

Dr William Littler

Quality Report

10 Falcon Square,
Castle Hedingham,
Halstead,
CO9 3BY

Tel: 01702 347947

Website: www.thecastlesurgery.co.uk

Date of inspection visit: 05/08/2015

Date of publication: 29/10/2015

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3
The six population groups and what we found	5
What people who use the service say	8

Detailed findings from this inspection

Our inspection team	9
Background to Dr William Littler	9
Why we carried out this inspection	9
How we carried out this inspection	9
Detailed findings	11

Overall summary

We carried out an announced comprehensive inspection at Dr William Littler on 05 August 2015. Overall the practice is rated as good.

Our key findings across all the areas we inspected were as follows

- Staff knew and carried out their obligation to raise concerns, and to report safety incidents. Information about safety was recorded, and monitored appropriately although not reviewed regularly to identify any trends or recurring themes.
- Risks to patients were assessed and well managed but not reviewed regularly to undertake or identify any trends or recurring themes.
- Patients' requirements were considered and care was planned and provided in a way that followed best practice and current clinical guidance.
- Staff had received training applicable to their roles and further training needs had been recognised and planned.
- Patients told us they were treated with consideration, dignity and respect and they were involved in their care and decisions about their treatment.

- Information regarding how to complain about practice services was available and easy to understand.
- Patients indicated in the national patient survey that they found it easy to make an appointment with a named GP and they had continuity of care, with urgent appointments accessible on the day requested.
- The practice was suitably equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management.

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

Importantly the provider should

- Review of all safety incidents and complaints should be undertaken to identify any trends or recurring themes.
- Seek feedback from patients, to obtain their views with regard to where services might be improved.

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 safety incidents. Information about safety was recorded, monitored and considered appropriately. Lessons were learned and communicated to all staff members during practice meetings to support improvement. Information about safety was recorded, monitored, and appropriately addressed. Incidents and complaints were not being reviewed. Risks to patients were assessed and well managed. Infection control procedures were completed to a satisfactory standard. There were enough staff to keep people safe.

Good



Are services effective?

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

Good



Are services caring?

The practice is rated as good for providing effective services. Patient outcomes from data showed the practice was at or above average for the local area. Staff referred to guidance from the National Institute for Health and Care Excellence as a routine when treating patients. Current regulation and standards were used when assessing patients' care, this included assessing their capacity to understand treatment and to promote good health and encourage healthy lifestyle choices. Staff had received training appropriate to their roles and further training requirements had been planned to meet any needs. We saw evidence of appraisals and personal development plans for staff.

Practice staff worked with multidisciplinary teams outside the practice to ensure comprehensive care.

Good



Are services responsive to people's needs?

The practice is rated as good for responsive services. Patients told us it was easy to get an appointment with a named GP or a GP of

Good



Summary of findings

choice, there was continuity of care and urgent appointments available on the day requested. The practice had suitable facilities and was appropriately equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff during practice meetings. The practice reviewed the needs of its local population and engaged with the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The patient survey showed 100% patients said the last appointment they got was convenient. They have not provided extended practice hours beyond the core contract opening at 8.30am and closing at 6.00pm, covered by the main and branch practices that were available to all patients.

Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and business strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular practice meetings where any issues were discussed. There were systems in place to monitor and improve quality and identify risk. The practice sought feedback from staff during appraisals and meetings, which it acted on. Staff had received inductions, regular performance reviews and attended staff meetings and training. The practice was fully aware of its' future challenges, and had plans in place to manage with these.

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. Nationally reported data showed that outcomes for patients were similar to expected nationally for conditions commonly found in older people. For example; the percentage of patients aged 75 or over with a fragility fracture on or after 1 April 2012, who are currently treated with an appropriate bone-sparing agent during the period

01/04/2013 to 31/03/2014 was 100% compared with the national figure of 81.27%. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of services, for example; identifying patients aged 75 or over with a fragility fracture and treating them with an appropriate bone-sparing agent, developing care plans as part of the admission avoidance enhanced service for people who are at risk of unplanned hospital admissions, and referrals to the memory clinic if and when needed.

The practice was responsive to the needs of older people, and offered them home visits and urgent appointments when requested.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Patients in need of chronic disease management and those 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.

Those patients on the palliative care register in need of care were discussed at the regular multidisciplinary team meetings.

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. Appointments were available outside of school hours and the premises were suitable for children and babies.

