Dr Anuradha Giri

Quality Report

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Date of inspection visit: 4 February 2016
Date of publication: 06/05/2016

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

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Friendly Family Surgery on 4 February 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Feedback from patients about their care was positive. 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 and learning from complaints was shared across the practice.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The practice had an active Patient Participation Group (PPG) and worked with them to review and improve services for patients.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. The practice had robust processes in place to investigate and review significant events.
- Where people were affected by safety incidents, the practice demonstrated an open and transparent approach to investigating these. Apologies were offered where appropriate
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse. The practice had a designated GP responsible for safeguarding and had regular meetings with attached health professionals to discuss patients at risk.
- Risks to patients were assessed and well managed.

Appropriate recruitment checks had been undertaken for all members of staff, including checks with the Disclosure and Barring Service (DBS).

Are services effective?

Good

The practice is rated as good for providing effective services.

- Systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Clinical audits were undertaken. For example, recent action taken as a result of audit of antibiotics prescribed to patients showed an overall reduction in the number being prescribed.
- Data showed most patient outcomes were similar to the locality. For example,
- 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 people's needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice in line with others several aspects of care. For example, 82% of patients said the last GP they saw or spoke to was good at involving them in decisions about their care, compared to the CCG average of 81% and the national average of 82%.

Summary of findings

- Patients told us they were treated with care and concern by staff and that their privacy and dignity was respected. Feedback from comments cards aligned with these views.
- The practice provided information for patients which was accessible and easy to understand.
- We observed that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet people's needs.
- The practice offered flexible services to meet the needs of its patients. For example, printed appointment cards were given to patients who booked in person with the time and date printed on to act as an aide-memoir.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff.
- All of the patients we spoke with said they found it easy to make an appointment and that there was continuity of care, with urgent appointments available the same day.

Are services well-led?

Good

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

- The practice had a vision to deliver high quality care. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by partners and management.
- The practice had a wide range of policies and procedures to govern activity and these were regularly reviewed and updated.
- The partners and practice manager encouraged a culture of openness and honesty, and staff felt supported to raise issues and concerns.
- The practice proactively sought feedback from staff and patients through the PPG, satisfaction surveys and coffee mornings, which it acted on. The patient participation group (PPG) was well established and met regularly. The PPG worked closely with the practice to review issues including appointment access and waiting times.

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.

- The practice offered proactive, personalised care to meet the needs of older people in its population. For example there was a nominated carer's lead who was able to signpost support and information for locally available services and all carers were registered with the practice to alert clinicians when they attended for appointments.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice worked effectively with the multi-disciplinary teams to identify patients at risk of admission to hospital and to ensure their needs were met.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions.

- GPs had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Care plans were in place for patients identified as being at risk of admission and progress reviews held monthly with multidisciplinary teams.
- Longer appointments and home visits were available when needed.
- As a small practice all patients, their carers and family were well known to the clinical and reception team and services tailored to their individual needs through formal care plans and flexibility of appointments managed by the reception staff, to provide the best possible care, through formal care plans and in.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people.

Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were in line with the locality for all standard childhood immunisations. For example, childhood immunisation rates for the vaccinations given to five year olds ranged from 93% to 100% compared to a CCG average of 96% to 99%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours. Urgent appointments were always available on the day.
- Although there were no dedicated baby changing facilities, staff told us a room would always be made available when required.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. This included access to telephone appointments and online booking of appointments.
- The practice offered extended hours appointments one evening per week to meet the needs of this population group.
- Online resources to healthy living and health checks were signposted through the practice website and health promotion and screening was provided that reflected 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 those with a learning disability.
- Longer appointments were available for people with a learning disability in addition to offering other reasonable adjustments.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice told vulnerable patients about how to access various support groups and voluntary organisations.

Summary of findings

- 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).

- A total of 86% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months which was slightly above the CCG average of 84%.
- A total of 93% of patients with a mental health condition had a comprehensive care plan documented in their records in the previous 12 months which was above the CCG average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia.

