

# Berry Lane Medical Centre

## Quality Report

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

### Ratings

<b>Overall rating for this service</b>	<b>Good</b>	
Are services safe?	<b>Good</b>	
Are services effective?	<b>Good</b>	
Are services caring?	<b>Good</b>	
Are services responsive to people's needs?	<b>Outstanding</b>	
Are services well-led?	<b>Good</b>	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Berry Lane Medical Centre on 1 December 2016. Overall the practice is rated as good and outstanding for providing responsive services. Our key findings across all the areas we inspected were as follows:

- The practice is situated in a purpose built health centre. The practice was clean and had good facilities including disabled access, translation services and a hearing loop.
- There were systems in place to mitigate safety risks including analysing significant events.
- The practice was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- Patients' needs were assessed and care was planned and delivered in line with current legislation.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Results from the national GP patient survey showed that patient satisfaction was above local and national averages in all aspects of delivery of care.
- Information about services and how to complain was available. The practice sought patient views about improvements that could be made to the service.
- Staff worked well together as a team and all felt supported to carry out their roles. There was a low turnover of staff and all staff we spoke with appreciated the open culture of the practice and that they felt valued in their work and were treated as equals.

There were outstanding elements of practice including:

- The practice had identified the need for a full time nursing and residential home specialist nurse to avoid unnecessary hospital admissions and plan for good end of life care. This ensured a continuity of care for patients and support for their families. The practice specialist nurse had formulated a 'stay at home template' only for patients with DNARs in place that was signed by the patient where possible, carer, out of hours and the relevant GP to avoid any GP sending a patient unnecessarily to hospital unless the patient had experienced trauma.

# Summary of findings

- In addition, the practice specialist nurse had provided educational sessions for care homes. For example, advice on keeping elderly patients hydrated to avoid medical problems.
- The practice provided a minor injuries service responding to the needs of local farm workers and they had responded to the needs of patients in their rural setting by being open seven days a week.
- The practice acted on innovative suggestions from staff. For example, as a result of one member of staff's suggestion, the practice had produced an induction pack for medical students which were sent to them prior to them attending the practice.

**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. The practice took the opportunity to learn from internal incidents and safety alerts, to support improvement. There were systems, processes and practices in place that were essential to keep patients safe including medicines management and infection control. However, there was no system to monitor the use of blank prescriptions for home visits. In addition systems to remove out of date medical equipment had not been applied in all instances. A risk assessment had concluded that there was no need to have any treatment for hypoglycaemia but in a semi-rural setting this decision should be reviewed.

External agencies had not asked the practice to provide reports about children at risk. However, the practice's internal safeguarding meeting procedures should be improved. The practice had addressed these issues immediately after our inspection.

Good



### Are services effective?

The practice is rated as good for providing effective services. Patients' needs were assessed and care was planned and delivered in line with current legislation. Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. Clinical audits demonstrated quality improvement. Staff worked with other health care teams. Staff received training suitable for their role.

Good



### Are services caring?

The practice is rated as good for providing caring services. Patients' views gathered at inspection demonstrated they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We also saw that staff treated patients with kindness and respect.

Good



### Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services. The practice tailored its services to meet patient needs. For example,

- The practice had identified the need for a full time nursing and residential home specialist nurse to avoid unnecessary hospital admissions and plan for good end of life care. This ensured a continuity of care for patients.

Outstanding



# Summary of findings

- The practice operated a personal list system, enabling whole families to be registered with the same GP providing continuity of care for the patient and to help the GP be more familiar with the patient's needs.
- Access for worried parents to medical appointments, is available via the Emergency Surgery that runs twice daily, meaning that children are seen on the same day.
- The practice runs a Saturday and Sunday morning clinic, for ease of access.
- The emergency surgery has the capacity to act as an overspill clinic and means that people who work can be seen on the same day.
- The practice had a minor injuries service, diverting appropriate cases away from A& E. Minor surgery and joint injections were offered (including weekends), avoiding hospital attendances.

