

Andaman Surgery

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

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3
The six population groups and what we found	5
What people who use the service say	7

Detailed findings from this inspection

Our inspection team	8
Background to Andaman Surgery	8
Why we carried out this inspection	8
How we carried out this inspection	8
Detailed findings	10

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Andaman surgery on 10 November 2015. Overall the practice is rated as good.

Specifically, we found the practice to be good for providing safe, effective, caring, responsive and well-led services. It was also good for providing services for older people; people with long-term conditions; families, children and young people; working age people; people whose circumstances may make them vulnerable and people experiencing poor mental health.

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

- Staff understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.

- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with 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 a named 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.

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.

Staff understood and fulfilled their responsibilities to raise concerns, to report incidents and near misses. Lessons were learnt and communicated widely to support improvement. There were enough staff to keep patients safe. Information about safety was recorded, monitored, appropriately reviewed and addressed. Staff had undertaken appropriate training to deal with medical emergencies. Emergency medicines and equipment were appropriate and appropriately stored.

Good



Are services effective?

The practice is rated as good for providing effective services.

Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it to improve their practice and patient outcomes. Staff had received training appropriate to their roles, any further development needs had been identified and there were plans in place to meet these needs. Staff worked with multidisciplinary teams to ensure effective case management of patients' care.

Good



Are services caring?

The practice is rated as good for providing caring services.

Patients told us they were treated with compassion, dignity, respect and were involved in decisions about their care. We saw positive examples to demonstrate how patients' choices and their preferences were valued and acted on. Staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Patients said they found it easy to make an appointment with urgent appointments available the same day for all population groups. The practice rated highly in a national survey of patients when they asked if their needs were being met. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available, easy to understand and records reviewed showed the practice responded quickly to issues raised. Staff acted on suggestions for improvements and changed the way they delivered services in response to feedback.

Good



Summary of findings

Are services well-led?

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

The practice had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance and other internal meetings. There were systems in place to identify risks and improve the quality of services delivered. The practice is a current GP training practice and showed good levels of support towards its staff, training all clinical grades including GPs, nurses and health care assistants.

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. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. There were home visits available for patients which were housebound. Consulting rooms were all available for patients with limited mobility, there was a lift available if access to the first floor was needed. There were a range of enhanced services delivered in the practice and available for patients. All patients we spoke with stated their care was considered, compassionate and appropriate for their needs. We saw follow up appointments arranged if the patient had been an emergency admission to hospital and close working with community teams.

Good



People with long term conditions

The practice is rated as good for the care of patients with long term conditions. The practice held a register of patients with poor mental health and other long-term conditions. They held regular multidisciplinary meetings with other healthcare professionals to plan and coordinate care and treatment. Patients with diabetes, respiratory and heart conditions received regular reviews of their condition by clinical staff and patients details were shared where appropriate with community teams. Patients with palliative care needs were allocated a named GP who was responsible for their on-going care and support needs and the practice worked within a nationally agreed framework.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. The practice had a policy where childhood immunisation could be carried out during a routine appointment. The appointment system met the needs of families, children and young people. The practice had a designated child safeguarding lead who worked closely with the health visiting team. Regular safeguarding meetings were held at the practice and concerns cascaded to staff at weekly practice meetings.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of the working age population. Appointments could be booked in advance. Patients could see a GP of their choice and this provided continuity of care.

Good



Summary of findings

The practice offered a choose and book service for patients being referred to secondary care. NHS Health checks were offered to patients between the ages of 40 and 74 with no pre-existing long term health conditions.

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of vulnerable patients including those with a learning disability. It had carried out annual health checks for people with a learning disability and these patients had a personalised care plan in place. It offered longer appointments for patients that needed them. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had advised vulnerable patients how to access various support groups and voluntary organisations.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health. Patients experiencing poor mental health were offered an annual review of their physical and mental health needs. Patients were supported to access emergency care and treatment when experiencing a mental health crisis. The practice showed an on-going commitment to staff training and development in respect of mental health. The practice had a designated adult safeguarding lead and a communications strategy to ensure patients were protected.

