Chorley Health Centre

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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Chorley Health Centre Dr Carlos Irizar Practice on 26/08/2015. 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.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management.

However there were areas of practice where the provider needs to make improvements.

Importantly the provider should

- Ensure recruitment procedures include all necessary employment checks for all staff including staff promoted internally
- Ensure all patients undergoing minor surgery have their written consent forms scanned onto the electronic patient records

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services. 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.

Are services effective?

Good

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff 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 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, regular reviews of staff performance and personal development plans for all staff. Staff worked with multidisciplinary teams.

Are services caring?

Good

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

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. 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. Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Summary of findings

Are services well-led?

Good

The practice is rated as good for being well-led. The practice 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 patients, which it acted on. The patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings however the frequency of these meetings needed increasing as at present they were only held every six months.

Summary of findings

The six population groups and what we found

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

Older people

Good

The practice is rated as good for the care of older people. 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, for example, in dementia and end of life care. The practice was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

People with long term conditions

Good

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

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were in line with the Clinical Commissioning Group averages 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. We saw examples of joint working with midwives.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered

Summary of findings

to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including carers and those with a learning disability. The practice had carried out annual health checks for people with a learning disability and 95% of these patients had received a follow-up. It offered longer appointments for people with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. The practice 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.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). 100% of people experiencing poor mental health had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those 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 (A&E) where they may have been experiencing poor mental health. Staff training on how to care for people with mental health needs and dementia was planned.

Summary of findings

What people who use the service say

higher than local and national averages. There were 120 responses and a response rate of 39%.

- 85% find it easy to get through to this surgery by phone compared with a CCG average of 68% and a national average of 73%.
- 91% find the receptionists at this surgery helpful compared with a CCG average of 87% and a national average of 87%.
- 74% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 64% and a national average of 60%.
- 91% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 86% and a national average of 85%.
- 96% say the last appointment they got was convenient compared with a CCG average of 94% and a national average of 92%.
- 85% describe their experience of making an appointment as good compared with a CCG average of 74% and a national average of 73%.
- 81% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 68% and a national average of 65%.
- 76% feel 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%.

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 told us that despite recent challenges within the practice the GP and staff had managed to maintain a professional caring environment for the patients. They told us the GP always had time to listen to them and they were complimentary about the new and long standing staff saying they were always helpful, caring and supportive of their needs. With spoke with a member of the patient participation group (PPG) who gave us positive feedback on the practice as both a member of the PPG and also as a patient.

Chorley Health Centre

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 and a practice nurse specialist advisor

Background to Chorley Health Centre

Chorley Health Centre also know as Dr Carlos Irizar practice is situated in Chorley Lancashire. It is part of the NHS Chorley and South Ribble Clinical Commissioning Group (CCG.) Services are provided under a general medical service (GMS) contract with NHS England. There are 4000 registered patients. The practice is situated on a residential road with limited parking available. Information published by Public Health England, rates the level of deprivation within the practice population group as five on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Deprivation affecting children with in the practice is rated at 17% compared with CCG averages of 13.2%; deprivation affecting older people is rated at 21% compared with CCG averages of 17%. These results are below the national averages of 21.8% for children and above for older people at 18.1% nationally.

The practice population includes a lower number (26.1%) of people over the age of 65, and a higher number (31.7%) of people under the age of 18, in comparison with the national average of 26.9% and 31.9% respectively. The practice also has a higher percentage of patients who have caring responsibilities (23%) than both the national England average (18.4%) and the CCG average (21.6%). The practice has a high rate of patients with health-related problems in daily life (56.7%) compared with CCG and National averages of 50.3% and 48.7%.

The practice telephone lines open from 8.00 am to 6.30pm Monday to Friday. Appointments are available during these opening times with the GPs and appointments with the nurse are available daily until 6pm except Friday when she finishes as 1pm. They hold seasonal Flu vaccination clinics at certain times of the year. Patients requiring a GP outside of normal working hours are advised to contact an external out of hour's at Chorley Medics based Euxton Lancashire.

The practice has recently experienced a difficult period with changes to its registration with the Care Quality Commission and to clinical and administrative staff. Dr Carlos has has intrpduced a new team to provide care for the patients. This transition period has not been without incident and the practice has managed to maintain their commitment to both the patients and staff in a professional manner.

On-line services include appointment booking and ordering repeat prescriptions and access to medical records. The patients made good use of the electronic prescription service.

The practice has a virtual patient participation group who receive regular information form by email from the practice and are asked for their views on any changes.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme. This inspection was planned to check whether the provider was meeting the legal

requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and to look at the overall quality of the service to provide a rating for the service under the Care Act 2014.

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

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?

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 the practice, we reviewed information we held and asked other organisations and key stakeholders to share what they knew about the practice. We also reviewed policies, procedures and other information the practice manager provided before the inspection. We carried out an announced inspection on 26th August 2015.

