

The Hollies Medical Practice

Quality Report

Tamworth Health Centre,
Upper Gungate,
Tamworth
Staffordshire,
B79 7EA
Tel: 01827 217799
Website: www.holliesmedical.co.uk

Date of inspection visit: 11 January 2016
Date of publication: 03/03/2016

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

Ratings

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

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3
The six population groups and what we found	5
What people who use the service say	8

Detailed findings from this inspection

Our inspection team	9
Background to The Hollies Medical Practice	9
Why we carried out this inspection	9
How we carried out this inspection	9
Detailed findings	11

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Hollies Medical Centre on 11 January 2016. 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 were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.

- Patients said they were treated with dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients told us they could get an appointment when they needed one. Urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff, patients and third party organisations, which it acted on.
- The practice achieved a 100% score for the Quality and Outcomes Framework (QOF) in 2014/15 and exception rates could be explained.
- There was a high level of clinical governance evidenced through a constructive engagement with staff, a failsafe patient recall system and proactively reviewed performance management arrangements.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, the practice recorded, reviewed and held monthly meetings for all staff where learning could be shared.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- The practice had participated in a clinical risk self-assessment day led by an external company.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data showed that the practice was performing highly when compared to practices nationally and in the Clinical Commissioning Group (CCG). For example, in the GP patient survey published on 2 July 2015, 94.6% of patients who responded described their overall experience as good compared to the CCG average of 87.8% and national average of 84.8%.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice higher than others for almost all aspects of care.

Good



Summary of findings

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

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Patients said they found it easy to get an urgent appointment available on the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- Same day appointments were available for children and those with serious medical conditions.

Good



Are services well-led?

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

- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by the management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents
- The practice proactively sought feedback from staff and patients, which it acted on.
- There was an active patient participation group which influenced practice development.
- There was a strong focus on continuous learning and improvement at all levels.

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

The practice is rated as good for the care of older people. Every patient over the age of 75 years had a named GP and all hospital admissions were reviewed. This included patients that resided in care homes. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in case management. All over 75 year olds had a completed care plan and the practice staff had regular communication with the community geriatrician. The practice was responsive to the needs of older people and offered home visits and longer appointments as required. The practice identified if patients were also carers.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. All patients were reviewed by a nominated GP when diagnosed. We found that the nursing staff had the knowledge, skills and competency to respond to the needs of patients with long term conditions such as diabetes and asthma. Longer appointments and home visits were available when needed and reviews were coordinated to minimise the required number of patient visits. All patients with a long term condition were offered a review to check that their health and medication needs were being met. Written management plans had been developed for patients with long term conditions and those at risk of hospital admissions. For those people with the most complex needs, the GPs worked with relevant health and social care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children who were at risk, for example, children and young people who had protection plans in place. Appointments were available outside of school hours and the premises were suitable for children and babies. Same day emergency appointments were available for children. There were screening and vaccination programmes in place and the child immunisation rates were in line with the local Clinical Commissioning Group averages. The practice worked closely with the health visiting team to encourage attendance. New mothers and babies were offered post-natal checks.

Good



Summary of findings

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. A range of on-line services were available, including medication requests, booking appointments and access to health medical records. The practice offered all patients aged 40 to 75 years old a health check with the nursing team. The practice offered a full range of health promotion and screening that reflects the needs for this age group.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. We found that the practice enabled all patients to access their GP services and assisted those with hearing, sight and language difficulties.

The practice held a register of patients with a learning disability and had developed individual care plans for each patient. The practice carried out annual health checks and offered longer appointments for patients with a learning disability.

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

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). Patients who presented with an acute mental health crisis were offered same day appointments. People experiencing poor mental health were offered an annual physical health check. Dementia screening was offered to patients identified in the at risk groups. It carried out advance care planning for patients with dementia.

The practice added patients to the mental health register after a single simple paranoid episode and monitored them annually. Staff had been trained as 'dementia friends'. Dementia friends are trained volunteers who encourage others to learn about dementia. The practice regularly worked with multi-disciplinary teams in the case

Good



Summary of findings

management of patients with mental health needs. This included support and services for patients with substance misuse and screening for alcohol misuse with onward referral to the local alcohol service if required. The practice also worked closely with the health visiting team to support mothers experiencing post-natal depression. It had told patients about how to access various support groups and voluntary organisations and signposted patients to the advocacy service where appropriate.

Summary of findings

What people who use the service say

We spoke with three patients during the inspection and collected 29 Care Quality Commission (CQC) comment cards. Patients were very positive about the service they experienced. Patients said they felt the practice offered an efficient service and staff were helpful, caring and treated them with dignity and respect. They said the nurses and GPs listened and responded to their needs and they were involved in decisions about their care. Comment cards highlighted a high level of patient satisfaction with staff, access to appointments and care provided.

