

The Friendly Family Surgery

Quality Report

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

Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Summary of findings

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Letter from the Chief Inspector of General Practice

This practice is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students) – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) – Good

We carried out an announced comprehensive inspection at The Friendly Family Surgery on 9 March 2018 as part of our inspection programme.

At this inspection we found:

- The practice had systems to manage risk so that safety incidents were less likely to happen.
- When incidents happened or complaints were received, the practice learned from them and reviewed their processes.
- There were reliable systems for managing medicines and equipment, with systems in place to ensure that any alerts and guidance were reviewed and acted upon.
- The practice ensured that care and treatment was delivered according to evidence-based guidelines.
- Patients with additional needs, such as those who were vulnerable or had long-term conditions, received an annual review of their healthcare needs and had care plans in place.
- The practice demonstrated an understanding of the needs of their patient population and described steps they took to help ensure their patients accessed appropriate care and support.
- A care coordinator based at the practice and the practice's 'virtual ward' helped to ensure patients with greater needs received timely, coordinated care and support.
- The most recent published QOF results showed the practice achieved 96% of the total number of points

Summary of findings

available compared with the clinical commissioning group (CCG) average of 97% and national average of 96%. The overall exception reporting rate was 9%, compared with a national average of 10%.

- Comments received during our inspection showed patients felt that they were treated in a caring and compassionate manner and their dignity was respected.
- Results from the July 2017 annual national GP patient survey showed patients were satisfied with the service they received, with particularly high satisfaction levels in some areas, including contacting the practice by phone. The survey had achieved a response rate of 49% which was above the average national response rate of 39%, and represented about 3% of the practice population.

- The practice captured the views of patients to help improve the service. There was an active patient participation group who supported the practice in a variety of ways.

The areas where the provider **should** make improvements are:






- Review the practice's Legionella risk assessment to consider any further actions needed.
- Consider implementing an overarching programme for quality improvement.
- Review arrangements for the documentation of all internal practice meetings.

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	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

The Friendly Family Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, a practice nurse specialist adviser and an expert by experience.

Background to The Friendly Family Surgery

The Friendly Family Surgery is located at Welbeck Road, Bolsover, Chesterfield, Derbyshire S44 6DE and is registered with the Care Quality Commission to deliver regulated activities from this location. We visited this location to carry out our inspection.

There are 3,590 patients registered with the practice. The health needs of these patients are in line with local and national averages. For example, the number of patients at this practice who have a long standing health condition is 47%, compared to the CCG average of 58% and the

national average of 54%. There is a slightly above average proportion (22%) of smokers amongst the patient population, compared to a CCG average of 19% and national average of 18%.

The practice is in one of the fourth most deprived areas of the country, based on the Index of Multiple Deprivation, which is the official measure of relative deprivation in small areas of England.

The practice is registered as a partnership and has two female GP partners. There is a male salaried GP who works at the practice three days per week.

The practice is open from 8am to 6.30pm every week day. The practice advise patients to contact NHS 111 if they require medical advice when the surgery is closed.

The practice re-registered with the CQC in September 2017 following a change in legal entity. It was previously inspected in February 2016 under its original legal entity and rated good overall. That report can be found on the CQC website at: <http://www.cqc.org.uk/location/1-569703342>

Further information about the practice can be found on the practice website at: www.friendlyfamilysurgery.co.uk

Are services safe?

Our findings

We rated the practice, and all of the population groups, as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice had a range of safety policies including adult and child safeguarding policies which were readily available and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. Policies were regularly reviewed and were accessible to all staff, including locums. They outlined clearly who to go to for further guidance.
- There was a system to highlight vulnerable patients on records to ensure staff were aware of these circumstances.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to and discussed with staff.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- Information was available to advise patients that they could request a chaperone for intimate examinations or support. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. This included an infection

control policy which detailed the steps the practice took to prevent any spread of infection. For example, all rooms and equipment were cleaned on a regular basis and records kept to confirm this.

