Oakworth Medical Practice

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?	Outstanding
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 Oakworth Medical Practice on 1 October 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. Clinical 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 easy to understand and was available in the practice leaflet and on request.
- Urgent appointments were available on the same day.
- The practice had good facilities and was well equipped to treat patients and met 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.

We saw one area of outstanding practice:

- The practice extended their caring into the community and supported vulnerable patients at times of crisis by knowing the patients and the community they lived in.

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

Summary of findings

- The practice should explore means of involving their patients in decision making and developing the practice through a patient participation or patient reference group.
- The practice should seek professional advice regarding the maintenance of the building and resolving the damp issue.
- The practice should ensure that infection prevention and control audits are routinely carried out.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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. There were enough staff to keep patients safe.

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 (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. Clinical staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs.

Are services caring?

Outstanding

The practice is rated as outstanding 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. We were told of examples of caring beyond normal medical services such as ensuring patients had sufficient food in crisis situations, and placing pets with others in the community when vulnerable people were incapacitated and unable to care for their pets temporarily.

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 Local Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients

Summary of findings

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.

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 GP's. 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 on an individual basis, which it acted on. The patient participation group (PPG) was not active. Although a group had been tried in the past, there was no current patient participation group or patient reference group. All but one member of staff had received an appropriate induction, performance reviews were conducted as part of the appraisal process. Staff attended team meetings and events.

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. 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 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

Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours, and the premises were suitable for children and babies. We saw good examples of joint working particularly with local pharmacists.

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

Summary of findings

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.

People whose circumstances may make them vulnerable

Outstanding 

The practice is rated as outstanding for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. The GPs also had a personal knowledge and understanding of its vulnerable patients and proactively contacted those who were likely to be affected by adverse conditions. 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 was integral to the community and could access a range of formal and informal support for vulnerable patients through thorough knowledge of their patients and the community. This included access to a range of charitable and informal support systems,

People experiencing poor mental health (including people with dementia)

Good 

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). People experiencing poor mental health were offered an annual physical health check. 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. It 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. Staff had received training on how to care for people with mental health needs and dementia.

Summary of findings

What people who use the service say

What people who use the practice say

The National GP Patient Survey results published on 4 July 2015 showed the practice was performing in line with local and national averages. There were 117 responses returned from 281 distributed which represent a 41.6% response rate, approximately 3% of the registered population. The National GP Patient Survey results consistently places the practice above national and CCG average.

- 99.2% find it easy to get through to this surgery by phone compared with a CCG average of 72% and a national average of 74.4%.
- 91.5% find the receptionists at this surgery helpful compared with a CCG average of 86.1% and a national average of 86.9%.
- 94.9% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 51.5% and a national average of 60.5%.
- 94.4% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 84.5% and a national average of 85.4%.
- 98.2% say the last appointment they got was convenient compared with a CCG average of 91.8% and a national average of 91.8%.
- 88.5% describe their experience of making an appointment as good compared with a CCG average of 70.9% and a national average of 73.8%.
- 86.1% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 70.9% and a national average of 65.2%.
- 78.1% feel they don't normally have to wait too long to be seen compared with a CCG average of 63.4% and a national average of 57.8%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 20 comment cards which were very positive about the standard of care received.

Areas for improvement

Action the service SHOULD take to improve

- The practice should explore means of involving their patients in decision making and developing the practice through a patient participation or patient reference group.
- The practice should seek professional advice regarding the maintenance of the building and resolving the damp issue.
- The practice should ensure that infection prevention and control audits are routinely carried out.

Outstanding practice

- The practice extended their caring into the community and supported vulnerable patients at times of crisis by knowing the patients and the community they lived in.

Oakworth Medical Practice

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 and a practice manager specialist advisor.