The national GP patient survey results published on 2 July 2015 showed the practice was performing above local and national averages in most aspects of care. There were 135 responses and a response rate of 40.3%. The results indicated the practice had a high level of overall patient satisfaction. For example:

- 94.6% of respondents described their overall experience of the surgery as good compared with the Clinical Commissioning Group (CCG) average of 87.8% and national average of 84.8%.
- 86.2% of respondents said they would recommend the practice to someone new in the area compared with the CCG average of 80.4% and national average of 77.5%.

However the results indicated the practice could perform better in telephone access to the surgery, for example:

- 62.7% of respondents said they found it easy to get through to the surgery by telephone compared to the CCG average of 71.1% and national average of 73.3%.

The Hollies Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector. The team included a GP specialist advisor and a practice manager specialist advisor.

Background to The Hollies Medical Practice

The Hollies Medical Practice is located in Tamworth, Staffordshire and is situated in a purpose built building near the centre of town. It shares the building with another GP practice and members of the community health team. The practice has seven GP partners and a list size of 15,360 patients. The partners are assisted by a clinical team consisting of two salaried GPs and a GP returner that combined to equal 7.44 whole time equivalent doctors. The nursing team consisted of two nurse practitioners, three practice nurses, two healthcare assistants and a phlebotomist that combined to equal 5.63 whole time equivalent staff. The administration team consists of a practice manager, office manager, quality manager and 16 supporting staff. The practice was a training practice and had GPs in training from a local GP training programme.

The practice area is one of less deprivation when compared with the local and national averages. Life expectancy is in line with the national average.

The practice is open from 8am to 6.30pm on Mondays, Tuesdays and Fridays and from 7am to 6.30 pm on Wednesdays and Thursdays. When the practice is closed the telephone lines are diverted to the NHS 111 service and there is an out of hours service provided by Staffordshire

Doctors Urgent Care. The nearest hospitals with A&E units are situated at Sutton Coldfield and Burton upon Trent. There are minor injury units at the Robert Peel Hospital in Tamworth and at a walk in centre in Burntwood.

Why we carried out this inspection

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

How we carried out this inspection

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

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

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

- Older people
- People with long-term conditions

Detailed findings

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

Before visiting the practice we reviewed information we held and asked other organisations and key stakeholders

to share what they knew about the practice. We also reviewed policies, procedures and other information the practice provided before the inspection day. We carried out an announced inspection on 11 January 2016.

We spoke with a range of staff including GPs, nurses, the practice manager, office manager and members of administration staff during our visit. We sought the views from the representatives of the patient participation group, looked at comment cards and reviewed survey information.

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, national patient safety alerts 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, the family of a patient questioned the care provided for a relative who had passed away. The senior partner at the practice conducted a thorough investigation that included all clinicians. Learning points had been made and communicated internally. The family had been informed of the outcome in person.

When there were unintended or unexpected safety incidents the practice evidenced a robust system for recording, reviewing and learning. All clinicians were engaged with the process and information was shared through a central store of electronic documents available to all staff. A culture to encourage duty of candour was evident through the significant event reporting process. Duty of Candour is a legislative requirement for providers of health and social care services to set out some specific requirements that must be followed when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from the risk of abuse. Contact details for local safeguarding teams 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. All staff had received role appropriate training to nationally recognised standards.

For example, GPs had attended level three training in safeguarding children. A GP partner was identified as the safeguarding lead within the practice and demonstrated they had the oversight of patients, knowledge and experience to fulfil this role.

- Notices at reception and in the clinical rooms advised patients that staff would act as chaperones, if required. Trained nursing staff acted as chaperones and had received a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The practice had identified a gap when GP consultations could be held at times when nursing staff were unavailable. Administration staff had been trained and DBS checks were being done so that they could act as chaperones once completed.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice had a nominated infection control lead. There was an infection control policy in place and staff had received up to date training.
- 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 had a procedure for fridge failure. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions (PSDs) to enable Health Care Assistants to administer vaccinations.
- We reviewed four personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

The patient registration policy did not request photographic evidence of identification to be sought from

Are services safe?

new patients who joined the practice. National Health Service (NHS) guidance on GP patient registration fraud recommends that practices should request one item of photographic identification to help prevent fraud.

Monitoring risks to patients

The practice had trained staff, and had a number of policies and procedures in place, to deal with environmental factors, occurrences or events that may affect patient or staff safety.