- There were systems for safely managing healthcare waste.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. There was an effective approach to managing staff absences and for responding to epidemics, sickness, holidays and busy periods. Staff told us that they were clear on their own roles and familiar with the work of colleagues so they could cover for absences.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies. Appropriate equipment and medicines were available and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis. There was also easy reference information for reception staff to help them identify any potentially urgent medical situations.
- When there were changes to services or staff the practice assessed and monitored the impact on safety. This included a recent review of administrative staff roles to help refine and improve some internal processes.
- The practice ensured safety risk assessments, including for fire, Legionella and general health and safety issues, were completed. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We saw action plans had been developed in response to these assessments. Recommendations

Are services safe?

from the most recent Legionella risk assessment were being implemented. There had been some delay in resolving a complex query about the Legionella risk assessment, but the practice had been working to resolve this over a long period of time and liaising with specialists in this area.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. There was a documented approach to the management of test results and discharge information, which were all reviewed by GPs.
- Referral letters included all of the necessary information and there were arrangements in place to ensure referrals were made in a timely way.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice had carried out an appropriate risk assessment to identify medicines that it should stock. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. For example, patients with long term

conditions such as diabetes, asthma and COPD had annual health reviews which included consideration of their medicines. The practice involved patients in reviews of their medicines.

- The practice monitored those individuals prescribed high risk medicines within secondary care as part of shared care arrangements to keep patients safe. The systems worked effectively to ensure these patients were properly monitored.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system and policy for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did raise any issues.
- Staff confirmed that any concerns were investigated and discussed during staff meetings. This included discussions about implementing any lessons learned from the investigation. We were informed that the outcomes of investigations were shared widely within the practice to ensure all staff members were informed. However, we were unable to see documented evidence that these discussions and wider learning were taking place in meetings as meeting minutes were not recorded.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, a significant event was logged in relation to an error made after a blood test had been taken. The incident had been investigated and findings discussed widely in the practice. Additional post phlebotomy checks had been introduced to avoid a similar incident occurring in the future.
- There was a reliable system for receiving and acting on safety alerts. This ensured that any important guidance about medicines and equipment was reviewed, disseminated to appropriate staff and acted upon.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice and all of the population groups as good for providing effective services.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Information relating to effective care and treatment, such as national guidelines and best practice information, was shared with relevant staff. Staff demonstrated that they were familiar with current best practice guidelines, for example for conditions such as diabetes and asthma. Protocols were used to help ensure these guidelines were followed. For example, sepsis guidance was widely available in the practice to prompt staff to follow the correct processes.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff used appropriate tools to assess the level of pain in patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- The practice had a care coordinator funded jointly by the clinical commissioning group and the practice. Their role included signposting patients to healthy lifestyle and prevention services in the local community. This included services to help prevent falls and to help people who were at risk of social isolation.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.

- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the practice worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- QOF results showed that the practice performed well in relation to the four asthma indicators, with figures being in line with local averages. The practice had considered the impact of smoking on patients with asthma aged between 14 years and 20 years. The indicator for this showed that there was a record of the smoking status for 100% of these patents, which was 10% above the CCG average and 11% above the national average. No patients had been exception reported for this indicator, compared to the CCG average of 6% and national average of 5%. The consideration of patient smoking status was particularly relevant to this practice as the overall prevalence of smoking amongst their patients was slightly above average.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.

Are services effective?

(for example, treatment is effective)

- The practice had arrangements for following up failed attendance of children's appointments if any appointment for secondary care or for immunisation was missed. This included liaising with health visitors to share any concerns.

Working age people (including those recently retired and students):

- The practice's uptake for cervical screening during 2016/17 was 76%, which was in line with the 80% coverage target for the national screening programme and comparable to the CCG average of 81% and national average of 81%. The practice were monitoring uptake during the current year (2017/18) and taking steps to encourage patients to attend, including reminder telephone calls to patients and evening appointments. Unverified data for 2017/18, supplied by the practice, showed uptake for cervical screening was 76% as at 1 February 2018.
- The practices' uptake for breast and bowel cancer screening was in line with local and national averages. Uptake for breast cancer was 72%, compared to the CCG average of 74% and the national average of 70%. Uptake for bowel cancer screening was 52%, compared to the CCG average of 59% and the national average of 55%.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example, before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. This information was recorded electronically and available to all staff, ensuring they were aware of these concerns whenever they viewed the patient's records.

- In the 12 months prior to our inspection the practice had completed an annual health review for 15 of the 25 eligible patients on their learning disability register. A further five patients had appointments booked for their reviews to take place over the next month.
- Vulnerable patients had care plans in place, which were also available to the out of hours service.

