for improvement

Action the service **SHOULD** take to improve

The areas where the provider should make improvement are:

- There was the need to review and update a number of policies and procedures.
- There was the need to develop and introduce a formal induction package for locum GPs.
- A system needed to be fully implemented to ensure that the relevant professional eligibility to practice checks were routinely carried out.
- A formal training matrix needed to be introduced and a system implemented to ensure that clinical staff were up to date with relevant clinical training.
- Risk assessments needed to be developed to ensure on-going monitoring of risks to patients.

Drs M.S.Glasby, R.G. Dall'Ara, C.J.Rigby, R.C.Rigby & M.D.Speight

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Drs M.S.Glasby, R.G. Dall'Ara, C.J.Rigby, R.C.Rigby & M.D.Speight

Woodside Surgery is situated in the small town of Loftus in East Cleveland. Parking is available and the practice is close to a full range of amenities and public transport. The practice is in a modern purpose built health centre and is based on the ground floor. Community services and the CCG also occupy the building.

The practice provides services under a Personal Medical Services (PMS) contract with the NHS England Durham, Darlington and Tees Area Team to the practice population of 6517, covering patients of all ages. They are however in transition to a General Medical Service (GMS) contract

There are three General Practitioners (GPs), two male GP who are the partners and one female salaried GP. They are supported by a practice manager, reception and administration staff, two nurse practitioner, three practice nurses and two healthcare assistant.

During the inspection process it was identified that the details for the GP partners was incorrect. Three of the partners identified on our system had left the practice. However, the relevant forms had not been submitted to notify CQC of the partners leaving the practice or the applications to remove them as would be required by the CQC (Registration) Regulations 2009. The practice is in the process of submitting the relevant forms.

The practice is open between 8am and 6pm Monday to Friday. GP appointments are available between 8.05 am and 11.30 am and 2pm and 6pm Monday to Friday. Nurse appointments are available between 8.05 am and 12 noon and 2pm and 5.30 pm Monday to Friday.

The practice, along with all other practices in the local CCG area have a contractual agreement for Northern Doctors Urgent Care (NDUC) to provide OOHs services from 6.00pm. This has been agreed with the NHS England area team.

The practice has opted out of providing out of hours services (OOHs) for their patients. When the practice is closed patients use the 111 service to contact the OOHs provider. The Out of Hours service is provided by Northern Doctors Urgent Care. Information for patients requiring urgent medical attention out of hours is available in the waiting area, in the practice information leaflet and on the practice website.

Detailed findings

Why we carried out this inspection

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

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 reviewed policies, procedures and other information the practice provided before and during the inspection. We carried out an announced visit on 5 April 2016. During our visit we:

- Spoke with a range of staff including two GPs, a practice nurse the practice manager and a member of the administration staff.
- Spoke with one patient who used the service.
- Observed how patients were being cared for.
- Reviewed comment cards where patients 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 were provided for specific groups of people and what good care looked like for them. The population groups are:

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

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. The practice carried out some analysis of the significant events; however this could be developed further with increased recording and learning.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. 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 on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3. Registered nurses were trained to level three.
- A notice in the waiting room advised patients that chaperones were available if required. We found that all staff who could act as chaperones had not been trained for the role and not all had received a Disclosure and Barring Service (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). We received information following the inspection that staff who had not been DBS checked and trained would not carry out this role. The chaperone policy was in need of review and update. An updated policy was received following the inspection.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- We reviewed three personnel files and found in the main appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However, we identified there was not a system for routinely checking that GPs and nurses maintained their required registrations with either the General Medical Council or the Nursing and Midwifery Council.

Are services safe?

Following the inspection we received evidence to demonstrate these checks had been undertaken and a system implemented to routinely undertake these checks.

Monitoring risks to patients

Risks to patients were generally assessed although further development was needed.

- 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 in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments. 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 needed to develop 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 term for a particular 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 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.
- A first aid kit and accident book were 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 stored securely.

The practice had a comprehensive business continuity 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 patients' 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 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 for 2014/2015 showed the practice achieved 82% of the total number of points available with 12.7% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Lower exception reporting rates are more positive. The practice exception reporting rate was below the local CCG average and the same as the national average.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed;

- The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c 64 mmol/mol or less in the preceding 12 months (01/04/2014 to 31/03/2015)
 - Performance for mental health related indicators was 93%, which was slightly higher than the CCG and national average.
 - The dementia diagnosis rate was 77% which was comparable to the local CCG and national average.

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits completed in the last two years, both of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included medication that patients were using to reduce nausea. The practice through their clinical audit had reduced the use of this medication by 18.5%.