Good



Summary of findings

We saw good examples of joint working with midwives, and health visitors evidenced in patient records. The clinical staff had received recent child protection training and performed six week checks on new babies and their mothers. The practice also provided a full range of family planning services, both with the GPs and the nurses, including medicine checks, chlamydia screening, and long acting contraception advice.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

The practice offered a full travel advice and vaccination service. Appointments were available each morning and evening at times that were flexible for chronic disease monitoring within the clinics.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those in a care organisation or with a learning disability. It had carried out checks for people with a learning disability and 100% of these patients had monitoring health review. Longer appointments were offered to 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 had received training and knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing and documentation of safeguarding concerns. Staff knew who the safeguarding lead at the practice was and who to contact with any concerns.

Alerts were put onto patient's medical records to identify those people that may have needed urgent appointments on the day or had specific circumstances or health conditions that staff should be made aware of.

Good



Summary of findings

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). 90% of people experiencing poor mental health had received an annual physical health check which was higher than the clinical commissioning group (CCG) and national average. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. The practice provided dementia screening for high risk patients using a scoring assessment and referred onwards to the memory clinic if needed.

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 in caring for people with suffering with poor mental health and dementia. Patients receiving certain medicines for their mental health had their levels monitored at the practice and adjusted if needed.

Summary of findings

What people who use the service 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 127 responses which represents 49.4% of the survey forms distributed for the practice.

- 93.9% found it easy to get through to this surgery by phone compared with a Clinical Commissioning Group (CCG) average of 64.7% and a national average of 74.4%
- 92.6% found the receptionists at this surgery helpful compared with a CCG average of 85.4% and a national average of 86.9%.
- 91.6% with a preferred GP usually got to see or speak to that GP compared with a CCG average of 62% and a national average of 60.5%.
- 97.2% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 85.9% and a national average of 85.4%.
- 100% said the last appointment they got was convenient compared with a CCG average of 92.1% and a national average of 91.8%.
- 91.7% described their experience of making an appointment as good compared with a CCG average of 69.9% and a national average of 73.8%.

- 89.3% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 63.6% and a national average of 65.2%.
- 80.7% felt they didn't normally have to wait too long to be seen compared with a CCG average of 57% 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 16 comment cards which were all positive about the standard of care received. Patients used words such as excellent, caring, helpful, and responsive to describe the care and treatment they received. They also said they felt they were treated with dignity and respect. Comments cards also included positive comments about the services available at the practice, appointment availability, the skills of the staff, the treatment provided by the GPs and nurses, the cleanliness of the practice, the support and friendliness of the staff and the way staff listened to their needs. These findings were also reflected during our conversations with patients during our inspection. We also spoke with a local health care professional that communicated on a regular basis with the practice staff about the patients. They also described a very good, effective working relationship with the practice and GPs.

Dr William Littler

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr William Littler

Dr William Littler's practice provides general medical services to approximately 2881 patients living in Castle Hedingham and the surrounding rural area over two sites. The main site in Castle Hedingham and there is a branch site at Great Yeldham. We did not travel to the branch surgery as part of this inspection. Treatment and consultation rooms are situated on ground level of the premises to provide accessibility for patients. The practice holds a General Medical Services Contract (GMS) with the addition of enhanced services for example; 'facilitating timely diagnosis and support for people with dementia', minor surgery, reducing unplanned admissions, and the public health immunisation programmes. The practice provides a dispensing service to 80% of the practice population.

The practice has a team of two GPs meeting patients' needs. There are two nurses who run a variety of appointments for long term conditions, minor illness and family health. There are three dispensers in the dispensary, a practice manager, and a team of five non-clinical, administrative, secretarial and reception staff who share a range of roles. There was access to midwives, health visitors and a smoking cessation counsellor for patients registered at the practice.

The main and branch practices provides between them access to the practice from 8.30am to 1pm and from 2pm to 6pm Monday to Friday. GP surgery hours are shared across the two sites providing access to GP appointments from 8.30am to 12 each morning and from 4pm to 6pm on Monday, Tuesday, Wednesday, Thursday, and Friday.

Outside of these hours, primary medical services are provided by 'Primecare'.

Why we carried out this inspection

We carried out a comprehensive inspection of Dr Littler's practice under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The comprehensive planned inspection was 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.

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.

How we carried out this inspection

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

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

Detailed findings

- Is it well-led?

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

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

Before visiting, we reviewed a range of information that we hold about Dr Littler's practice and asked other organisations to share what they knew. We carried out an announced visit on 05 August 2015. During our visit we spoke with a range of staff from GPs and nurses to pharmacy dispensing staff and the practice manager and non-clinical reception and administrative staff. We also spoke with patients and their carers who used the service. We observed how people were being cared for and talked with carers and/or family members and reviewed the records and documents used to govern and treat patients at the practice. We reviewed 16 comment cards where patients and members of the public shared their views and experiences of the service.

Are services safe?

Our findings

Safe track record and learning

Staff understood and fulfilled their responsibilities to raise concerns, and to report safety incidents. Information about safety was recorded, monitored and considered appropriately. Any changes needed to procedures or policies found during review were acted on and recorded.