Summary of findings

What people who use the service say

We reviewed the national GP patient survey results published January 2016. The results showed the practice was performing above or in line with local and national averages. There were 269 survey forms distributed and 117 were returned. This represented a response rate of 43%.

The results showed:

- 75% of respondents found it easy to get through to this practice by phone compared with the CCG average of 74% and the national average of 73%
- 76% of respondents described their experience of making an appointment as good compared with the CCG average of 74% and the national average of 73%
- 70% of respondents with a preferred GP usually got to see or speak to that GP compared with the CCG average of 56% and the national average of 59%
- 80% of respondents said the last GP they saw or spoke to was good at treating them with care and concern compared with the CCG average of 85% and the national average of 85%

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 46 comment cards which were all positive about the standard of care received. Comments highlighted friendly, approachable staff and patients said they always felt listened to. Patients described the practice as caring and supportive and said they always found it clean.

We spoke with seven patients during the inspection. All of the patients said they were happy with the care they received and thought staff were approachable, committed and caring.

Dr Anuradha Giri

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 manager specialist adviser and an expert by experience.

Background to Dr Anuradha Giri

Dr Anuradha Giri also known as The Friendly Family Surgery provides primary medical services to approximately 3766 patients through a personal medical services contract (PMS). Services are provided to patients from a single site in purpose built premises.

The level of deprivation within the practice population is higher than the national average. Income deprivation affecting children is higher than the national average although deprivation affecting older people is below the national average. The area has a high number of people who are unemployed.

The clinical team comprises two female GP partners, a male salaried GP, a practice nurse and a healthcare assistant. The clinical team is supported by a full time practice manager and a team of administrative staff including a care co-ordinator and reception staff.

The practice is open from 8am to 6.30pm Monday to Friday. The consultation times for morning GP appointments are from 8am to 11.50am. Afternoon appointments are offered from 1pm until 6pm. The practice offers extended hours alternating on a Tuesday or Wednesday evening until 8.30pm.

The practice has opted out of providing out-of-hours services to its own patients. This service is provided by Derbyshire Health United through the 111 system.

Why we carried out this inspection

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

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 4 February 2016. During our visit we:

- Spoke with a range of staff (including GPs, nursing staff, the practice manager and administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Detailed findings

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

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

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

The practice had systems in place to report and record incidents and significant events.

- Staff told us they would inform the practice manager or the senior partner of an incident or event in the first instance. Following this, the appropriate staff member completed the reporting form which was available on the practice's computer system.
- The practice recorded all significant events on a central spread sheet and reviewed these at full staff meetings every two months and informally at weekly meetings.

We reviewed a range of information relating to safety and the minutes of meetings where this information was discussed. The practice ensured areas for improvement were highlighted and that action was taken to improve safety within the practice. For example, the practice had recorded a significant event where a patient had amended the date on a post-dated prescription which had been issued to the pharmacist.

We reviewed the meeting minutes where this event had been discussed. The practice had amended their protocol, and shared learning with staff to ensure they were aware of the correct protocol and procedure to follow.

Where patients were affected by incidents of significant events the practice demonstrated an open and transparent approach to the sharing of information. We saw that apologies were offered where appropriate.

Overview of safety systems and processes

The practice demonstrated systems which kept people safe and safeguarded from abuse. These included:

- Arrangements to safeguard children and vulnerable adults from abuse which were in line with local requirements and national legislation. There was a lead GP responsible for child and adult safeguarding and staff were aware of who this was. Policies in place supported staff to fulfil their roles and outlined who to contact for further guidance if they had concerns about patient welfare. Staff had received training relevant to their role and GPs were trained to Level 3 for safeguarding children. The Lead GP attended safeguarding meetings with the community teams.
- The practice had effective systems in place to disseminate the latest guidance from regulatory safety bodies, such as the Medicines and Healthcare products Regulatory Agency (MHRA) and safety alerts, to staff through the computer system which were then discussed at meetings where appropriate.
- Nursing and reception staff acted as chaperones if required. Notices were displayed in the waiting area to make patients aware this service was available. All staff who acted as chaperones were appropriately trained and checks had been undertaken with the disclosure and barring service (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).
- The practice premises were observed to be clean and tidy. The practice had a recently appointed practice nurse who was the clinical lead for infection control. A full audit had been undertaken in February 2016 and an action plan had been put in place to secure improvements. The practice planned for the nurse to attend clinical commissioning group (CCG) led infection control meetings and have additional training in this area to ensure they were up to date with best practice.
- Arrangements in place to manage medicines within the practice ensured that patients were kept safe. Medicines audits were undertaken with the support of the clinical commissioning group (CCG) medicines management team to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were stored securely and processes were in place to monitor their use. The Practice Nurse administered medicines in line with legislation and Patient Group Directions (PGDs) which were up to date and authorised by the lead GP.
- We reviewed five employment files for clinical and non-clinical staff. We found that all of the appropriate recruitment checks had been undertaken prior to employment. Checks undertaken included, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS).

