

Dr Brian Perkins

Quality Report

Integrated Care Centre
New Radcliffe Street
Oldham
OL1 1NL
Tel: 0161 621 3888
Website: www.drperkinspractice.nhs.uk

Date of inspection visit: 10/11/2015
Date of publication: 10/12/2015

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	9
Areas for improvement	9

Detailed findings from this inspection

Our inspection team	10
Background to Dr Brian Perkins	10
Why we carried out this inspection	10
How we carried out this inspection	10
Detailed findings	12

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Brian Perkins (also known as Dr Perkins' Practice) On 10 November 2015. 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 a 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 available and easy to understand.

- Patients said they found it easy to make an appointment with the GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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 GP was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider should make improvement are:

- Clinical audits should be improved, with records kept of audit cycles and improvements made as a results of audits.
- All significant events, including those not of a clinical issue, should be recorded.
- The most recent staff member should receive safeguarding training.

Summary of findings

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, people 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.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Some audits were carried out but it was acknowledged that these could be improved on.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals for staff, who told us they felt well supported at work.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it very easy to make an appointment with the GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Good



Are services well-led?

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

- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and regular meetings were held, although some were informal.
- 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 GP encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents
- The practice proactively sought feedback from staff and patients, which it acted on. They were proactively encouraging patients to join a virtual patient participation.
- There was a documented leadership structure and staff felt supported by.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.

It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

Good



People with long term conditions

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

- The practice nurse had a lead role in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

- There were systems in place to identify and follow up children 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.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

We saw good examples of joint working with midwives, health visitors and school nurses.

Good



Summary of findings

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.
- 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.
- Appointments were available until 8pm on one evening each week.

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.
- It offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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).

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Summary of findings

- 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.
- Patients could access a counsellor at the practice once a week and waiting lists were very short.

Summary of findings

What people who use the service say

The most recent national GP patient survey results were published in July. The results showed the practice was usually performing in line with local and national averages. 417 survey forms were distributed and 118 were returned.

- 79% found it easy to get through to this surgery by phone compared to a (CCG average 70%, national average of 73%).
- 93% found the receptionists at this surgery helpful (CCG average 87%, national average 87%).
- 75% were able to get an appointment to see or speak to someone the last time they tried (CCG average 80%, national average 85%).
- 90% said the last appointment they got was convenient (CCG average 91%, national average 92%).
- 76% described their experience of making an appointment as good (CCG average 70%, national average 73%).

- 66% usually waited 15 minutes or less after their appointment time to be seen (CCG average 71%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 44 completed comment cards. These all contained positive comments about the standard of care received. Some also stated improvements could be made in some areas. Two patients said they sometimes could not always get an appointment when they needed one and three said they sometimes had to wait past their appointment time to be seen. Patients commented that they found the GP and nurse excellent, adding that they felt listened to and were treated with dignity. They said all staff were polite and caring, and some patients said they could always get an appointment when needed.

We spoke with six patients during the inspection. All of these patients told us they were happy with the care they received and thought that staff were approachable, committed and caring. They all said they could access appointments quickly and these were usually in the same day they were requested.

Areas for improvement

Action the service **SHOULD** take to improve

- Clinical audits should be improved, with records kept of audit cycles and improvements made as a results of audits.
- All significant events, including those not of a clinical issue, should be recorded.
- The most recent staff member should receive safeguarding training.

Dr Brian Perkins

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and also included a GP specialist advisor.

Background to Dr Brian Perkins

Dr Brian Perkins (also known as Dr Perkins' Practice) is located on the first floor of a health centre in Oldham Town Centre. There are other GP practices located in the same building. The practice is fully accessible to those with mobility difficulties. There is a car park next to the building.

There is one male GP, a practice nurse, a practice manager and reception and administrative staff. A general counsellor attended weekly and a drug counsellor and Benzodiazepine counsellor attend the practice when required.

The practice and the telephone lines are open Monday to Friday from 8am until 6.30pm. GP consultation hours are from 8am until noon and 3.30pm until 6pm, Monday to Friday. There is also extended opening each Monday from 6.30pm until 8pm.

The practice has a General Medical Service (GMS) contract with NHS England. At the time of our inspection 2680 patients were registered.

The practice has opted out of providing out-of-hours services to their patients. This service is provided by a registered out of hours provider, Go to Doc.

