Woodhall Spa New 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

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Woodhall Spa New Surgery on 24 September 2015. Overall the practice is rated as good.

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 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.

However there were areas of practice where the provider needs to make improvements.

Importantly the provider should ;

- Ensure recruitment arrangements include all necessary employment checks for new staff.
- Ensure that all staff receive appropriate supervision and appraisal.
- Ensure the business continuity plan is reviewed to include more detailed information for staff to refer to in the event that it was needed.
- Ensure that effective processes are in place to ensure the safe storage of medicines.

Summary of findings

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Are services caring?

Good

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

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. 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. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Summary of findings

Are services well-led?

Good

The practice is rated as good for being well-led. It 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 meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG), though recently formed was active. Staff and locum GPs had received inductions, but staff had not received regular supervision or appraisal of their performance.

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. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions. GPs had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. 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.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people. Immunisation rates were relatively high for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies.

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, include on-line booking of appointments and repeat prescriptions 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 reflected the needs for this age group.

Summary of findings

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 regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. It had carried out annual health checks for people with a learning disability. These reviews took place at the surgery in conjunction with a specialist nurse and carer where appropriate. It offered longer appointments for people with a learning disability.

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. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. Staff had received training on how to care for people with mental health needs and dementia and was working with the Alzheimer's Society to become a dementia friendly practice.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was performing in line with local and national averages. There were 153 responses and a response rate of 53%.

- 68% find it easy to get through to this surgery by phone compared with a CCG average of 61% and a national average of 73%.
- 85% find the receptionists at this surgery helpful compared with a CCG average of 84% and a national average of 87%.
- 57% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 53% and a national average of 60%.
- 88% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 84% and a national average of 85%.
- 95% say the last appointment they got was convenient compared with a CCG average of 92% and a national average of 92%.
- 67% describe their experience of making an appointment as good compared with a CCG average of 67% and a national average of 73%.
- 42% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 64% and a national average of 65%.
- 52% feel they don't normally have to wait too long to be seen compared with a CCG average of 59% 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 two comment cards which were positive about the standard of care received.

Areas for improvement

Action the service SHOULD take to improve

- Ensure recruitment arrangements include all necessary employment checks for new staff.
- Ensure that all staff receive appropriate supervision and appraisal.
- Ensure the business continuity plan is reviewed to include more detailed information for staff to refer to in the event that it was needed.
- Ensure that effective processes are in place to ensure the safe storage of medicines.

Woodhall Spa New 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 adviser a second CQC inspector and, a practice nurse specialist adviser.

Background to Woodhall Spa New Surgery

Woodhall Spa New Surgery provides primary medical care for approximately 6,000 patients living around Woodhall Spa and the neighbouring villages including Martin, Timberland, Bardney, Stainfield and other isolated hamlets and villages.

The practice has a branch site at High Street, Martin, that is open one afternoon a week for GP consultations only. It was not visited as part of our inspection. The practice also has a surgery at Horncastle Road, Bardney that is open daily for a full range of services. Although the surgeries share a common patient list, Bardney is registered as a separate location with the CQC and was not visited as part of this inspection.

The service is provided under a General Medical Services contract with Lincolnshire East Clinical Commissioning Group.

Woodhall Spa is a prosperous community but there are isolated pockets of deprivation in some of the outlying rural communities. The practice serves an aging community with 30% of the patient list being over 65 years of age.

The practice has four GP partners (three female and one male) and is currently trying to recruit a fifth. A long term locum was formerly a partner at the practice. There are four practice nurses and a healthcare support worker. They are supported by dispensers, receptionists and administration staff. In all, the practice employs 22 members of staff.

The practice is a dispensing practice, with dispensaries at both Woodall Spa and Bardney.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 9am to noon every morning and 3.30pm to 5.30pm daily.

When the surgery is closed GP out-of hours services are provided by Lincolnshire Community Health Services NHS Trust which is accessed via NHS111.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme 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 references to the Quality and Outcomes Framework data in this report relate to the most recent information available to CQC at the time of the inspection.

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:

Detailed findings

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

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

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 24 September 2015. During our visit we spoke with a range of staff including GPs, nurses, dispensers and administration and reception staff. We spoke with patients who used the service and members of the patient participation group. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Good

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. 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. We looked at the records of 12 significant events that had occurred in the last two years. We found them to have been well recorded with good evidence gathering and analysis. Any actions or learning was clearly defined and had been cascaded to relevant staff and GPs through meetings and minutes of meetings. For example we saw how one event related to a patient suffering an allergic reaction to a medicine constituent that was not widely known. The practice had carried out an analysis of the significant events. No trends were apparent.