Monitoring risks to patients

Risks to patients were assessed and well managed.

Good

Are services safe?

- There were procedures in place for monitoring and managing risks to patient and staff safety.
- There was a health and safety policy available and a Health and Safety Executive poster on display. The practice had up to date fire risk assessments and had carried out fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as lone working, and the control of substances hazardous to health.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available and the practice had a designated first aider.
- Emergency medicines were easily accessible to staff in a secure area of the practice, were in date and all staff knew of their location.
- 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 suppliers.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

- 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 people's needs and to the latest recommendations.
- The practice monitored that these guidelines were followed through clinical discussions and audit.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recently published results showed that the practice had achieved 100% of the total number of points available, with an exception reporting rate of 11.4% which was slightly above local and national averages. (The exception reporting rate is the number of patients which are excluded by the practice when calculating achievement within QOF). Performance in all areas was in line with the local and national average. Data from 2014/15 showed;

- The percentage of patients with diabetes, on the register, with a recently measured total cholesterol level was 77% which was in line with the CCG average of 77% and the national average of 80%.
- The percentage of patients with hypertension having regular blood pressure tests was 86% which was 3% above the CCG average and 2% above the national average.
- The percentage of patients with a mental health condition recently having a care plan documented was 92% which was 3% above the CCG average and 4% above the national average.
- The percentage of patients diagnosed with dementia whose care was recently reviewed during an appointment was 86% which was the same as the CCG average and 2% above the national average.

Clinical audits were undertaken within the practice.

- There had been four clinical audits undertaken in the last two years; two of these were completed audits where the improvements made were implemented and monitored. For example, the practice had undertaken an audit to show the number of suitable patients who could be receiving medicines which maintain bone density, in line with latest guidance. It underlined some patients who would benefit from the medicine, potentially reducing the likelihood of bone fractures in the future; these patients were prescribed this during reviews with a GP.
- The practice participated in local audits, national benchmarking, and accreditation. We saw evidence of regular engagement with the CCG and involvement in peer reviews of areas such as QOF performance.
- Prescribing of medicines including specified broad spectrum antibiotics was higher than local and national averages, and the practice was working with the CCG medicines management technician to improve the effectiveness of prescribing. In addition an audit had been undertaken to monitor the patients prescribed antibiotics.

Effective staffing

We saw staff had a range of experience, skills and knowledge which enabled them to deliver effective care and treatment.

- The practice had a comprehensive induction programme for newly appointed clinical and non-clinical members of staff that covered topics such as safeguarding, first aid, health and safety and confidentiality. Recently appointed staff told us they had been welcomed by their colleagues and felt supported in their roles.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff; for example, for staff reviewing patients with long term conditions, administering vaccines, taking samples for cervical screening and taking blood samples had received specific training which included an assessment of competence.
- Learning needs of staff were identified through annual appraisals, meetings and wider reviews of practice development. Staff had access to a range of training which was appropriate to meet the needs of their role. In addition to formal training sessions support was

provided through regular meetings, mentoring and clinical supervision. We saw evidence to demonstrate that training needs of staff had been identified and planned for through the appraisal system.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to CCG led training and in-house training including e-learning.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. A care coordinator monitored discharges and admissions and made sure patients were able to access services when required, liaising with community teams when necessary. We saw evidence that multi-disciplinary team meetings took place on a regular basis and care plans were routinely reviewed and updated.