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 that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 10 November 2015. During our visit we:

- Spoke with a range of staff including the GP, practice nurse, practice manager and two reception staff. We also spoke with six patients.
- Observed interactions between patients and reception staff.
- Reviewed the records of the practice.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

Detailed findings

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

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

- Older people
- People with long-term conditions

- 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

There was a system in place for reporting and recording significant events. We saw that where these were regarding clinical issues they were recorded formally, investigated, appropriately responded to and discussed among the staff to ensure learning occurred. Other significant events, for example when patients had been abusive, were not always recorded formally in the same way. However, staff confirmed these events were discussed among the team and changes to working practice were made if required.

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

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The GP was the lead member of staff for safeguarding. They 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. The GP and practice nurse were trained to level 3, with most other staff being trained to level 1. The most recently recruited staff member who started work in July 2014 had not received training. The practice manager told us training was difficult to access but they had now found on-line training available. The safeguarding policy stated that staff would receive training every three years and the practice manager told us the training could be updated now on-line training had been sourced.
- A notice in the waiting room and in consulting rooms advised patients that a chaperone could be requested.

The practice nurse acted as a chaperone when one was required. They had received a Criminal Records Bureau (CRB) check prior to the Disclosure and Barring Service (DBS) coming into effect. (DBS)

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place. Clinical staff had received infection control training and other staff had received an overview of relevant infection control practices from the practice nurse. Annual handwashing training was given to staff. Infection control audits had been carried out and action plans put in place if required
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were stored securely.
- We reviewed personnel files for all staff. Most had worked at the practice for several years (some over 20 years) and information from their recruitment process was not available. Identification was held for all staff and the more newly recruited staff had an application form that included a full work history and references. Clinical staff had a CRB check in place and the practice was considering the needs to have these renewed with DBS checks. The recruitment policy stated these would be updated every three years. The practice manager told us this was incorrect and they would update their policy. The practice was in the process of requesting DBS checks for other staff.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- 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. Most health and safety checks were carried out by the building managers who had responsibility for this. There was a building fire risk

Are services safe?

assessment and regular fire alarm checks took place. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. Other risk assessments were in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella. Staff were trained in fire safety.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff required to meet patients' needs. The GP had morning and afternoon surgeries Monday to Friday and a locum GP was sought for periods of annual leave.

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 the computers in all the consultation and treatment rooms which alerted staff to any emergency.

- All staff had received basic life support training in 2014 and the practice was arranging for this to be updated. Emergency medicines were available in the GP's room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available. These were kept in the reception area and shared with other practices in the building. Weekly checks were carried out to ensure the equipment was available and ready for use.
- 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.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line 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 peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98.6% of the total number of points available, with 4.2% exception reporting. Data from 2014-15 showed:

- Performance for diabetes related indicators was 98.8%. This was better than the clinical commissioning group (CCG) average of 81.8% and the national average of 89.2%.
- Performance for hypertension related indicators was 100%. This was better than the CCG average of 96.7% and the national average of 97.8%.
- Performance for mental health related indicators was 100%. This was better than the CCG average of 91.7% and the national average of 92.8%.
- Performance for dementia related indicators was 100%. This was better than the CCG average of 90.4% and the national average of 94.5%.

Clinical audits and discussion with the GP demonstrated quality improvement.

- There had been two clinical audits completed in the last two years. These included audits where the

improvements made were implemented and monitored. However, the majority of audits were informal and there was little recording around the improvements made.

- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.
- Information about patients' outcomes was used to make improvements. These included changes to medicines prescribed and changes in the way dermatology patients were referred to other services.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff. This included information about the practice and tasks relevant to the staff member's role.
- 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 nurses in the practices in the building provided clinical support for each other.
- 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. The practice manager was in the process of assessing which on-line courses were available for staff to complete as there were few face to face learning opportunities in the area. We saw evidence that appraisals had usually taken place annually. They had not been carried out this year but this was a conscious decision due to a new computer system being implemented. It had been decided to concentrate on training to use the system for one year. Staff confirmed they still felt well supported at work and could approach their line manager if they had any problems.

Are services effective?

(for example, treatment is effective)

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

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 monthly multi-disciplinary palliative care meetings took place. These meetings had started in September 2015. Previously the GP had been reluctant to label a patient as being at the end of their life. Liaison with services such as Macmillan nurses had meant patients received the support they required at the correct time.

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. Training had not been provided for the Mental Capacity Act 2005 but staff were aware of the principles. 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.

