

Eastbury 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?	Requires improvement	
Are services well-led?	Good	

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 08:45hrs on 17 November 2015. Overall the practice is rated as good.

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.

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 difficult to get through on the phone and they had to wait a long time for a routine appointment however appointments were always available the same day if urgent.
- 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 areas where the provider should make improvement are:

- Implement further measures to improve access to routine appointments, a named GP and getting through to the practice on the phone.
- Formalise clinical meetings and ensure discussions are documented.
- Develop a clear strategy to deliver the practice vision.

Summary of findings

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- 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.

Summary of findings

Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services.

- It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Feedback from patients reported that access to routine appointments and / or a named GP was not usually available quickly, although urgent appointments were always 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.

Requires improvement



Are services well-led?

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

- It had a clear vision to deliver high quality care and promote good outcomes for patients however there was no strategy in place. 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 was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

Good



- 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.
- The practice participated in the local integrated care pilot, unplanned hospital admissions avoidance enhanced service and coordinate my care service to manage the needs of older people.
- The practice carried out weekly visits to three nursing homes.
- The practice participated in a local network initiative to provide care to at risk older people over the weekend.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice participated in the local integrated care pilot, unplanned hospital admissions avoidance enhanced service and coordinate my care service to manage the needs people with long-term conditions.
- Longer appointments and home visits were available when needed.
- All these patients are on an active register and had an annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

Good



- The practice had a register of vulnerable children. Fostered children were reviewed at registration.
- Immunisation rates were comparable with local / national averages for all standard childhood immunisations.

Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice's uptake for the cervical screening programme was 82%, which was above national average.
- 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)

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.
- Online facilities were available to book appointments and order repeat prescriptions.
- Extended hours were provided on alternate Saturdays.
- NHS health checks were carried out for those patients between 40 and 75 years.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. Home visits were provided for those with acute and chronic problems.
- It offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice screened patients for alcohol consumption at registration.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months
- 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.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015. The results showed the practice was performing below or in line with local and national averages, 310 survey forms were distributed and 101 were returned.

- 47% found it easy to get through to this surgery by phone compared to a CCG average of 71% and a national average of 73%.
- 83% found the receptionists at this surgery helpful (CCG average 83%, national average 87%).
- 83% were able to get an appointment to see or speak to someone the last time they tried (CCG average 80%, national average 85%).
- 89% said the last appointment they got was convenient (CCG average 88%, national average 92%).

- 57% described their experience of making an appointment as good (CCG average 67%, national average 73%).
- 53% usually waited 15 minutes or less after their appointment time to be seen (CCG average 64%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 38 comment cards 28 of which were positive about the standard of care received. Feedback from 10 comment cards received showed that access to appointments and getting through on the phone were sometimes difficult.

We spoke with eight patients during the inspection. All the patients said that they were happy with the care they received and thought that staff were approachable, committed and caring. However five patients commented that access was difficult.

Eastbury Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor, a second CQC inspector, a practice manager specialist advisor and an Expert by Experience.

Background to Eastbury Surgery

Eastbury Surgery is situated at 3 Eastbury Road, Northwood, Middlesex, HA6 3BG. The practice provides primary care services through a General Medical Services (GMS) contract to approximately 7,500 patients living in the local area (GMS is one of the three contracting routes that have been available to enable commissioning of primary medical services). The practice is part of the NHS Hillingdon Clinical Commissioning Group (CCG) which comprises 48 GP practices. The registered patients are representative of most age groups with a higher than local / national average number of older patients. The practice has a much lower than average deprivation score (people living in more deprived areas tend to have greater need for health services).

The practice team comprise of four GP partners (one male and three female) 3.5 whole time equivalent (WTE) in total, two full time trainee GPs, two practice nurses 1 WTE in total, a healthcare assistant, a practice manager and eight non-clinical staff including receptionists, administrators, secretary and a cleaner. The practice opening hours are 08:30hrs to 18:30hrs Mondays to Fridays and 09:00hrs to

13:15hrs alternate Saturdays. Patients are referred to NHS 111 services to access out-of-hours care. The practice is a member of a local GP network comprising 16 GP practices in north Hillingdon.

The practice is an approved training practice for trainee doctors and medical students.

Services provided by the practice include; child development clinics, child immunisations, chronic disease management, travel vaccinations, cervical smears, flu vaccinations and contraception.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 17 November 2015. During our visit we:

Detailed findings

- Spoke with a range of staff including four GPs, two practice nurses, a health care assistant, two non-clinical staff and spoke with eight patients who used the service and two members of the patient participation group (PPG).
- Observed how people were being cared for and talked with carers and/or family members
- Reviewed the personal care or treatment records of patients.
- Reviewed 38 completed 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:

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

- Is it well-led?