We spoke with a range of staff including a GP, a practice nurse, one patient participation group member, the practice manager, reception staff and the practice medicine management co-ordinator. We sought views from patients looked at comment cards, and reviewed survey information.

Good

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. 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 and there was also a recording form available on the practice's computer system. The practice carried out an analysis of the significant events.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. However the practice needs to increase the regularity of staff meetings to ensure staff are fully informed about changes within the practice.

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.

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 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. The GP was a lead member of staff for safeguarding. The GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A notice was displayed in the waiting room, advising patients that chaperones were available 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. 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 premises were managed by a building maintenance company and all building risk assessments were handled by the company for all the practices within the building, such as legionella and fire risk assessment plans. The practice manager was not aware of the review dates for the building management team risk assessments but assured us she would follow this up as she was new in post.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who was new to the practice and was awaiting training in the role. However she had started an audit of the environment to identify any issues needing urgent attention. There was an infection control protocol in place and staff had received up to date training.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out by the medicines management co-ordinator 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 and there were systems in place to monitor their use. Prescription pads were reconciled on a daily basis with all prescription numbers recorded to ensure the safety and security of prescriptions within the practice. The practice also monitored fit notes (sick notes) and recorded dates they had been used and by whom to ensure they were secure and accounted for.
- Recruitment checks were carried out and the six files we reviewed showed that 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

Good

Are services safe?

the Disclosure and Barring Service. However one file we reviewed was an internal promotion and there was no interview record or references sought at the time of the promotion.

- 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 told us they were able to cover each other in case of unexpected absence and holidays were planned on a rota.

Arrangements to deal with 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 GP consulting room. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. This was maintained and checked by the community team who were situated within the building. All staff were aware of the location of emergency equipment and the emergency drugs. Reception staff showed us their heart attack protocol to be followed if a patient was suspected of having a heart attack in the surgery. This clearly outlined the actions to take and all staff fully understood their role. They told us they had similar guidance for patients who were suspected of having a stroke. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line 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 ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs.

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 897 of the total number of 900 points available. Data from Public Health England which related to the former registration at this practice showed;

- Performance for diabetes related indicators was worse than the Clinical Commissioning Group (CCG) and national average. Practice value was 6.8% against 5.7% and 6% respectively for the CCG and national values.
- The percentage of patients with hypertension having regular blood pressure tests was the same as the CCG at 14.7% with the national average slightly lower at 13.7%
- Performance for mental health related indicators was worse than the CCG at 1.10% with CCG average at 0.76% and national average was recorded as 0.86%
- The dementia diagnosis rate was above (84.2%) the CCG (82%) and national (77.9%) average.

The practice had just started to plan their audit programme and had started to collect data on a number of different topics; this information was provided to us. The data recorded had already highlighted some areas that required improvement and identified gaps in staff's learning and development. This learning and development had been discussed with appropriate staff. The practice participated in applicable local audits and national benchmarking.

Findings were used by the practice to improve services. For example, a review of patients taking statins, used to control chloestrerol in the blood, ensured these were prescribed in line with recommendation s from NICE

Monitoring of patient's outcomes was used to make improvements in care and treatment. For example, the collation of minor surgery data had shown the practice had successfully detected melanoma, which is a skin cancer that can spread to other organs of the body. The GP had shared this case with clinical staff at the practice to highlight the importance of early detection of skin cancer, reinforce the procedure to send all incised specimens to the laboratory for checking and to follow up the results and respond quickly and appropriately as required.

Effective staffing

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

- The practice had an induction programme for newly appointed clinical and non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of training needs analysis records, appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during the year, performance management, appraisals, coaching and mentoring and facilitation and support for the revalidation of doctors. The practice nurse had been enrolled to attend training to ready them for their proposed revalidation process with the Nursing Midwifery Council. Staff appraisals had just been restarted and the practice manager had arranged dates for all staff to be appraised by an appropriate appraiser to their role. We saw evidence the administration and reception team had already started with their appraisals.
- Staff received training that included: safeguarding, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. All staff had protected learning time identified for the full year at one half day every two months.

Coordinating patient care and information sharing

Good

Are services effective?

(for example, treatment is effective)

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. 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 ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. The practice staff rang every patient after discharge from hospital, following an unplanned admission and following attendance at A&E to offer support and advice. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

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 assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance. However we found patients undergoing minor surgery did not have written consent forms scanned onto their electronic records. The GP assured us this would be done in future.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. 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. Smoking cessation advice was available from a local support group based within the health centre. Patients who may be in need of extra support were identified by the practice.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 81.4%, which was comparable to the CCG average of 78.9% and higher than national average of 76.9%. 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 Chorley Health Centre practice were yet to be collated for this recently registered practice. Previous data for this practice showed they performed in line with CCG and national averages.

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

Good

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. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 13 patient CQC 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. We also spoke with one members of the patient participation group (PPG) the day after our inspection. 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. They told us the praise they were giving to the practice was heartfelt and they were grateful for all their support.

