Dr WA Cotter + Dr JCJM Bohmer -Laubis

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice:

We carried out an announced comprehensive inspection at Dr WA Cotter + Dr JCJM Bohmer –Laubis' practice on 26 August 2015. Overall the practice is rated as good.

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

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.
- The practice had identified risks and had implemented systems to mitigate risks.
- 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.
- Regular multi-disciplinary team meetings were in place at the practice.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

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

Importantly the provider should

- Ensure that all outstanding appraisals for non-clinical staff are completed..
- The practice should ensure that it adheres to all fire regulations, specifically by carrying out fire drills.

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 assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff, although appraisals for the last year had yet to be completed. Staff worked with multidisciplinary teams.

Are services caring?

Good

The practice is rated as good for providing caring services.

Patients that we spoke to and feedback from both CQC cards and the national patient survey showed that patients felt they were treated with dignity and respect. Information for patients about the services available was easy to understand and accessible. We observed that staff at the practice knew patients well and treated them with kindness and respect.

Information for patients about the service on posters, in the practice leaflet and on the website was easy to understand.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

It 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 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

Summary of findings

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.

Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff had received inductions and attended staff meetings and events.

Good

Summary of findings

The six population groups and what we found

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

Older people

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. Patients over the age of 75 had a named GP. The practice operated an admissions avoidance scheme which was led by one of the practice nurses. It 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. The practice had named nurse leads for specific areas of chronic disease management. Longer appointments and home visits were available when needed. Patients had a named GP and a structured annual review to check that their health and medication needs were being met. The practice had links with relevant health and care professionals in the community to deliver a multidisciplinary package of care. The practice rmet monthly with the palliative care team, health visitors and district nurses to provide care for these patients. Most patients with long term conditions were reviewed annually. For example 92% of all diabetic patients had been reviewed in the last year.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people. There were safeguarding processes in place at the practice and children who were potentially at risk could be identified. The practice provided immunisations and uptake was in line with national averages. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses.

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 practice hours offered extended opening hours 8:00am until 6:30 to ensure that patients of working age could attend at a time convenient to them. This included opening for appointments from 7:30am every morning, a late clinic until 7:00pm on Thursdays and two hours on

Saturday morning from 9:00am until 11:00am. There were also telephone consultations available. The practice offered access to appointments and prescriptions online 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 homeless people, travellers and those with a learning disability. Patients were reviewed on a yearly basis and in the past year the practice had provided health checks for 88% of 27 patients who had learning disabilities. It offered longer appointments for people with a learning disability.

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). 83% of 62 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 registers of patients experiencing poor mental health and those with dementia.

The practice had provided patients and carers with information about support groups, and details of these groups were advertised in the waiting room. A system was in place to recall any patients with poor mental health who had not attended appointments, and also any patients who had attended accident and emergency. Staff had received training on how to care for people with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results for 2014/5 showed the practice was performing in line with local and national averages. There were 111 responses and a response rate of 38%.

- 85% find it easy to get through to this surgery by phone compared with a CCG average of 61% and a national average of 73%.
- 87% find the receptionists at this surgery helpful compared with a CCG average of 81% and a national average of 87%.
- 84% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 54% and a national average of 60%.
- 85% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 79% and a national average of 85%.
- 88% say the last appointment they got was convenient compared with a CCG average of 89% and a national average of 92%.
- 75% describe their experience of making an appointment as good compared with a CCG average of 64% and a national average of 63%.
- 40% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 67% and a national average of 65%.
- 57% feel they don't normally have to wait too long to be seen compared with a CCG average of 51% and a national average of 58%.

As part of our inspection process we asked for CQC comment cards to be completed by patients. We received 12 comment cards. All of the cards were positive in relation to the quality of the service, and their were positive individual comments relating to the helpfulness of the staff, the access to the surgery, and the care received.

We spoke to nine members of the practice's Patient Participation Group (PPG) and eight other patients. All stated that the service provided by the practice was good. These findings were in line with the national GP patient survey and CCG and national averages.

Dr WA Cotter + Dr JCJM Bohmer -Laubis

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr WA Cotter + Dr JCJM Bohmer -Laubis

Dr WA Cotter + Dr JCJM Bohmer –Laubis' practice, also known as the Bellegrove Surgery, is in Welling in the London Borough of Bexley. The practice has two partners who manage the practice which is based at a single site. The practice is based in a converte house which has been both modified and extended to ensure that it is fit for clinical practice.

The practice provides primary medical services to approximately 10,200 patients. The practice employs one salaried GP and there are also two regular sessional GPs in place. The practice is a training practice so there are also GP registrars and foundation year GPs at the practice. There are also four practice nurses and two healthcare assistants. The practice also employs fifteen support staff including a practice manager, administrators and receptionists. The lead responsibilities in the practice are split between the permanent staff.

The practice is contracted to provide Personal Medical Services (PMS) and is registered with the CQC for the following regulated activities: treatment of disease, disorder or injury, maternity and midwifery services, family planning, surgical procedures, and diagnostic and screening procedures at one location.

The practice has a number of enhanced services, including childhood vaccinations, extended opening hours, influenza immunisations, minor surgery and remote care monitoring.

