

Roundwell Medical Centre

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Roundwell Medical Centre on 2 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.
- 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.
- 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 accessible and easy to understand.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The area where the provider should make an improvement is:

- Ensure that patient feedback continues to be monitored to identify areas for improvement.

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, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were above average for the locality and compared to the national average.
- 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 from the National GP Patient Survey published in January 2016 showed patients rated the practice higher than others for several aspects of care, but lower than average for others. The practice had identified this and were proactively addressing the issues.
- Patients said they were treated with compassion, dignity and respect, and they were involved in decisions about their care and treatment.

Good



Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- A GP partner at the practice had a special interest in consultation and communication skills and organised training sessions for staff, including medical students and GP trainees.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice had identified the increasing need for musculoskeletal services for the working age population. They offered a twice weekly physiotherapy service on site that had a one to two week waiting time for appointments.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- The practice 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 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

Summary of findings

openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels. The practice was actively engaged in local and national clinical research studies.

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.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- An Age UK representative was available at the practice once a week for older patients to access help, information and signposting to relevant agencies.
- The practice offered health education leaflets for military veterans.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people, including rheumatoid arthritis and heart failure, were above local and national averages.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management, and patients at risk of hospital admission were identified as a priority.
- The practice used the information collected for the Quality and Outcomes Framework (QOF) to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice). Data from 2014/2015 showed that performance for diabetes related indicators was 100%, which was above the CCG average by 8% and the England average by 11%.
- Longer appointments and home visits were available when needed.
- Patients with long-term conditions had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice had a robust recall system for annual health and medication reviews.

Summary of findings

Families, children and young people

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

Good



- 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 relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG and England average. The practice also used the appointment as an opportunity to consult patients about their sexual health and contraception.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice had a private room available for breastfeeding.

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).

Good



- 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.
- Patients were able to get appointments between 6.30pm to 7.30pm on Monday evenings, and 7am to 8am on Tuesday mornings.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Practice staff carried out NHS health checks for patients between the ages of 40 and 74 years. The practice was able to refer patients to a health trainer to encourage lifestyle changes.
- The practice offered the meningitis B vaccination programme for university students.

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances, including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice held a weekly clinic run by the Norfolk Recovery Partnership for patients with drug or alcohol problems.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Patients who were carers were proactively identified and signposted to local carers' groups.
- 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)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- 86% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average.
- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan, which was 9.5% above the CCG average and 11.7% above the England average.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- An Admiral Nurse service was available for carers of patients with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health how to access various support groups and voluntary organisations.
- The practice worked with the local Wellbeing Service, who held twice weekly clinics at the practice.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Good



Summary of findings

- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The National GP Patient Survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. 239 survey forms were distributed and 116 were returned. This is a 45% response rate.

- 43% found it easy to get through to this surgery by phone compared to a CCG average of 72% and a national average of 73%.
- 78% were able to get an appointment to see or speak to someone the last time they tried (CCG average 87%, national average 85%).
- 75% described the overall experience of their GP surgery as fairly good or very good (CCG average 84%, national average 85%).

- 69% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 78%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. However, none of these had been completed despite being displayed on a reception desk.

We spoke with 12 patients during the inspection. All 12 patients said they were happy with the care they received and thought staff were approachable, committed and caring. The practice conducted the NHS Friends and Family Test, and had 18 responses in the past 12 months showing that the majority of patients were extremely likely / likely to recommend the practice to other people.

Roundwell Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a CQC non-executive board member, who was observing the inspection process.

Background to Roundwell Medical Centre

Roundwell Medical Centre is a large, purpose built practice situated in Costessey, Norwich. The practice provides services for approximately 12,113 patients. It holds a General Medical Services contract with South Norfolk CCG.

According to information taken from Public Health England, the patient population has a higher than average number of patients aged 0 – 4 and 25 – 34 years. It has a lower than average number of patients aged 49 – 85+ in comparison to the practice average across England.

The practice team consists of six GP partners, a salaried GP, a practice manager, two nurse practitioners, three practice nurses and two health care assistants. It also has teams of reception, administration and secretarial staff.

The practice is open from Monday to Friday. It offers appointments between 8am to 1pm and 2pm to 6pm. Extended hours clinics are also available between 6.30pm to 7.30pm on Monday evenings, and 7am to 8am on Tuesday mornings.

Roundwell Medical Centre was inspected in January 2014 using previous CQC methodology, and was found to be

compliant with the legal requirements and regulations associated with the Health and Social Care Act 2008. The practice did not receive a rating following this inspection under CQC's previous methodology.

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 2 February 2016.

- Spoke with a range of 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.

Are services safe?

Our findings

Safe track record and learning

The practice had a 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. When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

We reviewed safety records, incident reports, national patient safety alerts and minutes of clinical meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice.

Overview of safety systems and processes

Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements. The policies were available to all staff, and clearly outlined who to contact for further guidance if they had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding Level 3 for children.

A notice in the waiting room advised patients that nurses would act as chaperones if required. All staff who acted as chaperones were trained for the role 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 might have contact with children or adults who may be vulnerable.