Good



Summary of findings

What people who use the service say

The National GP Patient Survey results published during July 2015 showed the practice was performing in line with local and national averages. There were 253 surveys sent out and 103 returned. The survey showed the following in terms of patient opinion;

- 75% found it easy to get through to this surgery by phone compared with a clinical commissioning group (CCG) average of 81% and a national average of 73%.
- 82% found the receptionists at this surgery helpful compared with a CCG average of 89% and a national average of 87%.
- 71% with a preferred GP usually got to see or speak to that GP compared with a CCG average of 66% and a national average of 60%.
- 91% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 88% and a national average of 85%.
- 89% say the last appointment they got was convenient compared with a CCG average of 94% and a national average of 92%.

- 80% described their experience of making an appointment as good compared with a CCG average of 79% and a national average of 73%.
- 60% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 63% and a national average of 65%.
- 65% feel they did not normally have to wait too long to be seen compared with a CCG average of 61% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 24 comment cards; these were all positive about the standard of care received. Reception staff, nurses and GPs all received praise for their professional care and patients said they felt listened to and involved in decisions about their treatment. Patients informed us that they were treated with compassion. We also spoke with four patients who stated they have the utmost praise for the practice and the doctors, they stated their treatment was always planned with their choices in mind and all staff were compassionate and courteous.

Andaman Surgery

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 advisor, a CQC inspector and a practice manager specialist advisor

Background to Andaman Surgery

Andaman surgery is situated in Lowestoft, Suffolk just off a major road. The practice is accessible by public transport. The practice is one of 25 GP practices in the NHS Great Yarmouth & Waveney CCG area. The practice has a general medical services (GMS) contract with the NHS and undertakes minor surgical procedures. There are approximately 6370 patients registered at the practice.

The practice has four GPs. One GP is designated as the senior partner. All partner GPs have lead responsibilities and management roles. There was a mixture of male and female GPs. The practice was also a training practice and a trainee GP works there on a short term basis carrying out consultations under the supervision of one of the partner GPs.

The GPs were supported by two nurse practitioners, two practice nurses and a health care assistant. There is a practice manager, a team of receptionists and a number of support staff who undertake various duties. All staff at the practice work a range of different hours including full and part-time.

The surgery is open Monday to Friday between 8am and 6.30pm. Surgeries run in the mornings and afternoons each

day. The practice has opted out of providing 'out of hours' services which is now provided by another healthcare provider. Patients can also contact the emergency 111 service to obtain medical advice if necessary.

There has been no information relayed to us that identified any concerns or performance issues for us to consider an inspection. This is therefore a scheduled inspection in line with our national programme of inspecting GP practices.

Why we carried out this inspection

We inspected this service as part of our 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. This 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.

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 which had been validated by the health and social care information centre, this was published in October 2015.

Any reference to the national GP patient survey was published in July 2015.

Detailed findings

How we carried out this inspection

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

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

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

- Older people
- People with long-term conditions

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

Before carrying out our inspection, we reviewed a range of information that we held about the practice and asked other organisations to share what they knew.

We carried out an announced inspection on 10 November 2015 at Andaman surgery. During our inspection we spoke with a number of GPs, a senior nurse, nursing staff and reception staff. In addition we spoke with patients and we observed how patients were cared for. We reviewed 24 comment cards where patients and members of the public shared their views and experiences of the service.

Are services safe?

Our findings

Safe track record and learning

There was 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. All complaints received by the practice were entered onto the system and automatically treated as a significant event. The practice carried out an analysis of the significant events and this also formed part of the GPs' individual revalidation process.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example we saw receptionists and clinicians were reminded of the procedures to deal with where the need for an appointment was urgent. This was following a review of an incident, we found this had been correctly dealt with and appropriate learning had been demonstrated.