The practice is open from 7:00am until 6:30pm Monday to Friday, with extended opening until 7:00pm on Thursdays. The practice is also open 9:00am until 11:00am on Saturday mornings for patients who are not able to attend Monday to Friday. Outside of normal opening hours the practice used a Bexley based out of hours provider.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

How we carried out this inspection

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

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

Detailed findings

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

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

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations including NHS England and Bexley Clinical Commissioning Group (CCG) to share information about the service. We carried out an announced visit on 26 August 2015. During our visit we spoke with patients and a range of staff which included GPs, practice manager, nurse, and receptionists. We spoke with eight patients who used the service, and received comment cards from a further 12 patients. We also and reviewed the personal care or treatment records of patients and observed how staff in the practice interacted with patients in the waiting area.

As part of the inspection we reviewed policies and procedures and looked at how these worked in the practice.

Good

Are services safe?

Our findings

Safe track record and learning

The practice had a transparent approach in managing significant events. There was a template system in place for managing concerns and concerns were reported and recording and learning was shared with the practice team. People affected by serious events received apologies where required and were informed of changes put in place to prevent re-occurance. Staff informed us that they would inform the practice manager of any incidents. The practice carried out a yearly analysis of serious events which was discussed at an all staff meeting

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. For example, a patient had been discharged from hospital without tests having taken place as to whether it was causing side effects. The practice reviewed the case and at a practice meeting there was a discussion about how tests should be followed up urgently following discharge. The practice had also shared learning with other providers (such as hospitals) where relevant.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. We saw clinical meeting minutes where NICE guidelines had been discussed. The practice used the National Reporting and Learning System (NRLS) eForm to report patient safety incidents. We saw that following an alert stating a particular treatment was not safe a patient search had been completed, and those affected had been called to the practice and their treatments changed.

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. There were two lead members of staff for safeguarding, one with responsibility for children, the other with responsibility for vulnerable adults. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A notice was displayed in the waiting room, advising patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and the clinical staff (who undertook th majority of chaperoning) 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). Non-clinical staff had not been DBS checked, but a risk assessment had taken place and chaperones not left alone with patients.
- There were some procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments bit there had not been a fire drill in the last year. Electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. However, during the last check a pulse oximeter had not been available for checking, and it was unclear whether or not it had still been used. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.
- 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 liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice

Good

Are services safe?

nurse conducted audits of medicines stored on site, and there were appropriate cold chain procedures including temperature monitoring. Patient centred audits were carried out in conjunction with the CCGs medicines management team to ensure prescribing was in line with best practice guidance. Prescription pads were checked in and out and recorded as appropriate and were securely stored.

- Recruitment checks were carried out and the 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 (where necessary) the appropriate checks through the Disclosure and Barring Service.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.

Arrangements to deal with emergencies and major incidents

The practice had panic buttons in place that could be used in the event of an emergency. Staff knew what action to take in the event of a patient being taken seriously unwell in the practice and had received annual basic life support training. There were emergency medicines available in the treatment room. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a business continuity plan in place including reciprocal arrangement with a local practice if the building became unfit for use. 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. We saw that all clinicians in the practice had attended update courses and that clinical staff at the practice met regularly with CCG advisers and healthcare providers in the community. 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 98.7% of the total number of points available, with 7.1% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from the 2014/15 year showed;

- Performance for diabetes related indicators was better than the national average. For example the percentage of patients with diabetes, on the register, whose last measured total cholesterol was 5 mmol/l or less was 92% compared with 82% nationally.
- The percentage of patients with hypertension having regular blood pressure tests was measured in the preceding 9 months is 150/90mmHg or less was 88%, compared to 83% nationally.
- Performance for mental health related indicators was better than the national average. For example the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record is 93% compared to a national average of 86%.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. We saw three clinical audits completed in the last two years, each of which had completed two audit cycles. The practice also participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services.

Effective staffing

Staff that we spoke to were aware of their responsibilities, and they had the knowledge and skills to deliver effective care and treatment.

- The practice had an induction programme for newly appointed 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 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. Appraisals for support staff had not yet taken place for the year 2014-15, the last having taken place in 2013/14. We were shown that appraisal meetings had been scheduled for September 2015.
- Staff at the practice had received training on safeguarding, basic life support and information governance awareness. The practice manager kept a training matrix so that they could review progress against mandatory training. The practice used a mixture of in house training and e-learning modules.

Coordinating patient care and information sharing

The practice's record system provided access to the tools necessary to plan and deliver care and treatment, including sharing information with and receiving information from other healthcare providers. 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. The practice had dedicated staff for managing referrals with cover arrangements in place.

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

Good

Are services effective?

(for example, treatment is effective)

are discharged from hospital. multi-disciplinary team meetings took place every month at the practice. District nurses, health visitors and representatives of the palliative care team attended these meetings. We saw that care plans were discussed at these meetings.

Consent to care and treatment

Patients' consent for care was sought by the practice in line with relevant guidelines. 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.

