

Dr John Roberts + Dr David Longford

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?

Requires improvement



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 Dr. John Roberts + Dr. David Longford on 17 November 2015. Overall the practice is rated as good.

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

- Systems were in place to ensure incidents and significant events were identified, investigated and reported. Staff understood and fulfilled their responsibilities to raise concerns and to report incidents. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- The practice did not have an external automated defibrillator (AED) and oxygen equipment available for use in an emergency situation, (an AED is a portable electronic device that diagnoses life threatening irregularities of the heart and is able to deliver a shock to attempt to correct the irregularity.)
- Staff who undertook a chaperone role did not have a Disclosure and Barring Service (DBS) check. Safeguarding training had not been completed for all staff.
- There was incomplete information to show that the premises and all equipment in use were maintained safe and fit for purpose.
- Patients' needs were assessed and care was planned and delivered in line with best practice guidance. Staff had received training appropriate for their roles and any further training needs had been identified and planned.
- Patients spoke very positively about the practice and its staff. They said they were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available, in different languages and easy to understand for the local population.

Summary of findings

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care. Urgent appointments were available on the same day.
- 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. However they did not have a Patient Participation Group in place.

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

Action the provider MUST take to improve:

- Ensure that staff and patients are protected against risks associated with unsafe premises. This should include implementing a system for identifying, assessing and managing all risks associated with the building. An updated local fire safety risk assessment for the practice should be carried out.

Importantly the provider should;

- Ensure all GPs attend safeguarding and basic life support training
- Ensure that all members of staff who undertake a chaperone role should have a Disclosure and Barring Service (DBS) check completed. If this is not in place a robust risk assessment supporting this decision should be in place.
- Undertake a risk assessment for the need to have oxygen and an AED for use in an emergency. According to current external guidance and national standards this equipment should be in place in all practices.
- Consider setting up a Patient Participation Group (PPG) to provide the practice with real time feedback from patients and the public.

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 requires improvement for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. There was incomplete information to show that the premises and all equipment in use were maintained, safe and fit for purpose. Safeguarding training had not been completed by all staff. The practice did not have oxygen and AED equipment for use in an emergency. Staff who undertake a chaperone role did not have a Disclosure and Barring Service (DBS) check.

Requires improvement



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 caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their

Good



Summary of findings

needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff knew about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The practice did not have a Patient Participation Group (PPG). Staff had received inductions, regular performance reviews and attended staff meetings and events.

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 good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. GPs made scheduled visits to local care homes and offered continuity of care with the patients that lived there.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Nursing staff were appropriately trained and had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. The practice had a robust recall system in place to ensure patients were reviewed as their needs required. 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.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. Weekly mother and baby clinics for baby and postnatal checks were provided. 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 good 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. For babies and young children up to the age of 5 an appointment to attend was provided at the end of the morning to avoid long waits. Appointments were also available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses.

Good



Summary of findings

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 also used the Electronic Prescribing System, increasing convenience for patients who might work during the day.

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 homeless people, travellers and those with a learning disability. It offered longer appointments for people with a learning disability. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia and has a mental health register of patients. 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.

Good



Summary of findings

What people who use the service say

We reviewed compliments received by the practice and the most recent data available for the practice on patient satisfaction. This was taken from the National Patient Survey in July 2015. We also reviewed the 39 Care Quality Commission (CQC) comment cards patients completed prior to the inspection visit. The evidence from all these sources showed that patients were satisfied with how they were treated and confirmed that this was with respect, dignity and compassion.

The comments made by patients in the comments cards described the practice as a caring and supportive practice. We spoke with eight patients during our inspection and they said staff treated them with dignity and compassion, reception staff were friendly and approachable and the GPs and nursing staff were supportive to patients.

The NHS England GP Patient Survey, published in July 2015, gives up to date information on the service

provided by the practice. This survey showed that the practice performed well in some areas but not all compared to practices of a similar size in this area and in England. For example:

- 62% of respondents described the overall experience of their GP surgery as fairly good or very good, compared with 75% across the CCG and 63% nationally.
- 85% of respondents said the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern, compared 88% across the CCG and with 85% nationally.
- 91% said the last time they saw or spoke to a nurse, the nurse was good or very good at involving them in decisions about their care, compared to 88% across the CCG and 85% nationally.
- 95% of responses showed that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern, compared to 92% across the CCG and 90% nationally.

Areas for improvement

Action the service **MUST** take to improve

- The provider must ensure that staff and patients are protected against risks associated with unsafe premises. This should include implementing a system for identifying, assessing and managing all risks associated with the building. An updated local fire safety risk assessment for the practice should be carried out.