Results from the national GP patient survey published in July 2016 (from 104 responses which is approximately equivalent to 1% of the patient list) showed that patient's satisfaction with how they could access care and treatment were higher than local and national averages. For example:

- 94% patients said they could get through easily to the surgery by phone (CCG average 74%, national average 73%).
- 78% of patients got to see or speak to their preferred GP (CCG average 54%, national average 59%).

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.

## Are services well-led?

The practice is rated as good for being well-led. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity. The practice proactively sought feedback from staff and patients and had a PPG. Staff had received inductions and attended staff meetings and events.

Staff worked well together as a team and all felt supported to carry out their roles. There was a low turnover of staff and all staff we spoke with appreciated the open culture of the practice and that they felt valued in their work and were treated as equals.

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 providing services for older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and offered home visits and care home visits.

The practice had identified the need for a full time nursing and residential home specialist nurse to avoid unnecessary hospital admissions and plan for good end of life care. This ensured a continuity of care for patients and support for their families. The practice specialist nurse had formulated a 'stay at home template' only for patients with DNARs in place that was signed by the patient where possible, carer, out of hours and the relevant GP to avoid any GP sending a patient unnecessarily to hospital unless the patient had experienced trauma.

The practice participated in meetings with other healthcare professionals to discuss any concerns.

Good



### People with long term conditions

The practice is rated as good for providing services for people with long term conditions. The practice had registers in place for all long term conditions including diabetes and asthma. Longer appointments and home visits were available when needed. All these patients had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Patients on warfarin medication could have their tests carried out at the practice to reduce the need for hospital visits.

Good



### Families, children and young people

The practice is rated as good for providing services for families, children and young people. The practice operated a personal list system, enabling whole families to be registered with the same GP providing continuity of care.

The practice regularly liaised with health visitors to review vulnerable children and new mothers.

The practice had an emergency clinic so children could be seen on the same day if necessary. There was a designated children's play area in the waiting room.

Good



# Summary of findings

## **Working age people (including those recently retired and students)**

The practice is as rated good for providing services for working age people. The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible. There were online systems available to allow patients to make appointments.

The practice runs a Saturday and Sunday morning clinic, for ease of access. The emergency surgery has the capacity to act as an overspill clinic and means that people who work can be seen on the same day.

The practice had a minor injuries service which was used by farm workers as they were a group which was particularly prone to injuries which can be managed in a primary care setting rather than having to make a journey into Preston.

Good



## **People whose circumstances may make them vulnerable**

The practice is rated as good for providing services for people whose circumstances make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with a learning disability. It had carried out annual health checks and longer appointments were available for people with a learning disability.

The practice was one of two practices that provided care and end of life care, for patients at a local community hospital.

Good



## **People experiencing poor mental health (including people with dementia)**

The practice is rated as good for providing services for people experiencing poor mental health. Patients experiencing poor mental health received an invitation for an annual physical health check. Those that did not attend had alerts placed on their records so they could be reviewed opportunistically. All staff had received training for dementia awareness and the Mental Capacity Act.

The practice provided care for patients at two Lancashire County Council special needs children's and young person's homes.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results published in July 2016 (from 104 responses which is approximately equivalent to 1% of the patient list) showed the practice was performing better than local and national averages in all aspects of service delivery. For example,

- 86% of respondents described their experience of making an appointment as good (CCG average 74%, national average 73%)
- 94% patients said they could get through easily to the surgery by phone (CCG average 74%, national average 73%).
- 78% of patients got to see or speak to their preferred GP (CCG average 54%, national average 59%).
- 94% said the last GP they spoke to was good at treating them with care and concern (CCG average 86%, national average 85%).

In terms of overall experience, results were comparable with local and national averages. For example,

- 95% described the overall experience of their GP surgery as good (CCG average 87%, national average 85%).

- 89% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 80%, 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 29 comment cards, all of which were very complimentary about the service provided. Patients said they received an excellent, caring service and patients who more vulnerable were supported in their treatment. However, there were two additional negative comments one regarding previous experience of the patient feeling that receptionists were abrupt. The other wanting more information about help at home. We were told after the inspection that this was an occupational therapy issue and not related to the practice. We also received a letter of recommendation from one patient.