Health promotion and prevention

The practice provided health promotion and preventative advice to its patients, and 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. The practice held a travel clinic twice weekly, and smoking cessation clinics were also twice weekly. There was also a daily anticoagulation clinic.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 92%, compared to 82% nationally. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to national averages lower in others with all childhood immunisation rates over 90%. Flu vaccination rates for the over 65s were 77%, and at risk groups 56%. These were also comparable to 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

During the inspection we observed that staff treated patients with dignity and respect both attending at the reception desk and on the telephone. All of the patients we spoke with commented that staff in the practice were warm and helpful.

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 12 patient CQC comment cards we received were positive about the service experienced, and four detailed specific high quality individual care. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. The nine patients we spoke with also stated that staff were warm and helpful.

We also spoke with nine members of the patient participation group (PPG) on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the 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:

- 92% said the GP was good at listening to them compared to the CCG average of 86% and national average of 89%.
- 88% said the GP gave them enough time compared to the CCG average of 83% and national average of 87%.
- 96% said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and national average of 95%
- 86% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% 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 87% and national average of 90%.
- 87% patients said they found the receptionists at the practice helpful compared to the CCG average of 81% and national average of 87%.

Care planning and involvement in decisions about care and treatment

The patients that we spoke with told us clinical staff at the practice were clear in their explanations and involved them in decisions in relation to the care they received. In particular they stated that clinical staff were clear in explaining tests and treatments.. Patient feedback on the comment cards was also positive in this regard.

The national GP patient survey also provided positive results, for example:

- 88% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 79% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% 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.

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. We were told that a GP would in the event of a family bereavement they would contact relatives to offer condolences, and would offer support. Counselling (including bereavement counselling was offered on site.

The practice had a register of carers. Carers were offered yearly health checks and written information was provided to show what support was available to them.

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 CCG to plan services and to improve outcomes for patients in the area. For example, the practice had profiled its population and had made changes to the way it scheduled appointments for patients with heart conditions as this was a risk area. They had also recently started monitoring childhood obesity in children over the age of seven.

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;

- Outside of the normal 8am – 6:30pm working hours, appointments were available from 7:30am every morning and until 7:00pm one night per week. Appointments were also available on Saturday mornings for two hours for the benefit of working people who could not attend at other times.
- The practice's website contained information for patients about how care could be accessed, the work of the patient participation group and latest news.
- Information leaflets and posters about local services, as well as how to make a complaint, were available in the waiting area.
- Double length appointments were available for patients with learning disabilities, those with multiple long term conditions and carers.
- Warfarin clinics were available on site, which several patients said was useful.
- Counselling services were provided at the practice site and were available to patients of the practice and others in the local area.
- Home visits and telephone appointments were available to those patients who required them.
- The practice was accessible for wheelchair users, and there was a hearing loop in the reception area. Translation services were also available.
- Bookable online appointments?

The practice had a well established patient participation group (PPG) in place, and the group met approximately every two months. Members of the patient participation group told us that the practice had worked closely with the PPG and had agreed to a number of requests, including installing a patient toilet at the back of the building. They also reported that changes to how decisions relevant to the practice had been regularly discussed with them.

Access to the service

The practice was open between 7:00am and 6:30pm Monday to Friday. Appointments were from 7:30am to 10:30 am (or until all patients had been seen) every morning and 3:00pm to 6:30pm in the afternoon daily. Further extended hours surgeries were offered until 7:00pm on Thursdays and every Saturday from 9:00am until 11:00am. In addition to pre-bookable appointments, 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 70% and national average of 75%.
- 85% patients said they could get through easily to the surgery by phone compared to the CCG average of 61% and national average of 73%.
- 75% patients described their experience of making an appointment as good compared to the CCG average of 64% and national average of 73%.
- 40% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 57% and national average of 65%.

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 who was the practice manager.

Good

Are services responsive to people's needs?

(for example, to feedback?)

We saw that information was available to help patients understand the complaints system, posters were available in the waiting room and there was information on the website detailing how complaints could be made.

We looked at 10 complaints received in the last 12 months and found that these were managed in line with the practice's own policy and dealt with in a timely way.

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 mission statement which was displayed in the waiting areas and staff knew and understood the values. The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had 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 staff were aware of their roles and responsibilities.
- Practice specific policies were in place at the practice. All staff at the practice knew where to find them and we saw that the practice adhered to it's policies.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, although no centralised risk register was held.
- Meetings in the practice contained relevant standing items (such as safeguarding, complaints and serious events). Meetings were clearly minuted.

Leadership, openness and transparency

There were clear leadership roles at the practice with responsibilities split between the GPs and the practice manager. The partners 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 partners 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. The partners encouraged a culture of openness and honesty.

Staff told us that regular team meetings were held, and there was an open culture within the practice. They told us they enjoyed working at the practice and that they had the opportunity to raise any issues at team meetings, and felt supported if they did. Staff told us that they felt respected and valued and they were supported in the delivery of their work. All staff said they could suggest ideas as to how the practice could be run more efficiently, but the final say would be for the practice principle.

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 PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had suggested improvements to the building (such as a new patient toilet) that had been incorporated into development plans.

The practice had informally gained feedback from and there were occasional all staff meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.