People experiencing poor mental health (including people with dementia):

- 86% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was comparable to the national average the national average. However, The percentage of patients with a new diagnosis of dementia recorded in the preceding 1 April to 31 March with a record of full blood count, calcium, glucose, renal and liver function, thyroid function tests, serum vitamin B12 and folate levels recorded between 12 months before or 6 months after entering on to the register was 80%, which was 9% below the CCG average and 7% below the national average.
- 93% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was comparable to the national average.
- The practice had considered the physical health needs of patients with poor mental health and those living with dementia. For example 97% of patients experiencing poor mental health had received discussion and advice about alcohol consumption, which was comparable with local and national averages.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis and the practice put care plans in place.

Monitoring care and treatment

The practice took steps to improve the quality of the service for patients, including making sure their individual needs were reviewed.

The most recent published QOF results were 96% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national

Are services effective?

(for example, treatment is effective)

average of 96%. The overall exception reporting rate was 9%, compared with a national average of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- The practice used information about care and treatment to make improvements. They reviewed their QOF performance on an ongoing basis, using their 'how am I driving' data to help ensure that they were focussing on patient care and reviews appropriately.
- There was some evidence of quality improvement activity. For example, the practice had reviewed their national GP patient survey data, alongside their own information, and used this to make improvements to the way patients accessed the service. They had also completed an audit about the use of iron therapy for patients with anaemia. However, there was no overarching programme for quality improvement to show which areas the practice had identified as a priority to improve on or had planned to audit.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- Regular staff meetings were held to ensure staff received necessary information. Staff spoken with confirmed these meetings were useful and that additional information was also circulated to them via email.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, clinical supervision and support for revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable. A copy of the grievance policy was easily accessible to staff.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The care coordinator played a pivotal role in ensuring that patients received appropriate care and were directed to relevant services for any further support needs.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Results from QOF demonstrated the practice provided effective support to patients with a cancer diagnosis. The percentage of patients with cancer, diagnosed within the preceding 15 months, who had a patient review within 6 months of the date of diagnosis was 80%, which was 15% higher than the CCG average and 10% higher than the national average. Exception reporting for this indicator was 20%, which was 12% below the CCG average and 5% below the national average.
- Staff encouraged and supported patients to be involved in monitoring and managing their health. For example, the practice loaned blood pressure monitors to patients for short term monitoring at home.

Are services effective?

(for example, treatment is effective)

- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity. They had a good knowledge of local services which could support patients, and signposted to these as appropriate.
- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion:

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information. This included information leaflets in the reception area and information provided on the practice website.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. During our inspection we observed staff handled conversations in a discrete manner.
- All of the 34 patient Care Quality Commission comment cards we received were wholly positive with the service. This was in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 232 surveys were sent out and 114 were returned, which was a response rate of 49%. This represented about 3% of the practice population. Overall, the practice was in line with averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 86% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 100% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 95%; national average - 95%.
- 88% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 86%; national average - 86%.

- 92% of patients who responded said the nurse was good at listening to them; (CCG) - 96%; national average - 91%.
- 92% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 96%; national average - 91%.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language and there was information about this available in reception.
- Staff communicated with patients in a way that they could understand, for example, adjusting the tone or volume of their voice and making use of communication aids and easy read materials if appropriate.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice identified patients who were carers. This information was collected when patients first registered with the practice and it was also updated when staff became aware that patients' circumstances had changed. The practice's computer system alerted staff if a patient was also a carer. The practice had identified 83 patients as carers (2% of the practice list).

- The practice's care coordinator played a key role in supporting carers by providing information about local services for support and information. The care coordinator also took an active role in encouraging carers to access these and other services.
- Following bereavement the practice sent messages of condolence to the bereaved family and offered any advice or support that might be needed.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages:

Are services caring?

- 90% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 86% and the national average of 86%.
- 79% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 82%; national average - 82%.
- 91% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 94%; national average - 90%.
- 91% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 90%; national average - 85%.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- Reception staff were mindful of patient privacy and conversations with receptionists could not be overheard by patients in the waiting room.