Safety was monitored using information from a range of sources, including national patient safety alerts (NPSA) and national institute for health and care excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. We reviewed records of 16 significant events that had occurred during the last year and saw this system was followed appropriately. Significant events were a standing item on the practice meeting agenda where GPs were present together with administration staff. There was evidence that the practice had learned from these and that the findings were shared with relevant staff. Staff, including receptionists, administrators and nursing staff, knew how to raise an issue for consideration at the meetings and they felt encouraged to do so.

Staff used incident forms on the practice intranet and sent completed forms to the practice manager. She showed us the system used to manage and monitor incidents. We tracked two incidents and saw records were completed in a comprehensive and timely manner. We saw evidence of action taken as a result and that the learning had been shared. We saw an example where a patient had not received an appropriate medication review and had not attended several booked appointments. There was an identified safeguarding concern and other agencies had been involved. The practice demonstrated learning from this and amended procedures for following up patients who had missed medication reviews. Where patients had been affected by something that had gone wrong they were given an apology and informed of the actions taken to prevent the same thing happening again.

National patient safety alerts were disseminated by email and we also saw evidence of guidelines being circulated in meetings to practice staff. Staff we spoke with were able to give examples of recent alerts that were relevant to the care they were responsible for.

Overview of safety systems and processes

The practice could demonstrate its safe track record through having risk management systems in place for safeguarding, health and safety including infection control, medication management and staffing.

- The practice had an appointed a dedicated GP as lead in safeguarding vulnerable adults and children. They had been trained in both adult and child safeguarding and could demonstrate they had the necessary competency and training to enable them to fulfil these roles. All staff we spoke with were aware who these leads were and who to speak with in the practice if they had a safeguarding concern. This GP told us how they engaged with the local authority safeguarding meetings and how the details from these meeting guided practice to protect vulnerable patients. We saw evidence that any actions from local authority safeguarding meetings were communicated with the GPs' and those we spoke with clearly understood what their response would be.
- A notice was displayed in the waiting room, advising patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring

Are services safe?

check (DBS). These 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.

- 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 staff office. The practice had up to date fire risk assessments and regular fire drills were carried out. 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 control of substances hazardous to health and infection control.
- The practice had a lead for infection control who had undertaken further training to enable them to provide advice on the practice infection control policy who was one of the practice nurses. All staff received induction training about infection control specific to their role and received annual updates. We saw evidence that the CCG infection control lead had conducted a survey in October 2014 and had received a score of 93%, this audit was due to be repeated in the December 2015. We saw that the practice carried out routine internal audits each month and these were sufficient to ensure the correct level of infection control.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling and storage). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. All prescription pads were securely stored including at night and there were systems in place to monitor their use throughout the practice. We checked medication fridges and storage temperatures; an audit trail was present that showed these had been maintained correctly.
- The nurses used Patient Group Directions (PGDs) to administer vaccines and other medicines that had been produced in line with legal requirements and national guidance. We saw sets of PGDs that had been updated in July 2015. The health care assistant administered vaccines and other medicines using Patient Specific

Directions (PSDs) that had been produced by the GPs. We saw evidence that nurses and the health care assistant had received appropriate training and been assessed as competent to administer the medicines referred to either under a PGD or in accordance with a PSD from the prescriber. We spoke to the practice about ensuring that each patient receiving medication from the HCA had been individually assessed by the prescriber. We looked at the practice policy in respect of this which was robust and contained all the necessary detail but some staff we spoke with were unclear about the policy content.

- Recruitment checks were carried out and the five files we sampled showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. 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. 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 and oxygen with adult and children's masks. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and this was accessible to staff. All staff knew the location of all emergency equipment. All the medicines we checked were in date and fit for use.

Are services safe?