Background to Oakworth Medical Practice

Oakworth Surgery is located in the village of Oakworth near Keighley. Oakworth Surgery is a practice member of the Airedale Wharfedale and Craven Clinical Commissioning Group. The practice has a registered population of 3495 patients. It is located in an area of relatively low deprivation in the least deprived 30% in the country. The practice is accommodated in a purpose built surgery with good disabled access.

There are two GPs (one male and one female) at the practice, both full partners. In additional to the GP's the practice has a nurse, and a health care assistant.

The practice is open between 8.00am and 6.00pm Monday to Friday, but staff are available until 6.30pm.

Out of hours services are provided by Local Care Direct which is accessed through the normal practice telephone number or through NHS 111.

The practice has not been inspected before under the previous inspection regime.

The practice is registered to provide regulated activity at both the main site and branch surgery for: Diagnostic and screening procedures; family planning; treatment of disease, disorder or injury; maternity and midwifery services; and surgical procedures.

Why we carried out this inspection

We carried out a comprehensive inspection 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.

The provider had not been inspected before 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 1 October 2015. During our visit we spoke with a range of staff including GPs, nurses, receptionists, administrators and practice manager. We spoke with six patients who used the service. We observed how people were being cared for and talked with carers and/or family members and reviewed the personal care or treatment records of patients. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Detailed findings

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)

Good

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. Staff told us they would inform the GPs of any incidents and there was also a recording form available on the practice computer system. All complaints received by the practice were entered onto the system and automatically treated as a significant event. The practice carried out an analysis of the significant events and this also formed part of the GPs individual revalidation process.

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.

Safety was monitored using information from a range of sources, including 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 could demonstrate its safe track record through having risk management systems in place for safeguarding, health and safety including infection control, medication management and staffing.

- 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. There was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A number of notices were displayed in a range of sites in the surgery, advising patients that chaperones were provided if requested. One of the GP's advised us that he always requested chaperones when undertaking personal examinations. All staff who acted as chaperones understood 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.
- 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. 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.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention and control 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 not undertaken and there was no IPC action plan. The practice had carried out Legionella risk assessments and regular monitoring of the water system. However, there were noticeable signs of damp in the building and the practice were using dehumidifiers in an attempt to manage the problem, but this was not sufficient to solve the problem.
- The arrangements for managing medicines, 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 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.
- Recruitment checks were carried out and the three files we sampled showed 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 (DBS).
- 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.

Good

Are services safe?

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 and there were emergency medicines available in the treatment room. 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.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with NICE best practice guidelines and had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. For example, NICE guidance for patients with respiratory conditions and diabetes.

Consent

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 such as Frazer Guidelines and Gillick Competency. 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.

Protecting and improving patient health

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, 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's uptake for the cervical screening programme was 86.74%, which was above the national average of 81.88%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/National averages. For example, childhood immunisation rates for the vaccinations given to under twos ranged from 91.3% to 96.7% and five year olds from 94.4%. Flu vaccination rates for the over 65s were 79.52%, and at risk groups 51.52%. These were also slightly above the national averages of 73.24% and 52.29%.

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

Coordinating patient care

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 were also available.

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 are 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.

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. This practice was not an outlier for any QOF (or other national) clinical targets. Data from April 2013 to March 2014 showed

- Performance for diabetes related indicators was above the national average, for example 88.34% of patients had a normal blood sugar reading recorded in the preceding 12 months, compared to a national average of 77.72%.
    - The percentage of patients with hypertension having regular blood pressure tests, and recording 150/90mm/hg in the preceding 9 months was 89.21%, better than the national average of 83.11%.

Good

Are services effective?

(for example, treatment is effective)

- Performance for mental health indicators such as patients diagnosed with dementia whose care had been reviewed in the preceding 12 months was 97.94%.better than the national average of 95.28%.

  Clinical audits were carried out and all relevant staff were involved to improve care and treatment and people's outcomes. There had been four clinical audits completed in the last 12 months. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research from a CCG perspective. The practice regularly reviewed QOF data and Primary Care Web tool to ensure outcomes in the practice were broadly in line with similar practices. Findings were used by the practice to improve services. For example, ensuring that screening rates were maintained at a level comparable with other similar practice.