Action the service **SHOULD** take to improve

The provider should;

- Ensure all GPs attend safeguarding and basic life support training

- Ensure that all members of staff who undertake a chaperone role should have a Disclosure and Barring Service (DBS) check completed. If this is not in place a robust risk assessment supporting this decision should be in place.
- Undertake a risk assessment for the need to have oxygen and an AED for use in an emergency. According to current external guidance and national standards this equipment should be in place in all practices.
- Consider setting up a Patient Participation Group (PPG) to provide the practice with real time feedback from patients and the public.

Dr John Roberts + Dr David Longford

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The inspector was accompanied by a specialist GP and Practice Manager Advisor and an Expert by Experience patient.

Background to Dr John Roberts + Dr David Longford

Dr. John Roberts + Dr. David Longford is registered with CQC to provide primary care services, which include access to GPs, family planning, ante and post natal care. The practice is situated within the Walton area of Liverpool. This area has higher than average deprivation scores for income, employment, healthcare and deprivation affecting children and older people. The practice has a Primary Medical Services (PMS) contract with a registered list size of 3605 patients (at the time of inspection). The practice has one GP partner and two salaried partners. At the time of our inspection Dr David Longford had left the practice. The practice also had two practice nurses, a practice manager and a number of administration and reception staff. The practice is also a training practice for trainee GPs and medical students.

The practice is open between 8am to 6.30pm Monday to Friday with appointments bookable in a variety of ways. Home visits and telephone consultations were available for patients who required them, including housebound patients and older patients. There were also arrangements

to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring to obtain healthcare advice or treatment.

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. This 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

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?

Detailed findings

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 living in vulnerable circumstances
- People experiencing poor mental health (including people with dementia)

Before our inspection we reviewed information we held and asked other organisations and key stakeholders to

share what they knew about the service. We reviewed the practice's policies, procedures and other information the practice provided before the inspection. We carried out an announced inspection on 17 November 2015.

We reviewed all areas of the practice including the administrative areas. We sought views from patients before and during the inspection. We looked at survey results and reviewed CQC comment cards completed by patients to share their views of the service. We spoke with the GPs, nurses, administrative staff and reception staff on duty. We observed how staff handled patient information, spoke to patients face to face and talked to those patients telephoning the practice. We explored how GPs made clinical decisions. We reviewed a variety of documents used by the practice to run the service. We also talked with carers and family members of patients visiting the practice at the time of our inspection.

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. Comprehensive records were kept of all incidents that had occurred with a full audit trail of information showing the actions taken. All complaints received by the practice were entered onto the system and were investigated fully. The practice carried out an analysis of the significant events on an annual basis.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. These were detailed and clearly showed that all incidents had been discussed at dedicated meetings or during the regular staff meetings taking place. Lessons were shared to make sure action was taken to improve safety in the practice.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place however some of these required improvements. This 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 lead member of staff for safeguarding, however some staff were unsure who this was. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. However not all GPs had attended adult safeguarding training. Other staff understood their responsibilities and all had received training relevant to their role.
- A notice was displayed in the waiting room, advising patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained

for the role but a number of them had not completed a Disclosure and Barring Service (DBS) check. These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

- There were procedures in place for monitoring and managing risks to patient and staff safety. However a number of information required to show that the premises were fit for purpose was not available to view during the inspection. For instance the practice did not have an up to date fire risk assessment, some electrical equipment information was available but not all. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control but we considered that there was insufficient for the number of substances we saw during the inspection.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention team to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken by the local team and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Doctor's bags were used to carry medicines to patient's homes if needed.
- Recruitment checks were carried out but there were gaps in the evidence needed to show all staff had been appropriately checked before commencement of work at the practice. For the appropriate checks through the DBS were not in place for all staff.

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. Panic buttons were also in place. Reception and nursing staff had completed annual basic

life support (BLS) training, however some of the GPs had not attended a recent BLS training course. The practice did not have a AED or oxygen available on the premises in case of an emergency. 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.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of 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. The practice was aware that in some areas they were an outlier for some of the clinical targets. For example data from 2014/15 showed;

- Performance for diabetes related indicators was worse than the national average. For example the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 76% compared to 88% nationally
- The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2013 to 31/03/2014) was 68% compared with 77% nationally
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5mmol/l or less (01/04/2013 to 31/03/2014) was 78% compared with 81% nationally.

Other areas where the practice was meeting the target were:

- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months (01/04/2013 to 31/03/2014) was 92% compared to 83% nationally
- 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 (01/04/2013 to 31/03/2014) was 100% compared to 81% nationally

Clinical audits were carried at the practice however, full and completed audits that have gone through the full audit cycle were not viewed during the inspection. Discussions with GPs showed that some audits had been completed and written records were made. For example the practice undertook an audit of first choice antidepressant use in adults with depression or generalized anxiety disorder. This was undertaken from April to November 2014. This topic was chosen because of the practice view that there was an increasing volume and costs of antidepressants nationwide as well as locally and in line with NICE guidance. The audit reviewed the medications choices made by GPs and the impact this had on individual patients. The results showed an increased awareness of the choices made and assurance by the GPs that appropriate medications had been prescribed. It was also agreed to share this audit with colleagues and particularly regular locums and doctors at the practice.

