

Medically Limited (The Banks Surgery)

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Medically Ltd. (The Banks Surgery) on 20 July 2016. Overall the practice is rated as good.

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 generally well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with 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. Improvements were made to the quality of care as a result of complaints and concerns.

- Patients appreciated being able to speak with a GP and where necessary have an appointment on the same day or pre-booking appointments with a preferred GP
- Urgent appointments were made available for vulnerable patients and unwell children even where the sessions were fully booked.
- The practice had adequate facilities and equipment.
- 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.

However there was an area where the provider should make an improvement:

- The provider should review their response to the results of the National Patient Survey to identify additional actions to drive improvement particularly in the area of GP interactions with patients.

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.

- 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 things went wrong patients received reasonable support, information, and a written apology. They were 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 patients safe and safeguarded from abuse.
- Risks to patients were assessed and generally well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to local and national averages.
- 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 with personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients views were comparable to local and national figures.
- 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 saw staff treated patients with kindness and respect, and that they maintained patient and information confidentiality.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff 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.
- Patients said they found it relatively easy to make an appointment with a named GP and there was continuity of care. They also appreciated being able to talk with a GP or nurse practitioner and if needed being offered an appointment on the same day.
- The practice monitored when a patient had to be called back and could demonstrate that 95% of call backs were made within an hour unless the patient had requested something else.
- The practice had adequate facilities and was equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- 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 a 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 notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on.
- There was a focus on learning and improvement at all levels.

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.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had identified those older patients at risk of hospital admission and had developed a care plan template which identified key health problems and their ongoing management and included information, for example, about resuscitation choices. Special notes were included on records for out of hours services to avoid unnecessary or inappropriate hospital admissions.

Good



People with long term conditions

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.
- The practice's performance for diabetes management was similar to or slightly higher than national averages, for example, 90% of diabetic patients in whom the last blood pressure reading was 140/80mmHg or less compared to the local average of 77% and national average of 78%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice's web site included a section on long term conditions with information and links to factsheets and resources.

Good



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, and we saw evidence to confirm this.
- Data showed 82% of eligible women had received a cervical screening test compared with the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice offered 24 hour and 6 week baby checks.
- We saw examples of joint working with midwives, health visitors and school nurses.

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 reflected the needs for this age group.
- The practice offered a telephone consultation with a GP or nurse practitioner to every patient who telephoned. Call backs were made when needed and appointments made for those who needed to be seen. The practice monitored this and could demonstrate that 95% of call-backs were made within an hour unless a later time had been requested, for example, after collecting children from school.

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 carers, people with a learning disability and those with alcohol or substance misuse problems.

Good



Summary of findings

- The practice offered longer appointments for patients with a learning disability including those living in local college supported accommodation. The practice worked closely with the management of this accommodation to ensure students received annual health checks.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice had identified that 55 or 1.3% of its patients aged over 18 had caring responsibilities and offered health checks and information about local support services. There was also information available in the waiting area.
- 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.

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).

- 94% of patients living with dementia had a face-to-face care review in the previous 12 months, compared with the national average of 84%.
- 100% of patients with severe mental health problems had a comprehensive agreed care plan documented in their records compared with the national average of 89%.
- 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 and where appropriate their carers about how to access various support groups and voluntary organisations.
- The practice 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 patients with mental health needs and dementia. For example, they were routinely offered longer appointments.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2016 showed the practice was performing in line with local and national averages. 283 survey forms were distributed and 122 were returned, representing a response rate of 43% compared with a response rate in England of 38%, and 2.3% of the practice's patient list.

- 97% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 90% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 80% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 59% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the national average of 78%. (However the Families and Friends test showed that 97% of patients would recommend the practice.)

The practice had looked at these results and other patient feedback. During the previous 12 months it had reduced the number of locum GPs so that 3 regular locums provided holiday cover and the two sessional GPs covered 83% of sessions. It hoped that patients would be more satisfied being able to speak with and see GPs who regularly worked in the practice.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 35 comment cards the majority of which were very positive about the standard of care received. Many told us that they found it really helpful to be able to speak to a GP and that when needed appointments were offered on the same day. Staff were described as caring, understanding and helpful. Patients said the premises were clean and tidy and that the GPs answered questions and explained treatment options.

Patients we spoke with were satisfied with the care they received.

Medically Limited (The Banks Surgery)

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspector and included a GP specialist adviser.

Background to Medically Limited (The Banks Surgery)

Medically Limited (The Banks Surgery) is situated in Sileby, a village north west of Leicester. There is a local population of about 8,500 which will increase as up to 1000 new homes are built over the next five years. Sileby is an area with some pockets of social deprivation alongside private housing. The practice has 5358 patients.

The practice occupies single storey premises built in 1979 and extended in 1984. It has a General Medical Services contract (GMS) to deliver primary care services to local communities.

The practice has two long term locum male GPs who each work nine sessions a week. There are two nurse practitioners and two health care assistants who are all female. There is also a business/practice manager, assistant practice manager and other support staff.