We reviewed information from the NHS Friends and Family Test which is a survey that asks patients how likely they are to recommend the practice. Results for October 2016 from 21 responses showed that, patients were extremely likely to recommend the practice.



# Berry Lane Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

### Background to Berry Lane Medical Centre

Berry Lane Medical Centre is based in the heart of the Ribble Valley in Longridge which is semi-rural in nature, and therefore looks after patients from rural communities in addition to the residents of Longridge town. There were 10,122 patients on the practice register at the time of our inspection.

The practice is a teaching and training practice managed by four GP partners (two male, two female) and there is one salaried GP. There is a nurse practitioner, two practice nurses, two treatment room nurses, a nursing home specialist nurse and a healthcare assistant. Members of clinical staff are supported by a practice manager, reception and administration staff.

The practice is open 8am to 6.30pm every weekday. The practice is also open on a Saturday and Sunday morning 8am to 11am. Patients requiring a GP outside of normal working hours are advised to contact the GP out of hours service by calling 111.

The practice has a Personal Medical Services (PMS) contract and has enhanced services contracts which include childhood vaccinations. The practice is part of NHS Greater Preston Clinical Commissioning Group.

### 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. 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

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

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

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

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)

# Detailed findings

- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

The inspector :-

- Reviewed information available to us from other organisations e.g. the local clinical commissioning group (CCG).
- Reviewed information from CQC intelligent monitoring systems.

- Carried out an announced inspection visit on 1 December 2016.
- Spoke to staff and patients.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.

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 an effective system in place for reporting and recording significant events and incidents. Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The practice carried out a thorough analysis of the significant events. Significant events were discussed at staff meetings and any trends analysed. However, the practice could lower the threshold for reporting incidents to incorporate administration as well as clinical incidents. This was addressed immediately after our inspection.

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

Staff were aware of recent safety alerts and these were actioned when necessary.

### 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. Staff could access safeguarding policies. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Information flow charts were available in both consultation rooms and behind reception so all staff could easily access any information. There was a lead GP for safeguarding vulnerable adults and children. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. Health visitors were invited to attend clinical meetings to discuss any concerns. The practice's safeguarding children's policy clearly outlined that GPs would write reports if they could not attend any case conferences. External agencies had not asked the practice to provide reports about children at risk. We discussed safeguarding procedures with the practice who agreed to improve the effectiveness of their safeguarding meetings by using the register each time.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (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 may have contact with children or adults who may be vulnerable).
- The practice was clean and tidy. Monitoring systems and cleaning schedules were in place. One of the GPs was the infection control clinical lead. There was an infection control protocol and staff had received up to date training. Infection control audits were undertaken and action plans were in place to address any shortfalls. There were spillage kits and appropriate clinical waste disposal arrangements in place.
- 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 CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Emergency medication was checked for expiry dates. There were systems in place to monitor uncollected prescriptions. Blank prescription pads were securely stored however; there was no system in place to monitor the use of prescriptions on home visits. The practice assured us this would be addressed and sent us evidence of a new protocol in place immediately after the inspection.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

### Monitoring risks to patients

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available which identified local health and safety representatives. The practice had up

## Are services safe?

to date fire risk assessments and carried out regular fire safety equipment tests and fire drills. Staff were aware of what to do in the event of fire and had received fire safety training as part of their induction.

- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health (COSHH) and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

### **Arrangements to deal with emergencies and major incidents**

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

- All staff received annual basic life support training and there were emergency medicines available.
- The practice had use of a defibrillator and oxygen. We were shown the equipment was regularly checked. However, some medical emergency equipment was out of date and there was no emergency medication to treat hypoglycaemia. The practice purchased the medication immediately after our inspection and removed the out of date equipment. There was a first aid kit and an accident book available.
- 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 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 peoples' needs.

