

Drs Lambert and Ng (West Road and Louisa Surgeries)

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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Drs Lambert and Ng on 22 December 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, with the exception of those relating to recruitment checks.
- 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.

- Patients said they found it easy to make an appointment. There were urgent appointments available the same day for GPs and Nurses. Routine appointments were available to book the following 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 the management team. The practice proactively sought feedback from staff and patients, including the Patient Participation Group (PPG).
- Information about services and how to complain was available and easy to understand.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met people's needs. For example, the practice was involved in a pilot scheme with Public Health England to refer patients with diabetes risk factors into the 'Just Beat it Programme'. The aim of this was to prevent the development of diabetes.

The area where the provider should make improvement is:

Summary of findings

- Ensure recruitment arrangements include all necessary employment checks for all staff. Ensure that staff are inducted to the practice as per the policy.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- Staff understood and fulfilled their responsibilities to raise concerns, 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 with the exception of staff recruitment checks which had not been fully completed.
- There were enough staff to keep patients safe.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were comparable for the locality.
- Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) 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. Staff worked with multidisciplinary teams.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice comparable with 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.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- They reviewed the needs of their 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 would always be seen if they needed an appointment.
- Urgent appointments were available the same day, routine appointments the following 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.
- Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- They had a clear vision and strategy. Staff knew 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.
- There was an active patient participation group (PPG) and the practice had regular contact with them.
- Staff had received regular performance reviews and attended staff meetings and events.
- There was an induction policy however not all staff had completed an induction programme.

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



- 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 patients in its population and had a range of enhanced services, for example, in dementia and end of life care.
- As part of the 'Improving Outcomes Scheme' in conjunction with the CCG, the practice held a register of patients who were at risk of unplanned emergency admission to hospital. The Practice Nurse contacted these patients to offer support and advice. In addition the practice held a register of frail elderly patients who they were in the process of visiting and assessing.
- They were 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

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.
- 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 patients with more than one long term condition the practice offered to review everything in one appointment. 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.
- As part of a pilot scheme with Public Health England patients at risk of developing diabetes were identified and referred to appropriate services.

Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- We saw good examples of joint working with midwives, health visitors and school nurses.
- Appointments for children were always available as needed.

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 this group had been identified and the practice had adjusted the services they 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 reflected the needs for this age group.
- The Practice Nurse had completed extra training in order to offer the contraceptive implant service to patients who needed it and this was available to book at any time.

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 had carried out annual health checks for people with a learning disability, and also offered this in the patient's own home.
- The practice held a register of patients living in vulnerable circumstances.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- 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.

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 practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice 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. They had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.
- As part of the 'Improving Outcomes Scheme' in conjunction with the CCG the practice was proactively identifying patients at risk of suicide or self-harm. These patients were seen weekly by the GP.
- Staff had received training on how to care for 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 in July 2015 showed the practice was performing in line with local and national averages. There were 110 responses from a survey of 254 forms which represented a response rate of 43%. This equates to just over 2% of the practice list size.

The practice scored higher than average in terms of patients being able to access appointments. For example:

- 94% of respondents found it easy to get through to this surgery by phone compared to a CCG average of 75% and a national average of 73%.
- 87% of respondents describe their experience of making an appointment as good compared to a CCG average of 77% and a national average of 73%.

Results indicated the practice was also comparable in other aspects of care, including having confidence and trust in the clinician. For example,

- 94% of respondents had confidence and trust in the last nurse they saw or spoke to compared to a CCG average of 98% and a national average of 97%.

- 93% of respondents had confidence and trust in the last GP they saw or spoke to compared to a CCG average of 97% and a national average of 95%.
- 93% of respondents say the last GP they saw or spoke to was good at treating them with care and concern compared to a CCG average of 90% and a national average of 85%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 51 comment cards and spoke with 10 patients, including two patients at the Louisa branch surgery and eight members of the Patient Participation Group. All of these were positive about the standard of care received. Patients stated they found it easy to get an appointment. Staff were consistently described as polite, helpful and caring. Patients on the day stated they felt listened to by the GPs and that the practice strove to accommodate them. Patients stated that the practice was tidy and clean.

Drs Lambert and Ng (West Road and Louisa Surgeries)

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 Practice Nurse specialist advisor and a Practice Manager specialist advisor.

Background to Drs Lambert and Ng (West Road and Louisa Surgeries)

West Road Surgery is situated in Annfield Plain. There is also a branch surgery in Stanley known as Louisa Surgery. They have a Personal Medical Services (PMS) contract and also offer enhanced services for example; extended hours. The practice covers Annfield Plain and Stanley which are ex-mining communities. There are 4968 patients on the practice list and the majority of patients are of white British background.

The practice is a partnership with three partners. There are two GPs. There is one Practice Nurse, two Nurse Practitioners and one Health Care assistant. There is a Practice Manager, Deputy Practice Manager and reception and administration staff.