The practice is open between 8.30am and 6.00 pm Monday to Friday with the exception of Thursday when it closes at 1.00pm. On this afternoon and between 8.00 and 8.30am and 6.00 and 6.30pm the practice has a contract with Primecare whose telephone number is provided by the answerphone message and on the practice's website.

Out of hours services are provided by DHU (Derbyshire Health United).

Why we carried out this inspection

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

For example:

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 20 July 2016. 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.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

Detailed findings

- 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 were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- 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 the 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 assistant practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received support, information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. We were told of an example where a diagnosis of a condition had been missed where the lead GP had asked the patient to see him so that he could explain what had happened and apologise.
- The practice carried out an analysis of significant events including any learning which was shared with all staff.
- All the staff we spoke with said they felt comfortable about identifying any mistakes they had made and discussing them within the staff team to ensure future learning.
- We reviewed safety records, incident reports, patient safety alerts (including MHRA alerts) and minutes of meetings where these were discussed and actions decided on, for example, to search for patients whose medicines needed to be reviewed following a safety alert. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a patient referral was delayed slightly because the urgent post folder had not been passed to the GP for action. This was discussed within the administrative team and it was decided that in future the urgent post would be taken to the duty doctor at the same time as prescription queries. (The patient was also contacted and told what had happened, given an apology and told what had been changed to help avoid this happening again)

• 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 children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. 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 who was in contact with local health visitors to share and discuss any concerns. The GPs provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurse practitioners were trained to child protection or child safeguarding level 3.
 - Notices in the waiting area and in treatment rooms advised patients that chaperones were available if required. All staff undertaking this role had been trained. This service was usually provided by healthcare assistants who had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). In addition some of the reception team had also been trained to chaperone, but had not been DBS checked. The practice had carried out a risk assessment which made it clear that these staff would never be left alone with a patient. The staff involved understood this.
 - The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A nurse practitioner was the infection control clinical lead and they 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. For example, the practice had borrowed a UV light box from the CCG and used it to

Are services safe?

assess whether handwashing techniques were effective. 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 medicines and vaccines kept patients safe (this included obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of all high risk medicines such as lithium and warfarin. The practice had developed a template for this which ensured a consistent approach. 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. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Uncollected prescriptions were reviewed and the local pharmacy contacted to see if any medicines had not been collected. Advice was sought from a GP and where appropriate, the patient contacted to ensure they were well especially where they had a long term condition.
- Patient Group Directions had been adopted by the practice to allow the nurses to administer medicines in line with legislation. The health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- **Monitoring risks to patients**
- Risks to patients were assessed and generally 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 and a poster was displayed in the administration area which identified

local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure it was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health (COSHH) and infection control. The practice had undertaken a legionella risk assessment. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) and was taking action to manage any risk identified.

- 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 to ensure enough staff were on duty and staff worked flexibly to cover absences.

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 which they responded to.
- 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. A first aid kit and accident book were 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 stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. Copies were kept outside of the surgery and the plan included contact numbers for staff and other services and suppliers.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE which were incorporated into the record system practice devised template to ensure best practice for example, related to the treatment of a heart condition called Atrial Fibrillation. This helped ensure that care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 100% of the total number of points available. The practice had low levels of exception reporting except for mental health where they had worked with the community psychiatric nurse to establish which patients would not benefit from reviews, for example a patient living with advanced dementia. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. For example, data from 2014-2015 showed performance for diabetes related indicators was higher than the national average.

- The practice scored 87% for the QOF indicator relating to blood sugar control management for diabetic patients compared to the local average of 83% with a national average of 78%.

- The practice scored 90% for the QOF indicator relating to blood pressure management in diabetic patients (local average 77%, national average 78%)

Performance for mental health related indicators, for example, related to an agreed care plan documented in the patient record was 100% (local average 94%, national average 89%)

There was evidence of quality improvement including clinical audit.

- There had been four clinical audits completed in the last two years. Two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, the practice had audited its patients receiving thyroid medicines and contacted them to ensure they had annual blood tests in accordance with NICE guidelines to ensure they received the correct doses. Over a 6 month period the figure being treated in line with the guidance was increased from 60% to 85%.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This 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.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence and an annual audit. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support,

Are services effective?

(for example, treatment is effective)

one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

- Staff received training that included safeguarding, fire safety awareness, and basic life support and information governance. 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 investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Monthly multi-disciplinary meetings took place with other health care professionals including the diabetic specialist nurse, district nurses, MacMillan and clinical care co-ordinator when care plans were routinely reviewed and updated for patients with complex needs including palliative and end of life care.

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 nurse assessed the patient's capacity and recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records checks.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 82% which was comparable to the CCG average of 83% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Percentages of patients attending were comparable with local averages. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for vaccinations given to under two year olds ranged from 97% to 100% and five year olds from 97% to 100%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made where risk factors or abnormalities were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All but 2 of the 35 patient Care Quality Commission comment cards we received were very positive about the service experienced. Patients said they felt the staff were excellent and caring, that their questions were answered and explained. Patients told us they appreciated being able to speak with a GP or nurse practitioner and when needed being offered an appointment usually on the same day.