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 for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

The practice carried out reviews on patients over 75 that had not made contact with the practice for six months to ensure all was well and there were no concerns, prioritising patients living alone. The practice did this in conjunction with the District Nurses and the Community Matron.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients and held regular meetings to discuss performance. (QOF is a system intended to improve the quality of general practice and reward good practice). The practice had good systems in place to ensure they met targets and results from 2014-2015 were 94% of the total number of points available with lower than local and national exception reporting. Performance for mental health related indicators was comparable with local and national averages for example:

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 83% compared to local average of 86% and national averages of 88%.

Performance for diabetes related indicators was comparable with local and national averages for example:

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2014 to 31/03/2015) was 74% compared with a local average of 78% and national average of 78%.

However, the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015) was only 64% compared with local average of 80% and national average of 88%. The practice was aware of this and had already made improvements by already reaching 84% of patients this year. The practice advised us that they were incorporating these checks in future as part of the patients annual review carried out by a practice nurse.

The practice carried out a variety of audits that demonstrated quality improvement. For example, medication audits and clinical audits. For example, an asthma management audit.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as infection prevention and control, 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 their learning needs and to cover the scope of their work. Training included: safeguarding, fire safety awareness, equality and diversity, basic life support and information governance awareness, dementia awareness and the Mental Capacity Act. Staff had access to and made use of e-learning training modules. Staff told us they were supported in their careers and had opportunities to develop their learning.

### Coordinating patient care and information sharing

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

# Are services effective?

(for example, treatment is effective)

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

## Consent to care and treatment

Patients' consent to care and treatment was 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. GPs were aware of the relevant guidance when providing care and treatment for children and young people. Consent forms were used for minor surgery.

## Supporting patients to live healthier lives

Patients who may be in need of extra support were identified by the practice. This included patients who required advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. The practice had patient educational information available both at the practice and on their website.

The practice carried out vaccinations and cancer screening and performance rates were comparable with local and national averages. For example, the percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 81% compared to a national average of 82%.

The practice had designated members of staff who were cancer champions who helped to try and increase the number of patients attending screening tests.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed 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; conversations taking place in these rooms could not be overheard.

Results from the national GP patient survey published in July 2016 (from 104 responses which is approximately equivalent to 1% of the patient list) showed patients felt they were treated with compassion, dignity and respect. For example:

- 97% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 97% said the GP gave them enough time (CCG average 87%, national average 87%).
- 94% said the last GP they spoke to was good at treating them with care and concern (CCG average 86%, national average 85%).
- 94% said the last nurse they spoke to was good at treating them with care and concern (CCG average 91%, national average 91%).
- 86% said they found the receptionists at the practice helpful (CCG average 86%, national average 87%)

### Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. 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 comparable or above local and national averages. For example:

- 91% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 86%.
- 91% said the last nurse they saw was good at involving them in decisions about their care (CCG average 86%, national average 85%)
- 92% said the last GP they saw was good at involving them in decisions about their care (CCG average 82%, national average 82%)

Staff told us that telephone translation services were available. Information was available in larger print and easy read format material was also available.

### Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had a register of 82 carers on its list (equivalent to 0.8% of the practice population) and supporting information was available both in the waiting room and on the practice web site.

Staff told us that if families had suffered bereavement, their usual GP contacted them and offered a longer appointment to meet the family's needs or signposted those to local counselling services available. Information was also available on the practice's web site.





# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

Services were planned and delivered to take into account the needs of different patient groups. For example;

- The practice had identified the need for a full time nursing and residential home specialist nurse to avoid unnecessary hospital admissions and plan for good end of life care. This ensured a continuity of care for patients and support for their families. The practice specialist nurse had formulated a 'stay at home template' only for patients with DNARs in place that was signed by the patient where possible, carer, out of hours and the relevant GP to avoid any GP sending a patient unnecessarily to hospital unless the patient had experienced trauma.
- The practice operated a personal list system, enabling whole families to be registered with the same GP providing continuity of care for the patient.
- There were longer appointments available for people with a learning disability or when interpreters were required.
- Access for worried parents to medical appointments, is available via the Emergency Surgery that runs twice daily, meaning that children are seen on the same day.
- There was hearing loop available and easy read formatted information.
- The practice runs a Saturday and Sunday morning clinic, for ease of access.
- The emergency surgery has the capacity to act as an overspill clinic and means that people who work can be seen on the same day.
- The practice had a minor injuries service, diverting appropriate cases away from A&E. Minor surgery and joint injections were offered (including weekends), avoiding hospital attendances.
- The practice provided care for patients at two Lancashire County Council special needs children's and young person's homes.
- The practice was one of two practices that provided care and end of life care, for patients at a local community hospital.