The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There was a designated lead for infection control who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. We saw evidence that infection control

audits were undertaken and actions had been taken to address any shortfalls identified as a result. There was a log of daily infection control activity undertaken in the treatment room. Cleaners from an outside agency cleaned the practice daily.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.

The practice's two nurse practitioners had qualified as independent prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow practice nurses to administer medicines in line with legislation. The practice also had a system for production of Patient Specific Directions to enable health care assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.

We reviewed four personnel files and found 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.

There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular 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 had a variety of other risk

Are services safe?

assessments in place to monitor safety of the premises, such as control of substances hazardous to health and infection control and legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings).

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

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. Staff were also aware of panic

alarm buttons. All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a defibrillator available on the premises, along with oxygen with adult and children's masks.

There was a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. This was held online and off site.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed patients' 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 people's needs. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

We saw that staff were open about asking for and providing colleagues with advice and support. GPs told us that they supported all staff to continually review and discuss new best practice guidelines. We saw that this also took place during clinical meetings and the minutes we reviewed confirmed this. We saw that where a clinician had concerns they would telephone or message another clinician to confirm their diagnosis, treatment plan or get a second opinion.

We found from our discussions with the GPs and nurses they completed thorough assessments of patients' needs in line with NICE guidelines. These were reviewed when appropriate.

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 recent published results were 100% of the total number of points available, with 10% exception reporting (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed;

- Performance for diabetes related indicators was 100%, which was better than the CCG average by 8.2% and the England average by 10.8%.

- Performance for asthma related indicators was 100%, which was better than the CCG average by 0.9% and the England average by 2.6%.
- Performance for mental health related indicators was 100%, which was better than the CCG average by 4% and the England average by 7.2%.
- Performance for depression related indicators was 100%, which was better than the CCG average by 9.4% and the England average by 7.7%.
- Performance for chronic kidney disease related indicators was 100%, which was better than the CCG average by 4.7% and the England average by 5.3%.
- Performance for dementia related indicators was 100%, which was better than the CCG average by 1.8% and the England average by 5.5%.

Clinical audits demonstrated quality improvement. There had been a number of clinical audits completed in the last year, two of these were completed audits where the improvements made were implemented and monitored. The practice participated in applicable local audits, national benchmarking, accreditation and peer review. Findings were used by the practice to improve services. The practice had undertaken an audit that reviewed the patients who had committed suicide over an 18 month period. The practice analysed the circumstances of their deaths collectively to identify any trends or areas where clinical care could have been improved. The audit identified the need for clinicians to have a heightened awareness of mental health needs in people with chronic diseases.

The practice had a strong interest in research and took part in local and national studies. For example, the practice were involved with the Global Anticoagulant Registry in the Field (GARFIELD) study, which looks at the management of patients with newly diagnosed atrial fibrillation.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. The practice had an induction programme for newly appointed clinical and non-clinical members of staff that covered topics including safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

Are services effective?

(for example, treatment is effective)

The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.

The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors and nurses. All staff had had an appraisal within the last 12 months.

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 people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that the multi-disciplinary team meetings took place on a monthly basis and that 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.

When interviewed, staff were able to give examples of how a patient's best interests were taken into account if the patient did not have capacity to make a decision. Clinical staff demonstrated a clear understanding of Gillick competencies (these are used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions).

Supporting patients to live healthier lives

The practice identified patients who might be in need of extra support. These included patients in the last 12 months of their lives, carers and those at risk of developing a long-term condition. Patients were then signposted to the relevant service.

The practice offered a comprehensive screening programme. The practice's uptake for the cervical screening programme was 81%, which was comparable to other practices. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96% to 100% and five year olds from 92% to 100%.

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 years. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed that members of staff were courteous and very helpful to patients, and treated them with dignity and respect. Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Patient phone calls were taken in a designated office behind the reception desk, ensuring privacy and confidentiality. The reception desk was placed away from the seats in the waiting area, and we saw a notice informing patients they could request a private room to speak to receptionist.

A GP partner at the practice had a special interest in consultation and communication skills and organised training sessions for staff, including medical students and GP trainees. The patients we spoke to on the day of inspection told us that practice staff had excellent communication skills.

We spoke with twelve patients, including two members of the PPG. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the National GP Patient Survey published in January 2016 were comparable to or below CCG/national averages for patient satisfaction scores in some areas. For example:

- 79% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 81% said the GP gave them enough time (CCG average 87%, national average 87%).
- 94% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%)
- 78% said the last GP they spoke to was good at treating them with care and concern (CCG average 85%, national average 85%).
- 92% said the last nurse they spoke to was good at treating them with care and concern (CCG average 91%, national average 91%).
- 86% said they found the receptionists at the practice helpful (CCG average 88%, national average 87%).

This had been identified by the practice and analysed in depth. The practice showed us a robust action plan to improve patient satisfaction scores. The practice had a plan in place to undertake a further patient survey at the end of February 2016, when changes to their appointment booking system were embedded.