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage and a copy was kept off the premises overnight. The plan included emergency contact numbers for staff and contractors.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment and consent

- The practice carried out assessments and treatment in line with NICE best practice guidelines and had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. For example, a review of the management of patients presenting with dyspepsia and compliance with NICE guidance. These guidelines were followed during assessment, diagnosis, referral to other services and the management of long-term conditions, including for patients in the last 12 months of their life.
- Processes were monitored through risk assessments, audits and random sample checks of patient records.
- Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance.
- Consent forms for surgical procedures were used. The process for seeking consent was monitored and improved through practice meetings and the GPs' we spoke with were able to give examples about how consent was requested and recorded. We saw that in some circumstances consent was verbal and in some it was written, this process was robust and protected patient's interests.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Protecting and improving patient health

- Patients who may be in need of extra support were identified by the practice. This included patients in the last 12 months of their lives; those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

- There were regular clinics held at the practice where patients were screened for potential aneurysms and for diabetic retinopathy these helped patients by ensuring they didn't have to travel far for these screening procedures.
- The practice's uptake for the cervical screening programme was 89.9%, which was 8% above the national average. 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 twos ranged from 96.4% to 98.8% and five year olds from 90.7% to 100%.
- Flu vaccination rates for the over 65s were 77.4%, and at risk groups 61%. These were also comparable to national averages.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40 to 74.
- Appropriate follow-up on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Coordinating patient care

- Staff had all the information they needed to deliver effective care and treatment to patients who used services. All 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 test results. Information such as NHS patient information leaflets were also available.
- Staff worked together and with other health and social care services to understand and meet the range and complexity of patient's needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they are discharged from hospital.

Are services effective?

(for example, treatment is effective)

- We saw evidence that multi-disciplinary team meetings took place on a bi-monthly basis and that care plans were routinely reviewed and updated.
- The practice had a process in place to follow up patients discharged from hospital and we saw examples of letters that had been sent to patients. The practice had a policy to ensure that all patients that had been admitted to hospital as an emergency were reviewed by GPs when they were released and seen if necessary.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Patients who had long term conditions were continuously followed up throughout the year to ensure they all attended health reviews. Current results were 93% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators (86%) was similar to the national average (90.8%).
- Performance for asthma indicator(100%) was better than the national average(97.4%)
- Performance for mental health related indicators (88.5%) were similar to the national average(90.2%).

Clinical audits were carried out and all relevant staff were involved to improve care, treatment and patients' outcomes. There had been three clinical audits completed in the last two years, all of these were completed audits where the improvements made were checked and monitored. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were

used by the practice to improve services. For example, recent action taken as a result included audit of patients taking anti-coagulants, disease modifying anti-rheumatic drugs and inter-uterine coil fittings. We saw evidence that GPs had discussed the outcomes from these audits to improve care and these discussions were recorded in the minutes of meetings.

Information about patients' outcomes was used to make improvements such as improving systems to perform referrals to secondary care, we saw evidence of an audit of these patients being treated for cancer and the system for referral had been changed.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. Evidence reviewed showed that:

- The practice had an induction programme for newly appointed clinical and non-clinical members of staff that covered such topics as fire safety, health and safety and confidentiality.
- 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 on-going support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision, and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- We saw evidence of internal training that took place every two weeks; these were completed by doctors at the practice as well as by external trainers.
- 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.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

- We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone.
- The reception and waiting room were open plan and interconnected but there was a rope barrier to provide some privacy for patients waiting at the reception desk.
- Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- The 24 patient CQC comment cards we received were positive about the service experienced. Patients we spoke with said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.
- The practice had an active but virtual patient participation group (PPG) a PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care. We spoke with the practice manager who understood that not all patients may have IT access and therefore not be able to access the forum. There were plans in place to address this and enable alternative methods of communication and face to face meetings.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. 82% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and national average of 87%.
- The practice's computer system alerted GPs if a patient was also a carer. There was a carer's register and were being supported for example by offering health checks. Written information was available for carers to ensure they understood the various avenues of support available to them.

- Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. 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.