Safety was monitored using information from a range of sources, including 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.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. A GP was the lead for safeguarding. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- 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 check (DBS). (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). Only nurses undertook chaperone duties.
- There were procedures in place for monitoring and managing risks to patient and staff safety. 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 and legionella.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. A practice nurse and the practice manager were joint infection control clinical leads 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. An infection control audit had taken place in March 2015 and we saw evidence that action was taken to address any improvements identified as a result.
- We could not be assured that the arrangements for managing medicines, including drugs and vaccinations, always kept people safe. The refrigerator in the dispensary was a domestic model that was fitted with a data logger to record temperatures. We found that on numerous occasions from April 2014 to date, the temperature recorded was outside of the range 2-8 degrees centigrade. In another room a fridge used to store flu and shingles vaccines was similarly found to have been out of range. A member of the nursing staff told us that they had only recently started recording fridge temperatures. For many years they had not been checked or monitored. We raised this with the GP partners who assured us that new specialist fridges had already been ordered.
- The process for obtaining, prescribing, recording, handling, disposal and security of medicines including controlled drugs was well documented and provided assurance that patients were adequately protected. Unwanted medicines, including controlled drugs were disposed of correctly.
- 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. Prescription pads were securely stored and there were systems in place to monitor their use. Dispensary staff were appropriately trained and their competency assessed annually by a GP.

- Recruitment checks were carried out and the four files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment in most cases, although we did note that written references had not always been sought and obtained.
- 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. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. Emergency medicines were 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 business continuity plan in place for major incidents such as power failure or building damage. However we noted that the plan was deficient of some detail and required a thorough review to ensure its efficacy in the event that it were needed.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment 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 ensure all clinical staff were kept up to date. They were circulated and staff were required to sign to say they had read them. Immediate action was taken where necessary otherwise they were included in the agenda for the next clinical meeting. The practice monitored that these guidelines were followed through audits. For example, dose changes for amoxicillin.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework(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. Current results were 100% of the total number of points available, with 5.6% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data showed;

- Performance for diabetes related indicators was significantly higher than the national average. For example The percentage of patients with diabetes, on the register, in

whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months was 84.14% compared with the national average of 77.72%.

- The percentage of patients with atrial fibrillation (with CHADS2 score of 1), measured within the last 12 months, who are currently treated with anticoagulation drug therapy or an antiplatelet therapy was 100% compared to the national average of 98.32%
- The percentage of patients aged 75 or over with a fragility fracture on or after 1 April 2012, who are currently treated with an appropriate bone-sparing agent was 100% compared to the national average of 81.27%
- Performance for mental health related indicators was better than the national averages across all four indicators. For example the percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 83.7% compared to the national average of 83.82%.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. There had been three clinical audits completed in the last two years. One of these was an audit of osteoporosis, which resulted from one of the GPs noticing a 'lack' of fragility fractures given the elderly patient population. The audit revealed that there had been coding issues. As a result steps had been taken to ensure all fractures were coded correctly as well as better screening and earlier intervention and lifestyle advice.

Other audits had included a minor surgery and post-operative infection audit and quinolone prescribing.

These were completed audits where the improvements made were implemented and monitored.

We saw that the next planned audit concerned the use of nutritional supplements.

GPs led on the management of patients with long term conditions such as diabetes and chronic pulmonary obstructive disease. Patients were recalled for review using a manual system. At the time of their consultation they were given a letter that reminded them of their next appointment. We saw that this date was linked into the medication review date on SystmOne. GPs assured us that this system was effective and was evidenced by the QOF score of 100%.

Effective staffing

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

- The practice had an induction programme for newly appointed members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of 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

Good

Are services effective?

(for example, treatment is effective)

during sessions, coaching and clinical supervision. Nurses told us that GPs were always approachable for guidance and advice and they even had a code to book a slot on the computer system with a GP. It was 'NNN' which we were told, denoted 'nurse needs a natter'.

- We found that there was no formal system of supervision and appraisal. Staff told us that the previous senior partner did not encourage supervision and appraisal We saw that the current partners in conjunction with the practice manager had started to schedule all staff for an appraisal.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to training modules and in-house training.