People affected by significant events received a timely communication from the practice stating the actions that had been taken to resolve the issue and an apology if this was appropriate. Staff told us they would inform the practice manager of any incidents or complaints received by the practice. The practice had not carried out an analysis of the significant events to understand any trends or recurrent themes within the practice.

We reviewed minutes of meetings where safety incidents and complaints were discussed; these showed that lessons learned were shared to make sure action taken to improve safety in the practice was maintained. For example, a needle stick injury, with the actions and advice to staff members communicated to prevent a repetition.

Safety was monitored using information from a range of sources, including 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. Alerts from the medicines and healthcare products regulatory agency (MHRA) were received and acted upon.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a GP lead for safeguarding that 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 in the waiting room, advising patients that chaperones were available if required. All staff who acted as chaperones had been trained for the role and had received a disclosure and barring check (DBS) or had been risk assessed for chaperoning duty at the practice. (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).
- There were procedures in place for monitoring and managing risks to patients and staff safety. There was a health and safety policy available with a poster on the wall in an area used by the patients. The practice had up to date fire risk assessments and fire drills were recorded. We were shown evidence that 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 the safety of the premises such as control of substances hazardous to health, infection control and legionella checking.
- 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 had received extra training to keep up to date with best practice procedures. There was an infection control policy in place and staff had received update training. Annual infection control audits were undertaken and we saw evidence that actions when required had been carried out.
- 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 medicines audits were carried out by the dispensary staff to ensure the practice was prescribing in line with best practice guidelines. Prescription pads were securely stored and there were systems in place to monitor their use.
- Recruitment checks were carried out and the four staff files we reviewed 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 when needed.

Are services safe?

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training 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 defibrillator delivers a therapeutic dose of electrical energy to the heart; this allows a normal heart rhythm to be re-established. 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.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The clinicians showed us how they used relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. They also showed us the information and advice they used from the clinical commissioning group (CCG) pharmacy team. The practice gave access to the clinical staff information and guidance to keep them up to date with current guidelines. The guidelines were accessed using their computers, and was used to improve care and treatment for patient needs. The practice performed audits to monitor that guidelines were followed by monitoring patient records.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013-2014 showed;

- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 90.84% and the national average was 88.35%
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 9 months is 150/90mmHg or less was 84.71% and the national average was 83.11%
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 100% and the national average was 86.04%.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 90% and the national average was 83.82%.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved in improving care and treatment and people's outcomes. We

were shown two clinical audits completed in the last two years, these were completed audits that showed improvements to treatment had been made, were implemented, and monitored. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, recent action taken as a result showed; a review of patient records regarding their allergy status on their medical record following a computer system change had not migrated correctly. The practice updated the allergy information for all patients and re-ran the report to ensure 100% was now correct.

Effective staffing

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

- The practice had devised an induction programme for newly appointed staff members, subjects included safeguarding training, information governance, fire safety, health and safety and confidentiality.
- Staff training needs were recognised during appraisals, and at regular meetings. Staff members had access to appropriate training to ensure they met learning required for the range of their work. This included ongoing support during meetings, appraisals, clinical supervision, facilitation and support for the revalidation of doctors. All staff files checked had been given an appraisal within the last 12 months.
- Staff received regular updated training that included: safeguarding, fire procedures, basic life support, data protection and confidentiality awareness.

Coordinating patient care and information sharing

Staff had access to the information on the patient record system and their intranet system to plan and deliver care and treatment. This included the care plans developed for patients at risk of hospital admissions, medical information and communications from other healthcare providers, test results and referral and discharge letters. Information such as NHS patient information leaflets were also available for staff to print out and give to patients. All relevant patient information was shared with services in a timely way, for example when people were referred to community services.

Are services effective?

(for example, treatment is effective)

Staff worked with other health and social care services to understand and meet the range and complexity of patients' needs and to plan their ongoing care and treatment. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

Staff showed us they understood consent and decision-making requirements of the legislation and guidance, including the Mental Capacity Act 2005. Consent to care and treatment was sought in-line with the practice policy. Assessments of capacity to consent were also carried out in line with the practice policy when providing care and treatment for children and young people. When a patient's mental capacity to consent to care or treatment was unsure the GP or nurse assessed the patient's capacity in-line with the practice policy and, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

Patients who were in need of extra support were identified on the practice medical records system. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those

requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to a service that was relevant for their needs. A smoking cessation counsellor was available for patients to support them with this need.