The practice at West Road is open between 8.30am and 5.00pm Mondays to Fridays and has extended hours from 7.30am to 8.00am on Mondays. The branch surgery at Stanley is open between 8.30am and 5.00pm Mondays, Tuesdays, Wednesdays and Fridays and between 8.30am

and 12.30pm on Thursdays and has extended hours on Thursdays from 7.30am to 8.00am. The practice also offers extended hours on Saturday mornings from 8am to 1.00pm.

Patients requiring a GP outside of normal working hours are advised to contact the GP out of hour's service provided by North Durham CCG.

Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 22 December 2015. During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members

Detailed findings

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- 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 a system in place for reporting and recording significant events.

- All complaints received by the practice were recorded. The practice carried out an analysis of the significant events and they were entered onto the SIRMS system (Safeguarding Incident Reporting and Management System). This was an electronic reporting system which allowed the practice to collate information easily.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example the practice had updated safeguarding procedures following an incident.

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

Safety was monitored using information from a range of sources, including the National Patient Safety Agency and the 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 patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements. Policies were accessible to all staff. They 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 and they had completed level 3 safeguarding training for children. The GP 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.

- A notice was displayed on consulting room doors, advising patients that staff 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). These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to help 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. 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 looked at five staff files and found that some recruitment checks had not been undertaken or documented prior to employment. For example, proof of identification, references, qualifications and registration with the appropriate professional body. All staff files sampled did indicate that the member of staff had a DBS check performed. The practice stated that they will follow the recruitment policy in the future and provided evidence on the day with regard to proof of identification.

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 with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All

Are services safe?

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 and infection control 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 adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- 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.

For example, NICE guidance for patients who had diabetes.

- 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.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and recorded the outcome of the assessment. The practice monitored the process for seeking consent by auditing records. This helped to ensure the practice met its responsibility within legislation and followed national guidance.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 100% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets. Practices can exclude patients from the QOF which is known as 'exception reporting'. This ensures that the practice are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication

or side-effect. Lower exception reporting rates are more positive. The practice exception reporting rate was 9.8% which was above the local CCG and national averages. Data from 2014 – 2015 showed,

- Performance for diabetes related indicators was higher than the national average. For example, performance for diabetes related indicators was 88.4% which was 7.6% above the CCG and 10.9% above national average. The exception rate for these patients was above CCG and national averages at 16.5% and clinical prevalence was higher than both CCG and national average.
- The percentage of patients with hypertension having regular blood pressure tests was 92.1% which was 6.6% above the CCG average and 8.5% above the national average. The exception rate for these patients was below CCG and national averages at 2.8% and the clinical prevalence was higher than both CCG and national averages.
- Performance for mental health related indicators were higher than the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented in their record was 94.7% which was 4.6% above the CCG average and 6.4% above the national average. The exception rate for these patients was above CCG and national averages at 13.6% and the clinical prevalence was comparable to both CCG and national averages.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was above the CCG and national averages. For example, the percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review was 90.2% which was 6.4% above the CCG average and 6.2% above the national average. The exception rate for these patients was 2.4% which was below CCG and national averages and the clinical prevalence was comparable to both CCG and national averages.

Clinical audits were carried out and all relevant staff were involved to improve care and treatment and patient's outcomes.

- There had been clinical audits completed in the last two years that were second cycle audits. One of the audits related to patients with coeliac disease. Findings were

Are services effective?

(for example, treatment is effective)

used by the practice to improve services. An example of this was that the practice contacted patients with irritable bowel syndrome and invited them in for a coeliac screen blood test in accordance with NICE guidance.

- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.

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 fire safety, health and safety and confidentiality, however only one of the staff files we sampled showed evidence of its implementation.
- 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 and clinical supervision. The Practice Nurse was providing ongoing mentorship for the Health Care assistant who was studying for a nursing degree. There was facilitation and support for the revalidation of doctors.
- Staff received mandatory training; this included safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets was 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 help ensure that they understood, planned and met patient's complex needs. 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 bi-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, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits.

Supporting patients to live healthier lives

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, those at risk of developing a long-term condition and those requiring advice on their diet, alcohol and smoking cessation. Patients were then signposted to the relevant service.
- A counsellor, chiropodist and community psychiatric nurse were available on the premises as the practice made a room available for them. The practice also offered an acupuncture service on the premises in conjunction with other local practices.

The practice's uptake for the cervical screening programme was 86.2%, which was above the national average of 81.88%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged their patients to attend national screening programmes for bowel and breast cancer screening.

Are services effective?

(for example, treatment is effective)

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 twos ranged from 98% to 100% and five year olds 93.8% to 100%.

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. Targeted screening was done in order to diagnose diabetes and

provide early intervention. Appropriate follow-up consultations on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. Patients with long term conditions such as asthma, chronic obstructive pulmonary disease, heart disease and diabetes had individual care plans. Patients with chronic obstructive pulmonary disease also had self-management care plans.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone. Two members of staff had undertaken training in sign language. We were told that staff were aware of the patients who were visually impaired and these patients would be greeted by the clinician. There was disabled access in the building.