If patients wanted to discuss sensitive issues or appeared distressed reception staff offered them a private room to discuss their needs. Similarly, any telephone calls of a sensitive nature were carried out from a separate office, rather than the reception desk.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as good for providing responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. Evening appointments were available with GPs, including a male GP, and nurses. One of the practice nurses had trained as a prescriber and saw patients with minor illnesses for same day appointments.
- The practice operated a 'virtual ward' system where patients considered at high risk of admission were kept under close monitoring to avoid unnecessary admissions. A care coordinator was based in the practice and had oversight of the practice's virtual ward. There was a clear protocol in place to identify appropriate patients for this support.
- The practice had involved the patient participation group (PPG) in promoting online services for booking appointments and ordering prescriptions. Members of the PPG had attended recent flu clinics to provide patients with information about online services explain the processes and encourage them to register for this
- Other action had also been taken to encourage patients to use online service. The practice identified patients attending the practice for an appointment and not yet registered for online services. They then pre-printed the online registration letter so that reception staff could hand this to the patient on arrival and discuss the system with them.
- The number of patients registering to use online services had increased by 7% in the last 10 months. The CCG had identified this achievement as a good practice case study, meaning information about the practice's approach had been shared across the CCG area.
- The facilities and premises were appropriate for the services delivered.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was

coordinated with other services. The practice reviewed the needs of these patients in multi-disciplinary meetings to ensure support was tailored to their individual circumstances.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme. The practice provided support to patients living in a local care home. Feedback from the care home indicated they were satisfied with the support they received from the practice, which included regular visits by one GP, which helped ensure continuity of care for patients.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- Resources were dedicated to supporting patients with greater needs, including older people. Many of the patients in the virtual ward were older people with greater needs. The virtual ward facilitated easier multi-disciplinary working, improved information sharing and gave patients swifter access to services. It also meant support could be adjusted quickly when necessary. To support the virtual ward the care coordinator worked closely with a range of staff both within the practice and in the wider local health and social care community, including the community matron.

People with long-term conditions:

- The practice care coordinator and the practice's virtual ward were integral to the way patients with a long-term condition were supported.
- There was regular liaison with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- These patients received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.

Are services responsive to people's needs?

(for example, to feedback?)

Families, children and young people:

- There were systems 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 accident and emergency (A&E) attendances.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

Working age people (including those recently retired and students):

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, ensuring availability of appointments with a male GP in the evenings.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- Home visits were made in circumstances where visiting the practice might cause a patient distress.

People experiencing poor mental health (including people with dementia):

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice followed recognised guidance to assess for mental health and dementia in their patients.
- Patients with dementia had care plans in place, which were reviewed annually, and shared with other agencies when appropriate.
- The care coordinator oversaw the arrangements for supporting patients with dementia.

Timely access to care and treatment

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- The practice used a text reminder service for appointment and gave out appointments slips for next appointments.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was above local and national averages. This was supported by observations and discussions on the day of inspection and completed comment cards. 232 surveys were sent out and 114 were returned, which was a response rate of 49%. This represented about 3% of the practice population.

There were some areas where the practice had performed particularly well;

- 91% of patients who responded said they could get through easily to the practice by phone; CCG - 77%; national average - 71%.
- 81% of patients who responded described their experience of making an appointment as good; CCG - 76%; national average - 73%.

The practice attributed this success to actions taken following previous patient feedback about poor phone access. They had upgraded the phone system by adding additional lines and a call queuing facility, which gave an announcement to confirm to the caller where they were in the call queue. The practice had also reviewed the way staffing was organised to ensure that there were adequate numbers of staff available at the busiest times.

Another area of the national GP patient survey where the practice had performed particularly well showed appointments usually ran to time;

- 86% of patients who responded said they don't normally have to wait too long to be seen; CCG - 64%; national average - 64%.

Are services responsive to people's needs?

(for example, to feedback?)

The practice told us that this high level of satisfaction reflected the priority they gave to this area. Clinicians were committed to keeping appointments to time as much as possible and, importantly, reception staff were very proactive in letting waiting patients know of any delays.

Other results from the national GP patient survey confirmed patients' satisfaction with how they could access care and treatment;

- 82% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 82% and the national average of 76%.
- 87% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 88%; national average - 84%.
- 90% of patients who responded said their last appointment was convenient; CCG - 87%; national average - 81%.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Patients we spoke with during our inspection confirmed they knew how to raise a complaint, should they need to do so.
- The complaint policy and procedures were in line with recognised guidance. Three complaints had been received in the last year. We reviewed these complaints and found they were satisfactorily handled in a timely way. A log was kept of all complaints and this detailed the actions taken and any learning points. However, the written responses to the complainants sometimes lacked detail and did not always fully reflect the actions that had been taken in response to the concern.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, following a complaint about a consultation and subsequent diagnosis the practice had reflected on the clinical decision as a learning exercise and to highlight the concern more widely within the staff team.