- The practice had a patient newsletter available in the waiting room. The winter newsletter gave advice on vaccinations and reducing pressure on the service during the winter months and to point out patient assistance was required in attending appointments. The newsletter also asked any ex armed forces veteran to make them known to the practice so they could meet their needs.
- The practice had a noticeboard in the waiting room specifically dedicated to information for patient's self-management with regard to staying well this winter and reducing pressure on the emergency services.
- Patients on warfarin medication could have their tests carried out at the practice and there was an ECG machine available and GPs interpreted results to reduce the need for hospital visits.

### Access to the service

The practice is open 8am to 6.30pm every weekday. The practice is also open on a Saturday and Sunday morning 8am to 11am. Patients requiring a GP outside of normal working hours are advised to contact the GP out of hours service by calling 111.

Results from the national GP patient survey published in July 2016 (from 104 responses which is approximately equivalent to 1% of the patient list) showed that patient's satisfaction with how they could access care and treatment were higher than local and national averages. For example:

- 83% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 76%.
- 90% of respondents were able to get an appointment to see or speak to someone last time they tried (CCG average 84%, national average 85%).
- 94% patients said they could get through easily to the surgery by phone (CCG average 74%, national average 73%).
- 80% said they usually waited 15 minutes or less after their appointment time to be seen (CCG average 70%, national average 65%).
- 86% of respondents described their experience of making an appointment as good (CCG average 74%, national average 73%).
- 78% of patients got to see or speak to their preferred GP (CCG average 54%, national average 59%).





# Are services responsive to people's needs?

(for example, to feedback?)

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

## **Listening and learning from concerns and complaints**

The practice had a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. Information about how to make a complaint was available in a practice

information leaflet at the reception desk and on the practice website. The complaints policy clearly outlined a time frame for when the complaint would be acknowledged and responded to and made it clear who the patient should contact if they were unhappy with the outcome of their complaint.

The practice discussed complaints at staff meetings. We reviewed a log of previous complaints and found both written and verbal complaints were recorded and written responses included apologies to the patient and an explanation of events.

# 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's statement of purpose said the practice aimed 'to provide the highest level of quality primary care services to our registered population within the resources that we have available to us.' The practice had core values of openness, fairness, respect and accountability which were shared amongst all staff.

The practice had a business development plan in which there was a recognition that the premises would need to be expanded to meet the rise in the number of patients attending the practice.

### Governance arrangements

Evidence reviewed demonstrated that the practice had:-

- A clear organisational structure and a staff awareness of their own and others' roles and responsibilities.
- Practice specific policies that all staff could access on the computer system.
- Clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information. Meetings were planned and regularly held including: weekly clinical and management meetings, whole staff meetings every month. Other meetings included: palliative care meetings with other healthcare professionals and safeguarding meetings with the health visitor.
- 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 quality improvement including the use of audits which demonstrated an improvement on patients' welfare.
- Proactively gained patients' feedback and engaged patients in the delivery of the service and responded to any concerns raised by both patients and staff.

### Leadership, openness and transparency

Staff felt supported by management. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues with the practice manager or GPs and felt confident in doing so. The practice had a whistleblowing policy and all staff were aware of this.

The practice was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

Staff worked well together as a team and all felt supported to carry out their roles. There was a low turnover of staff and all staff we spoke with appreciated the open culture of the practice and that they felt valued in their work and were treated as equals.

### 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 when possible.

- The practice used the NHS Friends and Family survey to ascertain how likely patients were to recommend the practice.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

### Continuous improvement

The practice team took an active role in locality meetings. Clinicians kept up to date by attending various courses and events. The practice were working with the PPG to make improvements to its website and looking at working with other practices for a pilot scheme regarding secondary care referrals.