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 and those at risk of developing a long-term condition. A palliative care register had recently been put in place following multi-disciplinary palliative care meeting starting.
- NHS health checks for patients were carried out and the GP and practice nurse proactively carried out relevant tests and checks when patients attended for any other reason. The GP and practice nurse had worked at the practice for over 20 years so were familiar with their patients.
- A general counsellor, drugs counsellor and Benzodiazepine counsellor attended the practice and an alcohol support worker was also available. This meant counselling could be provided quickly at the practice the [atients were familiar with.
- The practice's uptake for the cervical screening programme was 78.7%, which was slightly lower than the CCG and national average of 81.8%. The practice nurse telephoned patients if they did not attend appointments. They told us they particularly encouraged young women to attend for cervical screening, and told them they could bring anyone for support if it helped them.

Data for childhood immunisation rates for the vaccinations given were lower than the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 65.9% to 68.3% and five year olds from 58.8% to 64.7%. However, the practice provided evidence that these figures were incorrect due to a coding error and childhood immunisation rates were currently 90% for two year olds and 92% for five year olds. Flu vaccination rates for the over 65s were 78.36%, and at risk groups 73.33%. These were above the national average.

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.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people 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.
- Although the reception area was not private reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 44 patient CQC comment cards we received contained positive comments about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We also spoke with six patients. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

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

- 95% said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and national average of 89%.
- 95% said the GP gave them enough time (CCG average 86%, national average 87%).
- 100% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%)
- 92% said the last GP they spoke to was good at treating them with care and concern (CCG average 83%, national average 85%).

- 99% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 90%).
- 93% said they found the receptionists at the practice helpful (CCG average 87%, national average 87%)

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. 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:

- 94% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 91% said the last GP they saw was good at involving them in decisions about their care (CCG average 81%, national average 81%).

Staff told us that translation services were available for patients who did not have English as a first language. Unless services needed to be accessed in an emergency face to face interpreters attended the practice.

Patient and carer support to cope emotionally with care and treatment

Leaflets within the practice told patients how to access a number of support groups and organisations.

The practice did not formally record patients who were carers. However, the GP and practice nurse told us they were aware of those patients with caring responsibilities and could direct carers to the various avenues of support available to them.

Some patients told us that the practice had given them support following a bereavement. Some also said they had been given counselling, either at the practice or at another town centre location.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered extended hours opening each Monday until 8pm. Morning appointment started each day at 8am.
- There were longer appointments available for people with a learning disability. Patients with multiple long term conditions also had longer appointments to all their conditions could be reviewed at the same time.
- Home visits were available for older patients or patients who would benefit from these. The nurse carried out home visits and took the opportunity to carry out general health checks for housebound patients during any home visit.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice and the telephone lines were open Monday to Friday from 8am until 6.30pm. GP consultation hours were from 8am until noon and 3.30pm until 6pm, Monday to Friday. There was also extended opening each Monday from 6.30pm until 8pm. In addition to pre-bookable appointments that could be booked in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was usually above local and national averages. The patients we spoke with told us they could always access appointments when they were needed.

- 83% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 79% patients said they could get through easily to the surgery by phone (CCG average 70%, national average 73%).
- 76% patients described their experience of making an appointment as good (CCG average 70%, national average 73%).
- 66% patients said they usually waited 15 minutes or less after their appointment time (CCG average 71%, national average 65%).

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. Information was on the practice website and the complaints procedure and forms were on the reception desk.

We looked at the only complaint that had been received in the last 12 months and this was handled in line with the policy with implemented learning recorded. All the staff we spoke with knew the complaints' procedure, and patients told us they would not feel uncomfortable complaining if they needed to.

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 statement of purpose. Staff knew and understood the values. Patients' rights and responsibilities were available on the practice's website.
- The practice had a strategy which reflected the vision and values. Strategies were not always recorded as the only GP, practice nurse and practice manager had worked together for over 20 years.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- There was a comprehensive understanding of the performance of the practice
- There was a programme of audits, although it was acknowledged these could be improved.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

The GP had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The GP was 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.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- Some interactions were informal and although staff told us they occurred records were not always kept.

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

- Staff told us that the practice held regular informal meetings. The GP and practice nurse usually met at the beginning of each day.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at the informal meetings and confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the GP and practice manager. All staff were involved in discussions about how to run and develop the practice, and the GP 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.

- It had gathered feedback from patients through the NHS Friends and Family Test. Results were checked monthly so any issues could be dealt with. The majority of patients stated they were 'extremely likely' to recommend the practice.
- The practice analysed the results of the national GP patient survey and stated they would put an action plan in place if this was necessary.
- The practice manager regularly checked the NHS Choices website for comments made.
- The practice did not have a patient participation group (PPG). They were advertising for a group via their website and had received a response, but they hoped to have a virtual group set up soon.