We spoke with a member of the patient participation group (PPG). 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 published in July 2106 showed patients felt they were treated with compassion, dignity and respect. The practice was comparable or slightly below average for satisfaction scores on consultations with GPs and nurses. For example:

- 79% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 88% and the national average of 89%.
- 84% of patients said the GP was good at giving them enough time compared to the CCG average of 86 % and the national average of 87%.
- 91% of patients said they had confidence and trust in the last GP they saw (CCG and national average 95%)
- 72% of patients said the last GP they spoke to was good at treating them with care and concern (CCG and national average of 85%).

- 92% of patients said the last nurse they spoke to was good at treating them with care and concern (local and national averages of 91%.)
- 88% of patients said they found the receptionists at the practice helpful (CCG average 86%, national average, 87%)

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. 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 from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients generally responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were lower than local and national averages. For example:

- 80% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG and national averages of 89%.
- 69% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 82%.
- 75% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 85%

The practice had looked at these results and other patient feedback and had reduced the number of locum GPs it used so that the two sessional GPs covered 83% of sessions with 3 regular locums providing holiday cover and extra sessions where increased demand was expected, for example, the days before and after bank holidays. It hoped that patients would be more satisfied being able to speak with and see GPs who regularly worked in the practice.

The practice provided facilities to help patients be involved in decisions about their care:

Are services caring?

- Staff told us that interpretation 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. Staff told us this was rarely requested.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 55 patients as

carers (1.3% of the practice list aged over 18 yrs.). Once identified and placed on the register, carers were invited for a regular health check, offered flu vaccinations and given information about how to access support and advice. There was also information available in the waiting area about local support available.

Staff told us that where patients had received end of life care their family was sent a condolence letter on behalf of the practice team when the patient passed away. This would be followed by advice about bereavement support services. At times the GP most involved with the end of life care would contact the family to offer support if they were a patient at the practice.

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, for example, working with the local Federation to develop a local contract for anti-coagulant monitoring.

- Patients contacting the practice to make an appointment were offered a telephone consultation or face-to-face appointment that day or in the future should they wish it. At times patients were asked to come to the surgery on that day as a result of the telephone consultation.
- Occasionally, one of the GPs would make an urgent home visit in the morning especially when there was a possibility that the patient might need admitting to hospital.
- Home visits were available for patients who were housebound or otherwise too ill to attend the surgery.
- Where the GP was busy a call back would be arranged. 95% of call backs were made within an hour unless the request was for later, for example, after the school run.
- 20% of appointments were available for pre-booking.
- Longer appointments available for patients who needed them. Some patients had alerts on their record to ensure they were given longer appointments.
- Patients were able to receive travel vaccinations..
- There were disabled facilities, a hearing loop and interpretation services available.
- The practice made extra urgent appointments available in order to see children, patients receiving end of life care, patients with cancer and those identified as having a high risk of hospital admission.

Access to the service

The practice was open between 8.30am 6.00pm Monday to Friday with the exception of a Thursday when the practice closed at 1.00 pm. Services on Thursday afternoons, from 8-8.30am and from 6.00 – 6.30pm were provided by PrimeCare with the phone number being available on the website and on the practice telephone system. Appointments were from 8.30am to 5.30pm.

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

- 69% of patients were satisfied with the practice's opening hours compared to the local average of 74% and national average of 76%.
- 97% of patients said they could get through easily to the practice by phone compared to the local average of 70% and the national average of 73%).

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

A GP spoke with the patient or carer to assess whether a visit was appropriate or whether other services such as the paramedic led Acute Visiting Service (AVS) or an ambulance might be more appropriate. At times a GP was able to make a morning home visit and decide whether the patient needed to be admitted to hospital early in the day. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had 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.
- 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 in the practice e leaflet and on the web-site.

We looked at 2 complaints received in the last 12 months and found that these were satisfactorily handled, dealt with in a timely way, and handled with openness and transparency. Explanations and apologies were offered and lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, following a CCG prescribing audit a patient

Are services responsive to people's needs?

(for example, to feedback?)

complained about being switched to diabetic pen needles without consultation. The practice apologised for failing to

consult the patient and agreed to switch back to the original needles and placed a note on the patient's record to record that there would be no further changes without specific consultation.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a clear vision for the future based on the practice values of providing safe, effective and compassionate care which staff knew and understood.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had a 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. Staff were supported in their roles.
- Appropriate policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of clinical and internal audit was used to monitor quality and to make improvements.
- There were generally robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partner and staff in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the management and GPs were approachable and supportive and interested in hearing staff views.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of

candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support and training for all staff on communicating with patients about any notifiable safety incidents. The practice encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment it gave patients information and an apology if appropriate.

- 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 and supported in doing so
- Staff said they felt respected, valued and supported, particularly by the managers in the practice. Staff were involved in discussions about how to run and develop the practice, and management 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.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. Unfortunately the PPG had recently lost some key members and so the practice was trying to recruit patients to a virtual group who would be willing to provide feedback on specific issues.
- 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.