Drs Teo and Partners

Quality Report

Mercheford House Surgery
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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

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Mercheford House Surgery on 20 January 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 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.
- 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 patients with a hearing impairment are supported to access the service effectively.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. The practice used every opportunity to learn from internal and external incidents to support improvement. For example, following the identification of a delay in an ultrasound referral, the practice implemented a new system for requesting secondary care procedures.

Information about safety was highly valued and was used to promote learning and improvement. Risk management was comprehensive, strategic, well embedded and recognised as the responsibility of all staff.

The arrangements in place to safeguard adults and children from abuse reflected relevant legislation and local requirements. Staff were proactive and aware of their safeguarding responsibilities.

Are services effective?

Good

The practice is rated as good for providing effective services. Data showed patient outcomes were above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely in practice. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing mental capacity and promoting good health. Staff had received training appropriate to their roles, and were encouraged to develop their roles further.

There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams to co-ordinate patients' care. For example, the practice had strong working relationships with local clinical specialists for patients with diabetes.

Clinical audits demonstrated quality improvement. For example, we saw an example of a full cycle audit that had led to improvements in the prescribing and documentation of anticoagulants for patients with atrial fibrillation.

Are services caring?

Good

The practice is rated as good for providing caring services. Data from the National GP Patient Survey published in July 2015 showed that patients rated the practice higher than others for almost all aspects of care. The practice operated a personal list system, with an arrangement in place for patients to see the same alternative GP if their usual GP was on annual leave.

Summary of findings

Feedback from patients about their care and treatment was consistently and strongly positive.

Information for patients about the services available was varied, easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained their confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. 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 participated in regular virtual diabetic clinics with a consultant diabetologist from a local hospital, where lists of complex cases were discussed.

Patients consistently 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?

Good

The practice is rated as good for being well-led. 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. 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 practice had a number of policies and procedures to govern activity and held regular governance meetings.

There was a high level of constructive engagement with staff and a high level of staff satisfaction. The practice proactively sought feedback from staff and patients, which it acted on.

Summary of findings

The six population groups and what we found

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

Older people

Good

The practice is rated as good for the care of older people. The practice had strong relationships with three local care homes. Managers at these homes were very happy with the level of care provided by the GPs, and described the relationship with the practice as extremely positive. They told us the practice were very responsive and caring, that they accommodated the individual needs of their patients, and that the practice achieved good outcomes for their residents.

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.

Flu vaccination rates for the over 65s were 73%, which is in line with the national average. 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

Good

The practice is rated as good for the care of people with long-term conditions. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. Longer appointments and home visits were available when needed. Clinical audits were used to improve the outcomes for patients with long term conditions.

Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. The practice implemented opportunistic recall systems to ensure that patients with long term conditions had regular reviews.

Families, children and young people

Good

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

Summary of findings

saw evidence to confirm this. 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.

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.

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.

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. 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 informed vulnerable patients about how to access various support groups and voluntary organisations. For example, the practice regularly worked with a service to support patients with who misused alcohol.

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).

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. Furthermore, 93% of patients with serious

mental health problems had an agreed care plan, which is above the national average. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. 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 on 2 July 2015. The results showed the practice was performing above local and national averages. 254 survey forms were distributed and 123 were returned.

- 95% found it easy to get through to this surgery by phone compared to a CCG average of 76% and a national average of 73%.
- 99% were able to get an appointment to see or speak to someone the last time they tried (CCG average 88%, national average 85%).
- 94% described the overall experience of their GP surgery as fairly good or very good (CCG average 86%, national average 85%).
- 90% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 81%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 32 comment cards which were all extremely positive about the standard of care received. Clinical and non-clinical members of staff received specific praise for their kindness, efficiency and care. Patients reported that they felt listened to and involved in decisions about their treatment, and were treated with compassion.

We spoke with six patients from a range of population groups during the inspection. All six patients said that they were happy with the care they received and thought that staff were approachable, committed and caring. Results from the NHS Friends and Family Test published in December 2015 showed that 12 out of 16 patients were 'extremely likely' to recommend the practice.

Drs Teo and Partners

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 practice manager specialist adviser.

Background to Drs Teo and Partners

Drs Teo and Partners is situated in March, East Cambridgeshire. The practice provides services for approximately 6122 patients. It holds a Personal Medical Services contract with Cambridgeshire and Peterborough CCG.

According to information taken from Public Health England, the patient population has a higher than average number of patients aged 55-85 years. It has a significantly higher than average number of patients aged over 85. The practice has a lower than average number of patients 1-45 years compared to the practice average across England.

The practice team consists of two male GP partners and one female GP partner, a practice manager, a deputy practice manager, a nurse practitioner, two practice nurses and two health care assistants. It also has teams of secretarial and reception staff. In addition to this, the practice employs two cleaners.

The practice is open from Monday to Friday. It offers GP and nurse appointments between 8:30am and 5.30pm. The practice also offers GP appointments between 6.30pm and 8.15pm on Mondays.

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 20 January 2016.