National GP survey results published in July 2015 showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 96% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 93% said the GP gave them enough time compared to the CCG average of 90% and national average of 87%.
- 99% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%.
- 93% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 85%.
- 93% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 90%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to, 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 card we received together with patients we spoke with was also positive and aligned with these views.

Data from the National GP Patient Survey, published in July 2015 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above local and national averages. For example

Are services caring?

- 95% 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%.
- 91% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 81%

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

There was a PRG (a patient reference group is a group of patients registered with a practice who work with the practice to improve services and the quality of care) which communicated with the practice on a regular basis electronically, they carried out patient surveys and submitted proposals for improvements to the practice management team. For example changing music in the waiting area, providing high arm chairs and providing appointments at times to suit working mothers.

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- The practice offered pre-booked appointments at the end of surgeries which were reserved for commuters who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services available.
- All the consulting rooms were on the ground floor.
- Dates for future blood tests required by patients were placed in a 'bring forward' file ensuring important dates were not missed.
- Putting in place a dedicated telephone line for medical professional wishing to contact the practice so patients needing emergency treatment could be accommodated.

Access to the service

- The practice was open between 8am and 6.30pm Monday to Friday. Appointments were available all day with nurse practitioner appointments available at lunch time. In addition, pre-bookable appointments could be booked up to six weeks in advance and urgent appointments were also available.

- Patients could request to see a GP of their choice and this could normally be accommodated within five days.

Results from the National GP Patient Survey from July 2015 showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. For example:

- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 75%.
- 75% patients said they could get through easily to the surgery by phone compared to the CCG average of 81% and national average of 73%.
- 80% patients described their experience of making an appointment as good compared to the CCG average of 79% and national average of 73%.
- 60% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 63% and national average of 65%.

Listening and learning from concerns and complaints

- The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system on the practice website, in the waiting room and on a patient leaflet. Patients we spoke with were aware of the process to follow if they wished to make a complaint.
- We looked at 19 complaints received in the last 12 months and found they had been satisfactorily handled and dealt with in a timely way. Staff we spoke with told us of an open and transparent culture which was promoted when dealing with complaints.

Minutes of team meetings showed that complaints were discussed with all staff to ensure they were able to learn and contribute to determining any improvement action that might be required. We saw that the result from the practice investigation of complaints was fed back to the complainant and an apology issued when appropriate.

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. Their mission statement described that they placed patients at the centre of their care, with the intention of delivering a safe and effective service, being courteous, friendly, approachable, accommodating and continuing to improve services.
- We spoke with seven members of staff on the day of our inspection and they all demonstrated an understanding of the vision and values of the practice and knew what their responsibilities were in relation to these.
- The practice vision and values included offering patient centred care with a view to helping patients to understand their treatment plans, preventative care and aims to support them to live healthy lives.

Governance arrangements

The practice had an overarching governance policy. This outlined the structures and procedures in place and incorporated key areas: clinical effectiveness, risk management, patient experience and involvement, resource effectiveness, strategic effectiveness and learning effectiveness.

Governance systems in the practice were underpinned by:

- A clear staffing structure and a staff awareness of their own roles and responsibilities.

- Practice specific policies that were implemented and that all staff could access.
- A system of reporting incidents without fear of recrimination and whereby learning from outcomes of analysis of incidents actively took place.
- A system of continuous audit cycles which demonstrated an improvement on patients' welfare.
- Clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information.
- Proactively gaining patients' feedback and engaging patients in the delivery of the service. Acting on any concerns raised by both patients and staff.
- The GPs were all supported to address their professional development needs for revalidation and all staff in appraisal schemes and continuing professional development.
- The GPs had learnt from incidents and complaints.

Innovation

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, they showed good development and support for their nursing staff. They reviewed performance and competence by

- Review of notes by GPs on a spontaneous basis.
- Discussed clinical cases at joint clinical meetings.

The practice was also a training practice and we spoke to the doctor being trained, they said they felt supported and described their induction as excellent.