- The practice had up to date fire risk assessments and carried out regular fire drills.
- Electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it worked properly.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.
- Infection prevention control audits were undertaken in line with National Institute for Health and Care Excellence (NICE) guidelines. The most recent audit had been completed in June 2014 and had been reviewed at six month intervals.
- Staff had received appropriate vaccinations that protected them from exposure to health care associated infections.
- The practice had undertaken a formal risk assessment for minimising the risk of Legionella (Legionella is a bacterium which can contaminate water systems in buildings).

The practice commissioned an independent risk assessment of the practice in October 2015. The practice acted on two recommendations from the October 2015 risk assessment;

- Additional chaperone training had been given to administration staff to cover extended hours when a member of the nursing team was not available
- The scanning rota had been extended and the protocol changed to prioritise completion on the same day.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents.

- There was a panic alarm system which alerted staff to any emergency.
- All staff had received annual update training in basic life support.
- Emergency medicines were held to treat a range of sudden illness that may occur within a general practice. All medicines were in date, stored securely and those to treat a sudden allergic reaction were available in every clinical room.
- The practice had emergency equipment which included an automated external defibrillator (AED), (which provides an electric shock to stabilise a life threatening heart rhythm), oxygen and pulse oximeters (to measure the level of oxygen in a patient's bloodstream).
- There was a first aid kit and accident book and staff knew where they were located.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and a copy was kept off site.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The staff we spoke with demonstrated a thorough knowledge of guidelines and care pathways relevant to the care they provided.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

The practice was aware of the local needs of the population and engaged with the local clinical commissioning group (CCG). For example, the practice told us that teenage pregnancy rates were high in Tamworth. Long acting reversible contraception (LARC) services were provided and promoted through posters in the waiting room.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). QOF results from 2014/15 showed;

- The practice achieved 100% of the total number of points available. This was better than the national average of 93.5% and the clinical commissioning group (CCG) average of 92.7%. This performance had improved from the 2013/14 performance of 99.6%
- Clinical exception reporting was 17.2%. This was worse than the national average of 9.2% and CCG average of 9.8%. Clinical exception rates allow practices not to be penalised, where, for example, patients do not attend for a review, or where a medicine cannot be prescribed due to side effects. Generally lower rates indicate more patients have received the treatment or medicine.

We spoke with GPs and the practice manager about this performance. They told us that the practice had an efficient, all patient recall service and clinical exceptions required authorisation from a GP. We discussed the high clinical exception rates and reviewed two indicators, asthma and mental health where the exception rates were significantly above national and CCG averages.

The practice were able to clearly demonstrate the factors that increased their clinical exception rate. For example:

- A failsafe patient recall system for patients with long term conditions such as asthma.
- Patients were added to the mental health register after a simple single simple paranoid episode and monitored annually.
- Incorrect coding used resulted in some patients being seen as exceptions when they had received an annual review from clinician. Codes are used by the practice's computer system to create reports on clinical intervention.

We saw evidence to support the reasons given. For example, all patients on registers for long term conditions were recalled for clinical review.

There had been 15 clinical audits in the last year. All of these were completed audits where the improvements made were implemented and monitored. The audits included a review of complications following insertion of coils and implants. The protocol was changed and a pregnancy test introduced prior to fitting coils and implants. Where necessary audits had been discussed by the practice team and changed made as appropriate.

The practice followed local and national guidance for referral of patients with symptoms that may be suggestive of cancer. Data from NHS England in 2014 showed:

- 55.4% of practice patients with a new diagnosis of cancer had received their diagnosis via a fast tracked referral pathway (two week wait). This was better than the CCG average of 46.7% and national average of 48.4%.

Ante-natal care by community midwives was provided at the practice via an appointment basis.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- The nursing team co-ordinated the review of patients with long-term conditions and provided health promotion measures in house.
- GPs had additional training in minor surgery, female health and the implantation of contraceptive devices to provide additional services on site.
- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- All staff felt supported to develop and had received at least annual appraisals. For example, the practice employed a GP on a returner scheme who commented on the clinical support being excellent. A GP returner scheme supports GPs to safely return to General Practice following a career break of at least two years or time spent working abroad.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.
- Staff had been trained as 'dementia friends'. Dementia friends are trained volunteers who encourage others to learn about dementia.

Coordinating patient care and information sharing

The practice had a system for receiving information about patients' care and treatment from other agencies such as hospitals, out-of-hours services and community services. Staff were aware of their own responsibilities for processing, recording and acting on any information received. We saw that the practice was up to date in the handling of information such as discharge letters and blood test results.