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.

Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted or referred to the relevant service.
- The practice offered a range of services including smoking cessation, family planning and weight management services.

The practice had systems in place to ensure patients attended screening programmes and ensured that results were followed up appropriately. The practice's uptake for the cervical screening programme was 82% which was comparable to the national average of 82%. 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 were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 97% (CCG average ranges from 97% to 98%), and five year olds from 93% to 100% (CCG average ranges from 97% to 100%).

Flu vaccination rates for the over 65s were 68% and at risk groups 57%. The rate for the over 65s was comparable to the national averages of 73% and the rate for at risk groups was above the national average of 52.3%.

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

Kindness, dignity, respect and compassion

During the inspection we saw that staff treated patients with dignity and respect. Staff were helpful to patients both on the telephone and within the practice. We saw that staff greeted patients as they entered the practice, often on a first name basis.

Measures were in place to ensure patients felt at ease within the practice. These included:

- Curtains were provided in treatment and consultation rooms to maintain patients' privacy and dignity during examinations and treatments.
- Consultation room doors were kept closed during consultations and locked during sensitive examinations. Conversations taking place in consultation rooms could not be overheard.
- Reception staff offered to speak with patients privately away from the reception area if they wished to discuss sensitive issues or appeared distressed.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. All 46 completed comment cards we received were positive about the standard of care received. Patients said they were always treated with dignity and respect and described the practice staff as friendly, helpful and that they were treated with an exemplary level or care. Patients said they felt listened to and were given the time they needed to discuss their problems.

We spoke with seven patients, including three members of the patient participation group (PPG), during the inspection. All of the patients said that they found the premises clean and tidy and were always treated with kindness and consideration by the practice staff. Patients said that all staff treated them in a friendly and welcoming manner.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was in line with local and national averages for its satisfaction scores on consultations with doctors and nurses. For example:

- 90% of patients said the GP was good at listening to them compared to the CCG average of 86% and national average of 89%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 83% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average 95%.
- 87% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 85%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 90%.

Satisfaction scores for interactions with reception staff were also in line with the CCG and national averages:

- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.

Additionally, the practice demonstrated a caring approach towards their patient population through efforts to ensure that patients felt comfortable in attending the practice. For example the practice identified patients who would benefit from not being in a busy waiting room prior to their appointment. The reception staff would always try to allocate the first appointment of the day so they could go straight to the consultation room.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

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. For example:

- 81% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.

Good

Are services caring?

- 82% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 82%.
- 70% of patients said they usually get to speak to their preferred GP compared with the CCG average of 56% and the national average of 59%.

Staff told us that translation services were available for patients who did not have English as a first language.

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. For example, there was information related to carers, dementia and mental health.

The practice's computer system alerted GPs if a patient was also a carer. There were 99 registered carers at the practice which represented 2.7% of the total list. The practice had a carers champion and a carers' noticeboard in the waiting area displayed information to direct carers to various sources of support.

Staff told us that if families had experienced a bereavement, their usual GP contacted them if this was considered appropriate. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. Administrative staff ensured that any existing appointments for deceased patients were cancelled.

Good

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. For example, the practice was working with the CCG and NHS England to look at arrangements to secure improvements to its current premises or a suitable relocation.

In addition to this the practice worked to ensure its services were accessible to different population groups. For example:

- The practice offered extended hours appointments one evening per week.
- There were longer appointments available for people who needed them and we saw evidence to support this.
- Home visits were available for housebound patients or for acutely ill children.
- Same day appointments were available for children and those with serious medical conditions.
- There were translation services available if these were required.
- Consultation rooms were situated on the ground floor of the practice and disabled parking was available.

The practice was aware of areas which needed to be improved. For example, the practice had made recent investments in renovating the consultation rooms. Additional capacity had been identified as an area for future plans due to possible local housing developments and the management team wanting to be able to offer additional services to meet people's needs.