- 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.
- Chaperone information was available on consulting room doors. Chaperones were offered to patients and all staff who acted as chaperones had received training and DBS checks. Breastfeeding facilities were available and this information was in the waiting room.
- The practice had a private room away from the reception area to ensure confidentiality and this was available to patients who wanted to discuss sensitive issues or appeared distressed.

All of the 51 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. Patients told us that if they needed to be seen that day they would be. We spoke with eight members of the Patient Participation Group (PPG) and they all said that the practice was responsive and caring. They told us that the practice rang patients with cancellations if they needed an appointment and that there was a personal interest in them and that they were treated as 'human beings'. They said that they felt listened to and could contact them with any issues. We also spoke with two patients at the Louisa branch surgery who confirmed these views.

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 comparable or higher than local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 96% said the GP was good at listening to them compared to the CCG average of 92% and national average of 89%.
- 93% said the GP gave them enough time compared to the CCG average of 89% and national average of 87%.
- 93% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%
- 93% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 85%.
- 93% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 90%.
- 93% said the nurse was good at listening to them compared to the CCG average of 93% and national average of 91%.
- 95% said the last nurse they saw or spoke to was good at giving them enough time compared with a CCG average of 94% and a national average of 92%.

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. Patient feedback on the comment cards we received was also positive and aligned with these views.

We reviewed results from the national GP patient survey with regard to patients' involvement in planning and making decisions about their care and treatment. Results were comparable with local and national averages. For example:

Are services caring?

- 93% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 84% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 82%.
- 86% said the last nurse they saw or spoke to was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 85%.

Staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

The practice had a carers register and information to support carers was in the waiting room. Carers were offered health checks.

Notices in the patient waiting room told patients how to access a number of support groups and organisations. 95% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and national average of 87%. Bereavement support information was available in the waiting room and we were told that the practice sent a card to bereaved patients to offer sympathy and support. A patient told us that the GP rang them following a bereavement and that they greatly appreciated this. Information regarding support for patients experiencing mental health issues was available in the waiting room.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to improve outcomes for patients in the area. The practice participated in the Quality Improvement Scheme. This was implemented by the CCG to enable practices in the area to develop and improve quality of care. This was an incentivised scheme. The practice had the services of a pharmacist as part of this scheme to assist with complex discharge medications and patients with complex drug regimes.

The practice had an active PPG. The most recent Friends and Family test (whereby patients indicate how likely they would be to recommend the practice to friends or family) was that 97% were extremely likely or likely to recommend the practice.

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

- Longer appointments were available to patients who needed them.
- Home visits were available for older patients / patients who would benefit from these including those with a learning disability.
- Urgent access appointments were available for children, vulnerable groups and those with serious medical conditions.
- There were disabled facilities and translation services available. Two members of staff were able to sign.
- The Practice Nurse had completed extra training in contraceptive implant fitting and offered this service to patients in order to treat them closer to home.

Access to the service

The practice at West Road was open between 8.30am and 5pm on Monday to Friday and offered extended hours from

7.30am to 8am on Mondays. The branch surgery at Stanley was open between 8.30am and 5pm on Mondays, Tuesdays, Wednesdays and Fridays and 8.30am 12.30pm on Thursdays. Extended hours were available on Thursdays between 7.30am and 8am. Pre-bookable appointments were available. Urgent appointments were also available each day. Telephone consultations were available each day.

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

- 81% of patients were satisfied with the practice's opening hours compared to the CCG average of 77.3% and national average of 75.7%.
- 94% patients said they could get through easily to the surgery by phone compared to the CCG average of 75.1% and national average of 74.4%.
- 87% patients described their experience of making an appointment as good compared to the CCG average of 76.5% and national average of 73.8%.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- Information was available to help patients understand the complaints system.

We looked at two complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. Staff told us that the practice was small and friendly and they were able to listen to patients and resolved their issues at the time if possible.

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, accessible care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas.
- Details of the vision and practice values were part of the practice's strategy and business plan.

Governance arrangements

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

Governance systems in the practice were underpinned by:

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

Leadership and culture

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 they were approachable and always took the time to listen to all members of staff. The Nurse Practitioner also took a leading role in the practice.

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

When there were unexpected or unintended safety incidents:

- The practice gave 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 the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt 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.

- Staff told us that informal meetings were held daily as well as formal meetings monthly and any issues would be discussed.
- Staff told us that there was a supportive approach to staff development. Staff described the practice as having a friendly and open door culture. Staff told us they felt involved and engaged to improve how the practice was run.
- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an

Are services well-led?

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active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice had agreed to inform patients in the waiting room if appointments were running late following recommendations by the PPG.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. Examples of this included the 'Just Beat it' scheme to improve outcomes for patients at risk of developing diabetes and the implementation of the frail elderly register to provide comprehensive assessments for patients in this population group, including falls assessments.