A number of information processes operated to ensure information about patients' care and treatment was shared appropriately:

- The GPs met on a monthly basis to review all patients who had care plans. Outcomes and follow up were coordinated by minutes taken and distributed to all clinical staff.
- The practice team met on a regular basis with other professionals, including palliative care and community nurses, to discuss the care and treatment needs of patients approaching the end of their life and those at increased risk of unplanned admission to hospital.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practice's responsibilities within legislation and followed relevant national guidance.
- Important issues surrounding decisions on when patients decided to receive or not receive treatment were discussed and recorded to nationally accepted standards.

Health promotion and prevention

Practice staff identified patients who may be in need of extra support and provided advice when appropriate. Patients who may benefit from specialist services were referred according to their needs.

- Older patients were offered a comprehensive assessment.
- Patients aged 40 – 74 years of age were invited to attend for a NHS Health Check with the practice healthcare assistant. Any concerns were followed up in a consultation with a GP.

Data from QOF in 2014/15 showed that the practice had identified 15.44% of patients with hypertension (high blood pressure). This was higher than the CCG average of 14.97% and national average of 14.06%.

The practice's uptake for the cervical screening programme was 81.3% which was the same as the CCG average and just below the national average of 81.8%.

Data from 2014, published by Public Health England showed that the number of patients who engaged with national screening programmes was slightly lower than local and national averages.

Are services effective? (for example, treatment is effective)

- 71.4% of eligible females aged 50-70 attended screening to detect breast cancer. This was lower than the CCG average of 73.2% and national average of 72.2%.
- 61% of eligible patients aged 60-69 were screened for symptoms that could be suggestive of bowel cancer. This was lower than the CCG average of 61.7% but higher than the national average of 58.3%.

The practice provided childhood immunisations and rates were in line or better than CCG and national averages.

Vaccination rates for uptake of the seasonal flu vaccination were higher than average. In the latest vaccination programme and as of the end of November 2015 data showed:

- 82.69% of patients aged 65 or over had received the vaccinations. This was higher than the national average of 68.8%.
- 52.9% of patients under 65 who had a health condition that placed them in the 'at risk' group had received the vaccination. This was higher than the national average of 50.69%.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and helpful to patients attending at the reception desk and that patients were treated with dignity and respect.

We spoke with three patients during the inspection and collected 29 Care Quality Commission (CQC) comment cards. Patients were positive about the service they experienced. Patients said they felt the practice offered good service and staff were helpful, caring and treated them with dignity and respect. They said the nurses and GPs listened and responded to their needs and they were involved in decisions about their care. Comment cards highlighted that the appointment system worked well and that GPs were supportive.

Consultations and treatments were carried out in the privacy of a consulting room. Curtains were provided in GPs' consulting rooms. In the treatment rooms, doors were locked when necessary so that patients' privacy and dignity was maintained during examinations, investigations and treatments. Consultation and treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard. A confidential room was available if patients wanted to discuss sensitive issues or appeared distressed.

We reviewed the most recent data available for the practice on patient satisfaction. This included comments made to us from patients and information from the national GP patient survey published in July 2015. The survey invited 335 patients to submit their views on the practice, a total of 135 forms were returned. This gave a return rate of 40.3%.

The results from the GP national patient survey showed patients were highly satisfied with how they were treated. The practice had satisfaction rates higher than both local and national averages. For example;

- 83% described their experience of making an appointment as good compared to the Clinical Commissioning Group (CCG) average of 73% and national average of 73%.
- 96.5% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 92.8% and national average of 90.4%.

Care planning and involvement in decisions about care and treatment

The GP patient survey information we reviewed showed a positive patient response to questions about their involvement in planning and making decisions about their care and treatment with GPs. The GP patient survey published in July 2015 showed;

- 92.1% said the last GP they saw was good at involving them about decisions about their care compared to the CCG average of 83.1% and national average of 81.4%.
- 92% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87.2% and national average of 86%.
- 94.6% said the last nurse they saw was good at involving them about decisions about their care compared to the CCG average of 87.1% and national average of 84.8%.
- 93.6% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 89.6%.

All of the comments we received from patients were positive about their own involvement in their care and treatment.

Patient/carer support to cope emotionally with care and treatment

The practice had a carer's policy that promoted the care of patients who are carers whenever possible. The policy included the offer of a basic health check to all carers. There was a carer's register that numbered 499 patients which equated to 3.25% of the patient list.

Patients and carers gave positive accounts of when they had received support to cope with care and treatment. We heard a number of positive experiences about the support and compassion they received. For example, a patient told us about an occasion when frequent home visits were provided to a terminally ill relative and additional support was given to both the family and patient.