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was an effective 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.
- The practice carried out a thorough analysis of the significant events. However, a more structured approach was required for disseminating significant event analysis to ensure staff who did not attend meetings could share in the learning points and reflection.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, an incident involving a late diagnosis of cancer was discussed in a clinical meeting and measures put in place to reduce the likelihood of recurrence.

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

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. 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 and nurses were trained to Safeguarding level 3.
- A notice in the waiting room advised patients that staff members 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 may 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. A practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- 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. Prescription pads were securely stored and there were systems in place to monitor their use. 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.
- We reviewed seven personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. 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

Are services safe?

was checked to ensure it was working properly. The practice had a risk log in place to monitor safety of the premises which was reviewed monthly. A legionella risk assessment was in the process of being carried out.

- 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 including annual leave and sickness cover.

Arrangements to deal with emergencies and major incidents

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

- All staff received annual basic life support training and there were emergency medicines available in the treatment room. However, we found the first floor

waiting room was not staffed which put patients at risk in the event of a medical emergency. The practice told us that they would activate an existing CCTV camera to monitor this area.

- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and 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 and had been reviewed in 2015.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- Staff shared updates in clinical meetings to aid learning. Topics discussed in clinical meetings included NICE guidance for cancer referrals and latest guidance on abnormal uterine bleeding.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98% of the total number of points available, with 11% exception reporting which was significantly higher than the national average of 4%. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was 95%, which was 9% above the CCG average and 6% above the national average.
- Performance for hypertension related indicators was 100%, which was 3% above the CCG average and 2% above the national average.
- Performance for mental health related indicators was 96%, which was 3% above both the CCG and national average.
- Performance for dementia related indicators was 100%, which was 5% above the CCG average and 6% above the national average.

Clinical audits demonstrated quality improvement.

- There had been a range clinical audits completed in the last years including hypertension diagnosis, safe

prescribing in renal impairment and antibiotic prescribing for urinary tract infections. Two of these were completed audits where the improvements made were implemented and monitored.

- The practice participated in applicable local audits, national benchmarking and peer review.
- Findings were used by the practice to improve services. For example, recent action taken as a result included the review of medicine management guidelines for antibiotic prescribing and the review of NICE guidance for the diagnosis of hypertension.

The practice used information from CQC intelligent monitoring to make improvements. For example;

- Data from 2014 showed the practice was an outlier for the number of Ibuprofen and Naproxen items prescribed as a percentage of all Non-steroidal anti-inflammatory drugs items prescribed (43% compared to the national average of 75%). The practice had taken action and reviewed appropriate patients, updated the GPs on NICE guidance and as a result increased the percentage of these recommended first-line medicines to 86% in 2015.
- Data from 2014 showed the practice was an outlier for the percentage of antibiotic items prescribed that are Cephalosporins or Quinolones (11% compared to the national average of 5%) and as a result the practice had reduced their prescribing of these antibiotics which were not recommended first-line and prescribing was in 2015 comparable to national figures.
- Data from 2014 showed the practice was an outlier for the ratio of reported versus expected prevalence of chronic obstructive pulmonary disorder and coronary heart disease. The practice had taken action by using new systems to monitor QOF which the practice told us had improved read code recoding and recalling of patients.

Emergency admissions to hospital were comparable to other practices.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- 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.
- 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. 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.
- Clinical staff had a range of special interests including child health, obstetrics, gynaecology, paediatrics, women's health, acute and general medicine, diabetes, asthma and teaching trainee GPs.

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.
- Procedures were in place to ensure blood test results were acted on appropriately.

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 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.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

The practice identified patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on smoking and alcohol cessation. Patients were then signposted to the relevant service.
- A dietician was available on the premises for those patients advice on healthy eating.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 82%, which was above the national average of 80%. The practice nurse regularly audited for inadequate smears. 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 local / national averages. For example, childhood immunisation rates for the vaccinations given to

Are services effective? (for example, treatment is effective)

under two year olds ranged from 82% to 94% and five year olds from 73% to 84%. Flu vaccination rates for the over 65s were 57%, and at risk groups 79%. These were also comparable to local / national averages.