Information about patients' outcomes was used to make improvements such as the way in which depression was managed within the practice. Improvements were made to the use of appropriate diagnostic tools and an increased awareness and accessibility for patients to access other support mechanisms such as counselling.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This 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. For example, for those reviewing patients with long-term chronic conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training. Clarity was needed in respect of training that needed to be updated on a regular basis such as immunisation and cervical screening, as it was unclear how up to date staff were.
- 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)

one-to-one meetings, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had a planned appraisal to take place during April 2016.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. 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.
- 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 professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. There was good communication with District Nurses; Community nurses and the palliative care team. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a six weekly basis and community staff visited the practice regularly.

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.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice had a failsafe 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 82%, which was the same as the national average. 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 local CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 86% to 97% and five year olds from 91% to 100%.

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

A range of information was available to patient within the waiting area. This included information about the shingles vaccine, talking therapies, meningitis, young carers and smoking cessation.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

The two patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

Results from the national GP patient survey published in January 2016 showed patients were very satisfied with how they were treated and that this was with compassion, dignity and respect. The practice was above or similar to the local CCG and national average for questions about how they were treated by the GPs, nurses and receptionists. For example:

- 87% said the last GP they saw was good at listening to them compared to the local CCG average of 89% and national average of 87%.
- 84% said the last GP they saw gave them enough time compared to the local CCG average 88% and national average 87%.
- 91% said they had confidence and trust in the last GP they saw compared to the local CCG average of 95% and national average of 95%.
- 97% said the last nurse they spoke to was good at treating them with care and concern compared to the local CCG average of 86% and national average of 85%.
- 92% said they found the receptionists at the practice helpful compared to the local CCG average of 90% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us 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 from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Formal care plans are starting to be used more widely particularly around unplanned admissions. We were shown a few examples of unplanned admissions care plans and saw that user or carer engagement was not yet well documented. 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 similar to the local CCG and national averages. For example:

- 83% of patients said the last GP they saw was good at explaining tests and treatments compared to the local CCG average of 87% and the national average of 86%.
- 80% of patients said the last GP they saw was good at involving them in decisions about their care compared to the local CCG average of 84% and the national average of 82%.
- 94% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the local CCG average of 88% and the national average of 86%.

Where results were lower we saw evidence that this was being addressed through discussion at clinical meetings and through personal reflection.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language.
- There was no hearing loop was available for patients.
- Large print information leaflets were available for patients with a visual impairment.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs 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 patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open between 8am and 6pm Monday to Friday. GP appointments are available between 8.05 am and 11.30 am and 2pm and 6pm Monday to Friday. Nurse appointments are available between 8.05 am and 12 noon and 2pm and 5.30 pm Monday to Friday.

Results from the national GP patient survey published in January 2016 showed that patient's satisfaction with how they could access care and treatment was above the local CCG and national averages.

- 86% of patients were satisfied with the practice's opening hours compared to the national average of 75%.
- 71% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

Action had been taken to address the phone situation. Additional staff were available to answer the phoned during peak time. In addition, the practice is in the process of updating the telephone system.

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

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- The practice 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 with information being on display within the waiting area, in the practice leaflet and on their website.

We looked at six complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way and the practice was open and transparent with dealing with the complaints. Lessons were learnt from individual concerns and complaints and action was taken to as a result to improve the quality of care.

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 did not have a clear written vision statement or strategy, however this was detailed within an action plan to be developed and introduced.

- The practice clinical staff and reception staff were highly valued by its patients.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. We did however find that a number of policies and procedures were overarching and needed to be reviewed and updated.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements although these could be developed further.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support and training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty.

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice 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 the practice held regular team meetings. There were monthly practice meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- 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 reference group. This group had met in October 2015 and March 2016 and looked at what patients wanted and how to make improvements. Example of where changes had been made or were in the process of being made included, providing extra staff to answer the phone lines during busy periods (new phone system is being sourced to manage this more effectively).
- The practice had gathered feedback from staff 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 and said there was an open door policy. Staff told us they felt involved and engaged to improve how the practice was run.
- Healthwatch (an independent organisation which seeks and listens to the views of people who use health and social care services) engaged with the practice following

Are services well-led?

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receipt of information of concern. The concerns related to appointment, staff attitude and availability of services and equipment. The practice worked with Healthwatch, investigated the concerns raised and implemented an action plan to address the issues. This included further staff training and an increase in the number of staff answering the phones at peak times.

Continuous improvement

The practice had a detailed action plan in place. It detailed a range of planned improvement actions along with the target dates for achievement and which staff were responsible for certain action points. Areas for improvement included improvements to staff recruitment, induction and appraisal, we evidenced that work had taken place in these areas. Additional areas for improvement included, improvement to the environment to make it more patient friendly. Quotes were in the process of being obtained.