Coordinating patient care and information sharing

We found that the standard of patient notes and record keeping was excellent. 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. Incoming mail and pathology results was all dealt with by a GP. A 'buddy' system was in operation to ensure that results for GPs who were not in the surgery, for example on holiday, were not missed. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred 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 on-going care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary meetings took place every two months and included GPs, community nurses and Macmillan nurses. Previously weekly meetings had been held with community nurses regarding patients with complex needs or frailty. Due to maternity leave these had become less frequent but we were assured they would return, if at all possible, to their previous regularity.

Consent to care and treatment

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. 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. The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance. We saw examples of how patients consent for minor surgery was recorded and saw that the consent form had recently been updated y one of the GP partners.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, 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. Patients who may be in need of extra support were identified by the practice.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 81.3% which was 4.9% above the CCG average and 4.4% above the national average . 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 and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 84.6% to 100% and five year olds from 78% to 92.7%.

Flu vaccination rates for the over 65s were 71.17% and at risk groups 50.34% These were also comparable to CCG and national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

Good

Are services effective?

(for example, treatment is effective)

NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

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 and that people were treated with dignity and respect. 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. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room in the reception area to discuss their needs.

The two 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. We also spoke with two members of the patient participation group (PPG) on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

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

- 99% said the GP was good at listening to them compared to the CCG average of 85% and national average of 89%.
- 95% said the GP gave them enough time compared to the CCG average of 84% and national average of 87%.
- 98% said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and national average of 95%
- 97% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and national average of 85%.
- 92% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 90%.
- 85% patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with 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 and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Results from the national GP patient survey we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were significantly better than 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 82% and national average of 86%.
- 88% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% 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.

Although no hearing loop was fitted, reception staff told us that there were plans to install one.

Patient and carer support to cope emotionally with care and treatment

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

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

GPs told us that they followed the Gold Standard Framework guidelines for palliative care and held palliative care meetings with nurses and other healthcare professionals.

Good

Are services caring?

Staff and GPs told us that if families had suffered bereavement, their usual GP contacted them. 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.

We also noted that GPs were proactive in calling patients when they had given birth and offered an appointment for baby checks.

Good

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 and to help provide ensure flexibility, choice and continuity of care. For example;

- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / 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.
- The practice had a large number of elderly patients who were in ten local residential care homes. One home in particular had a number of patients who were psychogeriatric. A GP routinely visited the home on a weekly basis to meet the needs of this particular patient group.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 9am to noon every morning and 3.30pm to 5.30pm daily. Urgent appointments were available for people that needed them. Extended opening hours were not offered. We looked at the 26 entries on the NHS Choices website. None of the comments made any reference to the need for extended hours nor did the two comments cards that we received. The four patients we spoke with on the day of the inspection did not say they there was a need for extended hours.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages For example:

- 61% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and national average of 75%.
- 68% patients said they could get through easily to the surgery by phone compared to the CCG average of 61% and national average of 73%.
- 67% patients described their experience of making an appointment as good compared to the CCG average of 67% and national average of 73%.
- 42% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 64% 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. The practice manager was the designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system e.g. posters displayed and the practice information leaflet. However we did note that no complaints information was available on the practice website.

We looked at six complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way and with openness and transparency with dealing with the complainant. None needed to be referred to the Parliamentary and Health Service Ombudsman.

Where lessons needed to be learned as result the matter had been discussed, for example at practice meetings.

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.

The practice had employed a practice administrator who was working closely alongside the practice manager with a view to them succeeding into that role.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership, openness and transparency

We were aware that the practice had undergone major upheaval in the preceding 18 months. Two of the long-standing partners, including the senior partner, gave unexpected notice of their intention to stand down on the same day. This left the existing partners with trying to recruit new doctors. An unexpected death of a key member of staff and serious illness to others has put further pressure on the practice. There were now four partners at the practice, their average age being 35 years. We found the partners we spoke with to be dynamic, open and honest with a desire to improve the practice and patient outcomes. 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 partners encouraged a culture of openness and honesty. Staff we spoke with were unanimous in their assurance that the new, younger GP team was providing better, safer healthcare.

Staff told us and we saw evidence that regular team meetings were held. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. 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, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had recently helped to form a patient participation group. We met two members of the group who told us they had met twice and were still in the process of recruiting members and establishing what the purpose of the group was and how it could help support the practice.