Results from the 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 above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 96% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 97% said the GP gave them enough time compared to the CCG average of 91% and national average of 87%.
- 98% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%
- 96% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 85%.
- 92% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 90%.
- 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with 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. They told despite the challenging times the practice had encountered their care had remained a priority and they felt they had always been treated well by all staff. Patient feedback on the comment cards we received was also positive and aligned with these views.

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 in line with local and national averages. For example:

- 95% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 88% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 81%

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. The practice had a number of patients with visual (1% in line with CCG and national averages) and hearing impairment (9.5%) which is higher than the CCG and national averages. They adapted their service to ensure these patients were fully cared for including the use of a loop system for the hearing impaired.

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.

Good

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers and 23% of the practice list had been identified as carers and were being supported, for example, by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them.

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local Clinical Commissioning Group (CCG) to plan services and to improve outcomes for patients in the area. The practice held a list of patients who had rung them for appointments at short notice and if a patient cancelled or did not arrive for their appointment they would ring the waiting patient and ask them if they could come to the surgery. Reception staff were aware and would refer patients to the minor ailments scheme if this was appropriate to their 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 learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- The community midwife held a clinic every Monday within the practice to assist pregnant ladies with their health needs during pregnancy

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8am until 12 every morning and 2pm until 6.30 daily. The nurse offered appointments between 8am and 6pm Tuesday, Wednesday and Thursday, between 10am and 6pm on Monday and on Friday between 8am and 1pm. In addition to pre-bookable appointments that could be booked up to two months in advance, urgent appointments were also available for people that needed them.

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 and people we spoke to on the day were able to get appointments when they needed them. For example:

- 83% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.
- 85% patients said they could get through easily to the surgery by phone compared to the CCG average of 68% and national average o73%.
- 85% patients described their experience of making an appointment as good compared to the CCG average of 74% and national average of 73%.
- 81% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 68% and national average of 65%.

The practice used a regular female locum GP to assist in the care of their female patients who requested a female GP. The GP worked set days and staff could offer appointments with this GP up to two months in advance.

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. There was a designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system we saw posters and information displayed in the waiting area. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked in depth at three complaints from the ten complaints received in the last 12 months and found these were satisfactorily managed, dealt with in a timely way, the evidence demonstrated openness and transparency with dealing with the compliant

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. The practice had installed a call waiting service on their telephone system to ensure patients were kept informed when the practice was busy and not just asked to call back later. Patients told us this was a better system and they always got answered even if it took a while.

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 practice had recently emerged from a challenging periodwith the loss of clinical and non-clinical staff. The remaining staff had worked well as a team to ensure minimum disruption to patient care. Patients were aware of the circumstances and told us they admired the GP and team for 'sticking with it' and were grateful the GP had had a strategy to continue with the practice. Communication with patients had been effective and truthful and this had ensured patients were informed of the challenges the practice were facing.

The practice was currently entering into a federation agreement with five other local practices and they were in the process of designing a single process for their administrative staff that would be the same across all practices. This would allow them to support each other in times of need. The practice currently used a GP who worked for a federation practice to support the needs of the patients at the practice. The GP worked up to six sessions per week and assisted the practice to maintain continuity of care for patients as they could see the same GP every time they attended the practice.

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
- The practice had a new programme of clinical and internal audit which will be used to monitor quality and to make improvements
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership, openness and transparency

The GPs in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The GP's were visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff. Dr Carlos Irizar encouraged a culture of openness and honesty.

Due to issues beyond the control of the practice staff meetings had not been held on a regular basis. Staff told us that team meetings had started to be held. However they were only planned every six months, following discussion the practice manager told us she would ensure they were planned more regularly for the coming year.

Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues and confident in doing so and felt supported if they did. Staff said they felt respected, valued and supported, particularly by Dr Carlos Irizar. All staff were involved in discussions about how to run and develop the practice, and the GP 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, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active virtual PPG which received regular information via email from the practice manager and submitted proposals for improvements to the practice management team. The PPG had been involved in deciding the new name for the federation they are entering into and the practice manager had had a total of 81 responses within one week.

The practice had also 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. Staff

Are services well-led?

Good

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

told us during their recent past they had been kept fully informed of any actions affecting the practice due to changes in staff and management. Staff told us they had been offered the opportunity to discuss issues that had arisen recently with either or both the practice manager and Dr Carlos Irizar. Staff told us they felt involved and engaged to improve how the practice was run.

Innovation

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team had come together to work as a cohesive unit, they demonstrated a healthy working relationship and showed respect for each other in a variety of ways including being courteous and caring. The ethos of the practice was very open and transparent and they have managed to ensure that any underlying problems and challenges inherited have been worked through and eradicated.

The practice staff were committed to ensure they were at the forefront of the federation plans they were entering into with five other practices. They told us they looked forward not backwards to a better future for their patients and themselves. Staff morale was high and commitment to high quality patient care was evident in the actions of all staff.