The percentage of women aged 25 to 64 years whose notes record that a cervical screening test had been performed in the preceding 5 years from data collected relating to 2013-2014 was 82.31% which was comparable to the national average of 81.88%. There was a procedure 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.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 100% to 83.3% and five year olds from 100% to 88.9%. Flu vaccination rates for people with diabetes, who had influenza immunisation in the preceding 1 September to 31 March of 2013-2014, were 97.41% and this was above national averages at 93.46%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and appropriate follow-ups on the outcomes of health assessments and checks, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

People were treated with dignity and respect whether staff members spoke with them at the reception desk or on the telephone. We saw they were responsive to patients' needs and we were told how courteous and helpful staff were.

Curtains in the consulting rooms gave privacy and allowed patient dignity was maintained during examinations, investigations and treatments. We found consultation and treatment room doors were closed during consultations and that conversations taking place could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or were distressed and could offer them privacy to discuss their needs. The reception staff we spoke with were able to give examples when this had occurred

All of the 16 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 extremely helpful, caring, and treated them with dignity and respect. We also spoke with three patients on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey from July 2015 showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 96% said the GP was good at listening to them compared to the CCG average of 87.1% and national average of 88.6%.
- 95% said the GP gave them enough time compared to the CCG average of 85.2% and national average of 86.8%.
- 99.5% said they had confidence and trust in the last GP they saw compared to the CCG average of 95.3% and national average of 95.3%.
- 95.6% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83.4% and national average of 85.1%.

- 95.5% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90.2% and national average of 90.4%.
- 92.6% patients said they found the receptionists at the practice helpful compared to the CCG average of 85.4% and national average of 86.9%.

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.

Results from the national GP patient survey from July 2015 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 92.5% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83.2% and national average of 86.3%.
- 92.6% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79.2% 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. Notices were in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers and were being supported, for example, by offering health checks and referral for social services support. The practice manager told us they were in the process of setting up an initiative to provide a carers champion at the practice. Written information and leaflets were available for carers to ensure they understood the various avenues of support available to them.

Are services caring?

Staff told us that if families had suffered bereavement, their usual GP contacted them or they were sent a sympathy card. There was advice and information on how to find a support service 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 Clinical Commissioning Group to plan services and to improve outcomes for patients in the area.

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 or dementia.
- Home visits were available for older patients and those who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were accessible facilities and translation services available.
- Online appointment booking, prescription ordering and access to basic medical records was available for patients.
- The practice worked closely with multidisciplinary teams to improve the quality of service provided to vulnerable and palliative patients. Meetings were minuted and the care discussed was recorded in patient records.
- The practice provided a dispensing service to 80% of the practice population.

Access to the service

The main and branch practices provides between them access to the practice from 8.30am to 1pm and from 2pm to 6pm Monday to Friday. GP surgery hours are shared across the two sites providing access to GP appointments from 8.30am to 12 each morning and from 4pm to 6pm on Monday, Tuesday, Wednesday, Thursday and Friday.

Results from the national GP patient survey published July 2015 showed that patient's satisfaction with how they

could access care and treatment was above local and national averages and people we spoke to on the day found it simple to get an appointment when they needed them. For example:

- 77.6% of patients were satisfied with the practice's opening hours compared to the CCG average of 71.4% and national average of 74.4%.
- 93.9% patients said they could get through easily to the surgery by phone compared to the CCG average of 64.7% and national average of 73.8%.
- 91.7% patients described their experience of making an appointment as good compared to the CCG average of 69.9% and national average of 73.8%.
- 89.3% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 63.6% 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. The practice manager was the designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system. A box for complaints was displayed in the practice. We looked at one complaint received in the last 12 months and found it had been satisfactorily handled, dealt with in a timely way, with openness and transparency. Lessons were learnt from concerns and complaints and action was taken to improve the quality of care. Staff members knew the complaints procedure and were able to assistance patients and guide them of the procedures to follow. The complaints procedure was published in the practice leaflet and on the practice website. Patients we spoke with told us they were not aware of the process to make a complaint, but would ask reception or write to the practice manager.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a statement of purpose which staff knew about and understood. The practice had a robust strategy and supporting business continuity plan which reflected the practice future plans.

Governance arrangements

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

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

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate

care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

Staff told us that regular team meetings were held and there was an open culture within the practice. Staff members had the opportunity to raise any issues at team meetings and were confident and felt supported if they did. Staff said they felt respected, valued and supported, particularly by the GPs in the practice. All staff were involved in discussions about how to run and develop the practice, and the GPs 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 gained patients' feedback through the Friends and Family test, the NHS Choices website, and the national patient survey. Feedback from each of these sources showed the practice scored above national averages in patient satisfaction.

The practice had also gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and the practice manager. Staff told us they felt involved and participated in improvements regarding how the practice was run.

Innovation

The practice was aware of their future challenges in the local area and had made plans to support their patient population. These included plans to merge with another GP practice in the locality.