  Information about patient outcomes was used to make improvements such as improving the blood results in patients diagnosed with gout.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, however we found that one member of administrative staff had never had an appraisal and others did not feel valued through the appraisal. Clinical 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 except one staff member had had an appraisal within the last 12 months.

Staff received training that included: safeguarding, fire procedures, and basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in- house training.

Outstanding ☆

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. Curtains were provided in most consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. The nurses' room did not have a curtain and staff maintained dignity by leaving the room if patients needed to undress. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

Patients were treated as individuals with regards to the person, and their individual circumstances. The GPs ensured that patients in crisis had sufficient food to overcome the period of debilitation. The GPs knowledge of the whole community and their compassion for their patients has resulted in temporary homes being found by the GPs for pets when patients have been too ill to care for them themselves.

All 20 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. There was no active PPG or active patient reference group. The GP told us that they had tried to convene a PPG meeting once but it was unsuccessful. The practice informed us that they were about to try a different approach to involving patients. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. Notices in the patient waiting room told patients how to access a number of support groups and organisations. Over 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86.1% and national average of 86.9%.

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.

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 better than average for its satisfaction scores on consultations with doctors and nurses. For example:

- 98.4% said the GP was good at listening to them compared to the CCG average of 90.5% and national average of 88.6%.
- 98.9% said the GP gave them enough time compared to the CCG average of 89.6% and national average of 86.8%.
- 100% said they had confidence and trust in the last GP they saw compared to the CCG average of 95.9% and national average of 95.3%
- 96.7% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87.5% and national average of 85.1%.

95.2% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91.9% and national average of 90.4%.

We were informed of many social needs of patients being met by the practice due to the practice being integral to the whole community. Examples included rehoming dogs in the community for patients suffering medical crisis, and ensuring patients were provided with food in emergencies.

Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day of our inspection 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.

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 better than local and national averages. For example:

Outstanding ☆

Are services caring?

- 97.9% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86.3%.
- 94.7% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82.7% and national average of 81.5%

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 patents this service was available.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

There was no active PPG at the practice, although an attempt had been made to establish a PPG in the past. As a result there were no patient surveys or submitted proposals for improvements to the practice management team. The practice did inform us that they would be exploring other means of patent involvement such as a virtual reference group.

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, hearing loop and translation services available.

Access to the service

The practice was open between 8.00am and 6.00pm Monday to Friday. The practice did not offer extended hours surgeries, but were able to offer appointments to meet individual needs if required. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available.

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

- 88.1% of patients were satisfied with the practice's opening hours compared to the CCG average of 74.2% and national average of 75.7%.
- 99.2% patients said they could get through easily to the surgery by phone compared to the CCG average of 72% and national average of 74.4%.
- 88.5% patients described their experience of making an appointment as good compared to the CCG average of 70.9% and national average of 73.8%.
- 85.1% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 70.9% and national average of 65.2%.

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.

We saw that information was available to help patients understand the complaints system. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at five complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way with openness and transparency and responded to appropriately. We saw that these had been discussed in the practice and any learning shared.

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. Details of the vision and practice values were part of the practice's clinical 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, however, this was not the case for one member of staff whose role the other members of didn't understand.
- 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 on 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 all supported to address their professional development needs for revalidation and all staff as part of the appraisal schemes and continuing professional development. The GPs had learnt from incidents and complaints.

The GP met informally on a weekly basis to discuss clinical issues. The GP also met with the practice manager and nurses on a regular basis. As the practice was relatively small a great deal of communication was informal. Communication between clinicians was effective, but there were communication issues between management and administrative staff. The practice partners agreed to look at the non-clinical management effectiveness.

Innovation

The clinical team was forward thinking to improve outcomes for patients in the area.