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

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

The majority of the patient CQC comment cards we received were positive about the service experienced in relation to caring indicators. 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, the chair and vice chair. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 90% said the GP was good at listening to them compared to the CCG average of 84% and national average of 89%.
- 87% said the GP gave them enough time (CCG average 81%, national average 87%).
- 89% said they had confidence and trust in the last GP they saw (CCG average 92%, national average 95%)

- 91% said the last GP they spoke to was good at treating them with care and concern (CCG average 79%, national average 85%).
- 97% said the last nurse they spoke to was good at treating them with care and concern (CCG average 85%, national average 90%).
- 83% said they found the receptionists at the practice helpful (CCG average 83%, national average 87%)

Care planning and involvement in decisions about care and treatment

Patients told us that they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were generally 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 80% and national average of 86%.
- 86% said the last GP they saw was good at involving them in decisions about their care (CCG average 74% , national average 81%)
- 89% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 90%.
- 91% said the last nurse they saw was good at involving them in decisions about their care (CCG average 80%, national average 85%)

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

Are services caring?

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

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

This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. Bereavement support information was available in the waiting room and on the practice website.

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 was participating in the local integrated care pilot scheme to deliver integrated care to patients with complex needs. It was also working with the local NHS trust to develop more accessible community based services at the practice.

- The practice offered extended hours surgeries on alternate Saturdays from 09:00hrs to 13:15hrs, telephone consultations, and online facilities to book appointments and order repeat prescriptions which was of particular benefit for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability, older people and those with long-term conditions.
- Home visits were available for older patients / patients who would benefit from these.
- The practice participated in a local network initiative to provide care to at risk older people over the weekend.
- The practice participated in the unplanned hospital admissions enhanced service and coordinate my care service to manage older people and those with long-term conditions / complex needs.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, although there was no hearing loop for patients hard of hearing.
- Translation service were available and staff spoke a range of languages including Gujarati, Polish, Italian and Tamil.

Access to the service

The practice was open between 08:30hrs to 18:30hrs Mondays to Fridays. Appointments were from 08:30hrs to 13:00hrs every morning and 14:30hrs to 18:30hrs in the afternoon. Extended hours surgeries were offered on

alternate Saturdays from 09:00hrs to 13:15hrs. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them.

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

- 59% of patients were satisfied with the practice's opening hours compared to the CCG average of 69% and national average of 75%.
- 41% patients said they could get through easily to the surgery by phone (CCG average 71%, national average 73%).
- 57% patients described their experience of making an appointment as good (CCG average 67%, national average 73%).
- 53% patients said they usually waited 15 minutes or less after their appointment time (CCG average 64%, national average 65%).

This was a theme with patients we spoke with during our inspection where five out of eight patients told us they found it difficult to get through on the telephone, they had to wait a long time to get a routine appointment with a GP or nurse and usually had to wait a long time after their appointment time to be seen. This was also a theme on feedback from 10 of the 38 comment cards we received. Two patients told us that it sometimes took up to two or three weeks to get a routine appointment with any GP.

The practice were aware that access was an issue and had introduced measures to improve patient satisfaction. This included extended hours on alternate Saturdays, lunchtime opening and a weekend service for older patients through the local GP network. These measures had had some impact on access, however the practice acknowledged that further improvements were still necessary.

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.

Are services responsive to people's needs? (for example, to feedback?)

- 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 which included the complaints procedure at reception and information on the practice website.

We looked at five complaints received in the last 12 months and found they had been satisfactory handled and dealt

with in a timely way. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a patient complained because an appointment was not given by the receptionist. The practice apologised to the patient and an appointment booked. The member of staff in question was spoken to by the practice manager and all members of staff were reminded to deal with such situations appropriately and if in doubt to speak to the practice manager.

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. However there was no formal strategy or supporting business plans in place to deliver it. Staff we spoke with said the vision had been discussed with them and they worked as a team to deliver it.

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

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff.

The practice was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

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

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

- Staff told us that the practice held regular team meetings however although staff demonstrated that clinical meetings were held they were not formalised.
- 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, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a monthly basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the repeat prescription system had been improved, online appointments and telephone consultations introduced and a room for confidential discussions had been made available for patients.
- The practice had also gathered feedback from staff through staff meetings and appraisal. Staff 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

Are services well-led?

Good 

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

The leadership encouraged staff development and training. For example, the health care assistant was initially employed as an administrative staff member and through training and mentoring had progressed to their current role. The practice nurse had been supported to attend a minor illness course and had started treating patients with minor emergencies.

The practice was a GP training practice of medical students and trainee doctors and was supervising two trainees at the time of our inspection.