The practice recorded information about carers and subject to a patient's agreement a carer could receive information and discuss issues with staff.

If a patient experienced bereavement, practice staff told us that they were signposted to services and were supported by a GP visit or telephone call when appropriate.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice provided online services for patients to book appointments, order repeat prescriptions and access a summary of their medical records.

- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- The treatment rooms were all located on the ground floor of the building.
- The building had automatic doors and disabled toilets.
- Baby changing facilities were available and well signposted
- Phone calls were made to patients who lived at a local travellers' site due to a postal service not being available.

The practice regularly worked with multi-disciplinary teams in the case management of patients with mental health needs. This included support and services for patients with substance misuse and screening for alcohol misuse with onward referral to the local alcohol service if required. The practice also worked closely with the health visiting team to support mothers experiencing post-natal depression.

Access to the service

The practice was open from 8am and 6.30pm Monday, Tuesday and Friday and from 7am to 6.30pm on a Wednesday and Thursday. Pre-bookable appointments could be booked up to four weeks in advance and same day urgent appointments were offered each day. Patients could book appointments in person, by telephone or online for those who had registered for this service. The practice advertised the daily availability of telephone consultations each morning. We saw that there were

bookable appointments available with GPs within the next two working days and with nurses within the next working day. We saw that urgent appointments were available on the day of inspection.

Results from the national GP patient survey showed higher rates of satisfaction when compared to local and national averages.

- 85% of patients were satisfied with the practice's opening hours compared to the CCG average of 76.5% and national average of 74.9%.
- 95.4% of patients said the last appointment they made was convenient compared to the CCG average of 92.6% and national average 91.8%.
- 72% of patients felt they did not have to wait too long to be seen compared to the CCG average of 61.4% and national average of 57.7%.
- 85% of patients were satisfied with the practice's opening hours compared to the CCG average of 76.5% and national average of 74.9%.
- 90% of patients were able to secure an appointment the last time they tried compared to the CCG average of 86% and national average of 85.2%.

However the patient feedback on the telephone access was below both local and national averages:

- 63% said it was easy to get through to this surgery by telephone compared to the CCG average of 71% and national average of 73%.

The practice was aware of the problem with telephone access and improvements had been made. For example, a new telephone system was installed that included a call queuing facility, an automated response facility and call diversion. The practice promoted the use of the internet to make an appointment on noticeboards and planned to review the staff mix at peak call times.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

Are services responsive to people's needs? (for example, to feedback?)

Information was available to help patients understand the complaints system and the complaints process was displayed on notice boards, in the practice booklet and on the practice website.

The practice had received 13 complaints in the last 12 months. We viewed the template completed to log complaints and saw they had been acknowledged,

investigated and responded to in line with the practice complaints policy. There were no trends to the complaints received. Complaints were discussed individually with staff and at practice meetings. Learning from complaints was evident and when appropriate the practice issued an apology and explained how systems had been changed to limit the risk of reoccurrence.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice did not have a formalised business plan, although the staff we spoke with told us that the development meetings held monthly provided an opportunity for regular communication on practice strategy. We saw that new developments was an agenda item at each meeting. All of the staff we spoke with demonstrated a culture existed that positioned high quality individualised care of patients at the heart of their work. For example, the practice described a project that encouraged better working arrangements with the district nursing team.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The practice agreement addressed succession planning with a clause that stated only one partner could retire per annum.

Leadership, openness and transparency

The leadership team within the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The lead GP and practice manager were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. The practice had participated in a clinical risk self-assessment day which

had been led by a provider of medical indemnity insurance. The report provided by the facilitator complimented the practice on excellent communication, leadership and clinical systems. For example, the chronic disease management and patient recall system.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, feedback and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice.

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis and assisted with the annual patient surveys. There were examples seen of what the practice had done in 2015 to improve the service through discussion with the PPG. For example;

- The number of disabled parking bays had been increased and relocated to the front of the building following discussion with the PPG.

Are services well-led?

Good 

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

- A text reminder service had been reintroduced to remind patients of the day and time of their appointment.
- Notice boards in the waiting area had been updated and maintained.

Continuous improvement

The staff we spoke with told us they felt supported to develop professionally and all had received recent appraisals. For example, the practice healthcare assistant had been supported to complete training in administering flu, pneumococcal and shingles vaccinations.

The practice was a training practice and trained doctors who want to become GPs as part of a local GP training programme. There had not been a trainee attached to the practice for the past year as the intended doctor had left the programme prior to commencement. Instead the practice had supported a GP returner. The practice told us that arrangements had been made for a trainee GP to be introduced in August 2016.