Care planning and involvement in decisions about care and treatment

Patients told us that 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.

Results from the National GP Patient Survey published in January 2016 showed patients did not always responded positively to some of the questions about their involvement in planning and making decisions about their care and treatment. Results were comparable to or below local and national averages. For example:

- 82% said the last GP they saw was good at explaining tests and treatments, compared to the CCG average of 88% and national average of 86%.
- 79% said the last GP they saw was good at involving them in decisions about their care (CCG average 84%, national average 82%)

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement they were contacted by their usual GP. 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.

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 had identified the increasing need for musculoskeletal services for the working age population. They offered a twice weekly physiotherapy service on site that had a one – two week waiting time for appointments.

The practice offered a variety of services to patients in addition to chronic disease management. Examples of these included contraceptive coil fitting, minor surgery, cryotherapy, paediatric diabetic clinics, audiology services and sleep apnoea clinics.

The practice worked to consistently meet the needs of patients with disabilities. For example, there were disabled parking spaces, disabled toilet facilities, automatic doors and lift access. Furthermore, the corridors within the practice were wide and clear, allowing easy access to the consulting rooms. There was a variation in the seating available in the waiting areas. Portable hearing loops were used in the reception areas. A patient with a visual impairment had previously commented that he struggled with the stairs, and the practice had added contrasting yellow edges to the steps to resolve this.

There were longer appointments available for people with a learning disability. Home visits were available for older patients / patients who would benefit from these. The practice offered an emergency clinic for on the day appointments. Patients were able to see both male and female clinical staff.

Access to the service

The practice was open from Monday to Friday. It offered appointments between 8am to 1pm and 2pm to 6pm. Extended hours clinics were also available between 6.30pm to 7.30pm on Monday evenings, and 7am to 8am on Tuesday mornings. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the National GP Patient Survey published in January 2016 showed that patient's satisfaction with how they could access care and treatment was comparable to or below local and national averages in some areas.

- 74% of patients were satisfied with the practice's opening hours, compared to the CCG average of 70% and national average of 75%.
- 43% patients said they could get through easily to the surgery by phone (CCG average 72%, national average 73%).
- 40% patients said they always or almost always see or speak to the GP they prefer (CCG average 58%, national average 59%).

Since receiving these results, the practice had implemented a new system for booking appointments. The upcoming patient survey was hoped to provide feedback on how patients found the new system.

People told us on the day of the inspection that they were able to get appointments when they needed them.

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.

We saw that information was available to help patients understand the complaints system on the practice's website and in their information leaflet. Information about how to make a complaint was also displayed on the wall in the waiting area. Reception staff showed a good understanding of the complaints' procedure.

We looked at documentation relating to a number of complaints received in the previous year and found that they had been fully investigated and responded to in a timely and empathetic manner. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

There was a proactive approach to succession planning in the practice. The practice had clearly identified potential and actual changes to practice, and made in depth consideration to how they would be managed.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. The practice had a comprehensive list of policies and procedures in place to govern its activity, which were readily available to all members of staff. We looked at a number of policies and procedures and found that they were up to date and had been reviewed regularly.

There was a clear leadership structure with named members of both clinical and administration staff in lead roles. Staff we spoke with were all clear about their own roles and responsibilities. Staff were multi-skilled and were able to cover each other's roles within their teams during leave or sickness.

Communication across the practice was structured around key scheduled meetings. There were weekly practice meetings involving the GPs and the practice manager, regular nurses' meetings and staff meetings involving all administrative staff. Multidisciplinary team meetings were held weekly, and the topics of the meetings rotated throughout the month.

We found that the quality of record keeping within the practice was good, with minutes and records required by regulation for the safety of patients being detailed, maintained, up to date and accurate.

There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff.

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.

There was a clear leadership structure in place and staff felt supported by management. Staff told us that there was an open, non-hierarchical culture within the practice and they had the opportunity to raise any issues at team meetings. We also noted the practice held social events. Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. The practice were planning an upcoming patient survey.

The practice gathered feedback from patients through surveys and complaints received. A suggestion box in reception area was available for patients to leave comments in, which was checked daily.

The active PPG held regular meetings at the surgery. We spoke with two members of the group, who reported that the practice manager was very good at ensuring the group were kept up to date with what was happening within the practice. They reported that the PPGs suggestions to improve the service were listened to and acted upon by the practice. The PPG were keen to recruit younger members and had given out information about the group at well baby clinics held in the practice.

Are services well-led?

Good 

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

The practice had been actively monitoring comments it had received on the NHS Choices website and where patients had raised concerns, we saw that these had been replied to with patients invited to contact the practice to discuss their concerns.

The practice had also gathered feedback from staff through staff meetings, appraisals, discussion and away days. 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.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team could demonstrate their forward thinking approach, and were involved with local pilot schemes to improve outcomes for patients in the area. For example, the practice had employed two apprentices.

The practice held monthly education meetings for all clinical staff to attend. We saw a yearly schedule that showed the varied topics covered, including genitourinary medicine, dermatology, migraine treatment and safeguarding. The practice organised internal and external staff to present these meetings.