Are services well-led?

Good 

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

Our findings

We rated the practice and all of the population groups as good for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capability and integrity to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- Practice leaders articulated their ambition to provide high quality healthcare to meet the needs of their patients. The name of the practice, The Friendly Family Surgery was important to them and encompassed their ambition.
- Our findings on inspection demonstrated that the staff team shared these values and felt they made a positive contribution to achieving the overall aims of the service.
- The practice vision, values and strategy were influenced by patients, staff and external partners.
- Their strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy using performance data and patient experiences to inform this.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They enjoyed their roles and were proud to work in the practice. The practice manager was readily available to

all staff and staff we spoke with confirmed that they could approach them at any time. Alongside this staff also found the GPs supportive. The practice focused on the needs of patients.

- Leaders and managers acted on any behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that their concerns would be listened to and addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. Staff received regular annual appraisals and those we spoke with during our inspection confirmed that they found these constructive and future learning was discussed. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff. Staff had been provided with training to help them manage challenges or conflict in their work.
- The practice promoted equality and diversity. Staff had received equality and diversity training and felt they were treated fairly.
- There were positive relationships amongst staff. They were supportive to each other and showed a genuine interest in the wellbeing of their colleagues

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

Are services well-led?

Good 

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- There were regular meetings within the practice including monthly whole staff meetings and weekly clinical meetings with GPs and the practice manager. We were told these meetings included discussions about issues that impacted on the running of the practice and patients care, including discussing the outcomes of any incidents or significant events. However, the weekly clinical meetings were not documented to provide a record of issues discussed and any actions agreed.
- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients. The practice regularly reviewed their QOF progress to ensure they focussed on the correct areas.
- Staff confirmed that quality issues were discussed in relevant meetings, although there was no documentation available to confirm this.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. Staff had completed training in information governance. They were aware of the importance of protecting patient information and took steps to do so.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety. For example, a range of appropriate risk assessments had been completed and acted on.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Performance of all other staff was monitored through regular appraisals.
- Practice leaders had oversight of national and local safety alerts, incidents, and complaints.
- The practice had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- The practice worked closely with external partners' to help improve the service. For example, the practice attended regular meetings with partners and kept up to date with local initiatives that could improve the support patients received.
- There was an active patient participation group (PPG) which met with the practice on a regular basis. There was information about the PPG in the reception area, encouraging patients to become involved in the group.
- During our inspection we met a representative of the PPG who described how the group worked with the practice to improve services for patients. There were a range of ways they had done this; they had advised the practice on improving telephone access, they had

Are services well-led?

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attended flu clinics to encourage patients to register for online services and they had been involved in recent discussions with the practice about how the PPG could help promote bowel cancer screening.

- The PPG also arranged social events for patients and fundraising activities. A recent fundraising coffee morning had been well supported and there were plans for a social get together in a local cafe. The PPG used these opportunities to provide information for patients and help support those who might be lonely.
- The service was transparent, collaborative and open with stakeholders about performance. For example, the PPG were included in discussions about QOF performance.
- Following the publication of the July 2017 annual national GP patient survey data the practice had carried out a review of the patient satisfaction results and used this information as part of their overall quality monitoring of the service. For example, they had previously acted in response to low satisfaction levels about contacting the practice by phone by introducing a new phone system, which included additional phone

lines. The July 2017 GP patient survey results showed improvements had been achieved and patient satisfaction levels were now much higher than local averages in relation to contacting the practice by phone.

- The practice had information about the NHS Friends and Family test in the reception area. However, only a very small number of responses were received. The NHS Friends and Family Test (FFT) is an anonymous way for patients to give their views after receiving care or treatment across the NHS. It was created to help understand whether patients are happy with the service provided, or where improvements are needed.

Continuous improvement

There was some evidence of systems and processes for learning and continuous improvement.

- The practice made use of internal reviews of incidents and complaints to reflect on their practise. There were arrangements in place to help ensure any issues were captured and reviewed to help make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance. There were regular team events which gave staff the opportunity to meet together and discuss ways to improve the service.