Access to the service

The practice is open from 8am to 6.30pm Monday to Friday. The consultation times for morning GP appointments are from 8am to 11.50am. Afternoon appointments are offered from 1pm until 6pm. The practice offers extended hours alternating on a Tuesday or Wednesday evening until 8.30pm.

Reception staff were able to allocate additional appointments to meet demand or to meet specific patient's needs, and worked closely with the practice manager and GPs to manage demand.

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

- 82% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 75% of patients said they could get through easily to the surgery by phone compared to the CCG average of 74% and the national average of 73%.
- 86% of patients said the last appointment they got was convenient compared to the CCG average of 92% and the national average of 92%.

People told us on the day of the inspection that they were able to get appointments when they needed them and this aligned with feedback from the comment cards.

Listening and learning from concerns and complaints

We saw that the practice had systems in place to effectively manage complaints and concerns.

- The practice's 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.
- Leaflets for patients wishing to make a complaint about the practice were available from the reception and the practice had information about the complaints process visibly displayed in their waiting area.

We looked at 4 complaints received in the last 12 months and found these were dealt with promptly and sensitively. We saw that meetings were offered to discuss to resolve issues in the manner which the complainant wanted. Apologies were given to people making complaints where appropriate. Lessons were learnt from concerns and complaints and appropriate action was taken to improve the quality of care. We saw complaints were regularly discussed within the practice and learning was appropriately identified.

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 clearly defined aims and objectives centred on delivering high quality, safe and effective patient care. The practice had identified a range of objectives to underpin this vision. For example; to provide a friendly and family orientated environment. The plan included a proactive approach to workforce development, and included action plans to monitor progress.
- Staff were engaged with the aims and values of the practice and were committed to providing high quality patient care.

Governance arrangements

The practice had effective governance systems in place which supported the delivery of good quality care. These outlined the structures and procedures in place within the practice and ensured that:

- The practice had a clear staffing structure and staff were aware of their roles and responsibilities.
- A wide range of practice specific policies and protocols were in place and accessible to all staff. We saw that policies and protocols were regularly reviewed and updated and supported staff in their roles.
- There was a demonstrated and comprehensive understanding of the performance of the practice. This ranged from performance in respect of access to appointments, patient satisfaction and clinical performance.
- Arrangements were in place to identify, record and manage risks and ensure mitigating actions were implemented.

Leadership, openness and transparency

- The two partners within the practice had a range of experience and demonstrated they had the capacity to run the practice to ensure high quality care. They prioritised safe, high quality and compassionate care. The partners and the practice manager were visible in the practice and staff told us that they were approachable and took the time to listen to all members of staff.
- The practice held clinical meetings monthly, and full staff meetings every two months. We saw evidence of well-documented minutes from these meetings.
- We saw that there was a clear leadership structure in place and staff felt supported by management.
- Staff told us that there was a blame free and open culture within the practice and that they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. There was low staff turnover and staff told us that it was good place to work.
- Staff said they felt respected, valued and supported by the practice management. The team felt included in discussions about how to develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. The partners and practice manager had organised a team building event in April 2016 at an external venue.

When there were unexpected or unintended safety incidents:

- The practice offered affected people support, provided explanations and verbal or written apologies where appropriate. In addition the practice invited patients affected by significant events which were raised as complaints or concerns to review the outcomes and sought their consent for anonymised information to be used as a learning tool for staff.
- They kept comprehensive written records of verbal interactions as well as written correspondence.

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

We saw that the practice was open to feedback and encouraged feedback from patients, the public and its staff. The practice ensured it proactively sought the engagement of patients in how services were delivered:

- The practice gathered feedback from patients through the patient participation group (PPG), surveys and complaints received. There was an active PPG which met on a regular basis. They carried out patient surveys and discussed proposals for improvements with the practice management team. For example, the PPG had worked with the practice to review appointments and

Are services well-led?

Good

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amend the phone system to improve access to appointments for patients. In addition the PPG had raised money for Macmillan Cancer Nurses through coffee mornings and book clubs.

- The practice gathered feedback from staff through meetings, appraisals and ongoing discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. For example, staff told us they had been involved in discussions about the premises.