During our visit we:

- 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.'

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 were provided for specific groups of people and what good care looked like for them. The population groups are:

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

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

Good

Are services safe?

Our findings

Safe track record and learning

The practice had 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. For example, following the identification of a delay in an ultrasound referral, the practice implemented a new system for requesting secondary care procedures.

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. In house cleaners 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. Blank prescription forms for use in printers and those for hand written prescriptions were handled in accordance with national guidance, as these were tracked through the practice and kept securely at all times.

The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed.

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

Staff Recruitment

We reviewed personnel files and found that appropriate recruitment checks had been undertaken prior to staff employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

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

Good

Are services safe?

safety policy available with a poster in the reception office. 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 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 and legionella.

Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

There was an instant messaging system on 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. However, we noted that there was not a label on the emergency cupboard to show that it held an oxygen cylinder, which was a potential fire risk.

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.

Good

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 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 86.8% of the total number of points available, with 5.4% 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). Data from 2014/2015 showed;

- Performance for diabetes related indicators was at 69.8%. This was 19.7 percentage points below the CCG average, and 19.4 percentage points below the national average.
- The percentage of patients with hypertension having regular blood pressure tests was 100%, with 1% exception reporting. This was 1.9 percentage points above the CCG average, and 2.2 percentage points above the national average.
- Performance for mental health related indicators was 100%, with no exception reporting. This was 7.6 percentage points above the CCG average and 7.2 percentage points above the national average.
- The dementia diagnosis rate was 100%. This was 5 percentage points above the CCG average and 5.5 percentage points above the national average.

The practice were aware of the variation in diabetes related indicators and had taken proactive steps to improve performance. A community specialist diabetic nurse and specialist diabetic dietician held a monthly clinic at the practice to consult with patients with complex needs. Furthermore, the practice had changed their recall system so that patients were reviewed within the month of their birthday. All clinical staff ensured that patients were reminded about chronic disease reviews at every appointment.

Clinical audits demonstrated quality improvement. There had been five 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, peer review and research. Findings were used by the practice to improve services. For example, a full cycle audit had led to improvements in the prescribing and documentation of anticoagulants for patients with 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 non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

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.

Good

Are services effective?

(for example, treatment is effective)

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.

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 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).

Health promotion and prevention

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 80%, which was comparable to other practices. A nurse made follow up phone calls to 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 94% to 98% and five year olds from 93% to 100%. Flu vaccination rates for the over 65s were 73%, and at risk groups 50%.

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.

Good

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 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.

All 32 of the patient CQC comment cards we received were positive 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. Comment cards highlighted that staff responded compassionately when patients needed help and provided support when required.

We spoke with six patients and three 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 July 2015 were consistently above CCG/national averages for its satisfaction scores. For example:

- 95% said the GP was good at listening to them compared to the CCG average of 90% and national average of 87%.
- 96% said the GP gave them enough time (CCG average 87%, national average 87%).
- 100% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%)
- 96% said the last GP they spoke to was good at treating them with care and concern (CCG average 86%, national average 85%).
- 96% said the last nurse they spoke to was good at treating them with care and concern (CCG average 91%, national average 90%).
- 98% said they found the receptionists at the practice helpful (CCG average 88%, 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 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:

- 94% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 91% said the last GP they saw was good at involving them in decisions about their care (CCG average 82%, national average 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.

Patient and carer support to cope emotionally with care and treatment

Notices in the 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. The practice had health education leaflets to be given to carers.

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. The practice also ensured that other health professionals were aware of all patient deaths.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice participated in regular virtual diabetic clinics with a consultant diabetologist from a local hospital, where lists of complex cases were discussed.

The practice offered a variety of services to patients in addition to chronic disease management. Examples of these included chlamydia screening, near patient testing and travel advice. It also offered an influenza vaccination service.

The practice was able to meet some of the needs of patients with disabilities despite the constraints of the building. For example, there was sufficient space for wheelchairs, disabled toilet facilities and disabled parking. The practice did not have a hearing loop installed at the reception desk. Staff we spoke to were aware of local sign language interpretation services.

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 GP and nurse appointments between 8:30am and 5.30pm. The practice also offered GP appointments between 6.30pm and 8.15pm on Mondays. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

Results from the National GP Patient Survey published in July 2015 showed that patients' satisfaction with how they could access care and treatment was consistently above local and national averages. Furthermore, patients we spoke with on the day told us that they were able to get appointments when they needed them.

- 88% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.
- 95% patients said they could get through easily to the surgery by phone (CCG average 76%, national average 73%).
- 96% patients described their experience of making an appointment as good (CCG average 77%, national average 73%.
- 73% patients said they usually waited 15 minutes or less after their appointment time (CCG average 65%, 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 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 five 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.

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, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The 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 practice had a virtual PPG who were passionate about the practice. However, the PPG were keen to hold meetings at the surgery rather than online. The practice manager was welcoming of this idea.

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

Are services well-led?

Good

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

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 were in the process of planning for a local pilot scheme that would involve a pharmacist working in the practice.