Information about patients outcomes was used to make improvements such as the regular review of the format and set up of the practice multi-disciplinary meetings (MDT) held to review the care and support given to palliative patients.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included on-going support

Are services effective?

(for example, treatment is effective)

during sessions, one-to-one meetings, appraisals, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.

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

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

Patients' consent to care and treatment was sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and

young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. Patients who may be in need of extra support such as carers were identified by the practice.

Information provided by the Clinical Commission Group (CCG) showed that practice performance for preventative care and treatment was good. The practice had a screening programme in place however the practice's uptake for the cervical screening programme was 76%, which was lower than the national average of 81%. We were told the practice was aware of this and 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.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, flu vaccination rates for the over 65s were 70% compared to 73% nationally. Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

All but one of the 39 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. Notices in the patient waiting room told patients how to access a number of support groups and organisations. The practice's computer system alerted GPs if a patient was also a carer. There was a carer's register the practice checked that carers were being supported, for example, by offering health checks. Written information was available for carers to ensure they understood the various avenues of support available to them. Staff told us that if families had suffered bereavement, their usual GP or nurse would contact them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Patients commented that clinical staff at the practice took the time to make sure they fully understood their treatment options. The NHS England GP Patient Survey, published in 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:

- 91% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.

- 91% said the GP gave them enough time compared to the CCG average of 89% and national average of 87%.
- 91% patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and national average of 87%.

However the practice was below average for its satisfaction scores on consultations with doctors and nurses. For example:

- 93% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%
- 85% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.

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.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

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 these were being supported, for example, by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them. This included carer support, counselling, dealing with loneliness for older people, memory loss and bereavement support. The practice website had information about family health, long term conditions and minor illness. The reception area had a specific notice board area for carers signposting them to local support agencies and services.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice was responsive to patient needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs in the way services were delivered. 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 and for patients with complex health needs.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.

Access to the service

The practice was open between 8am to 6.30pm Monday to Friday with appointments bookable in a variety of ways. The practice did not have extended hours. Home visits and telephone consultations were available for patients who required them, including housebound and older patients. Comprehensive appointment information was available on the practice website. This included how to arrange urgent appointments, home visits and how to book appointments through the website. There were also arrangements to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring to obtain healthcare advice or treatment. Information on the out-of-hours service was also provided to patients on the practice website. Patient feedback about accessing appointments was good.

Results from the National GP Patient survey published July 2015 showed that patient's satisfaction with how they could access care and treatment was comparable and sometimes higher than local and national averages and people we spoke to on the day were able to get appointments when they needed them. For example:

- 83% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 75%.
- 89% patients said they could get through easily to the surgery by phone compared to the CCG average of 75% and national average of 73%.
- 67% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 62% and national average of 55%.
- However 62% patients described their experience of making an appointment as good compared to the CCG average of 75% and national average of 73%.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system, this included a new complaints leaflet for patients. Patients we spoke with were aware of the process to follow if they wished to make a complaint. We looked at five complaints received in the last 12 months and found they had been dealt with in a timely way, were open and transparent when dealing with the complaint. The practice was open and transparent when dealing with the complaints. We saw evidence that lessons were learnt from concerns and complaints and appropriate actions had been taken to improve the quality of care. Formal action plans were not in place however.

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 mission statement which was displayed and staff knew and understood the values. 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 an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements
- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions
- A clear staffing structure and a staff awareness of their own roles and responsibilities.
- A system of reporting incidents without fear of recrimination and whereby learning from outcomes of analysis of incidents actively took place.
- A system of audit cycles which demonstrated an improvement on patients' welfare took place.
- Clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information.
- The GPs were all supported to address their professional development needs for revalidation and all staff in appraisal schemes and continuing professional development.

Leadership, openness and transparency

We saw transparent and open governance arrangements. The senior partner 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 partner was visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. Daily meetings were held between the nurses and GPs to enable them to have the time to discuss patient queries and to gain support if needed. The senior partner encouraged a culture of openness and honesty and this was evident in their approach to reporting incidents when errors too place.

A number of regular meetings took place. This included daily clinical meetings for GPs, meetings with the nursing, administration coming together at a team meeting on a monthly basis. At these meetings any new changes or developments were discussed giving staff the opportunity to be involved. All incidents, complaints and positive feedback from surveys were discussed. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice and the partner 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, gaining patients' feedback from comments cards available in the patient waiting room. The practice did not have a Patient Participation Group (PPG) at the time of our inspection and there was limited evidence to show any progress had been made with this.

The practice gathered feedback from staff through informal and formal meetings. Staff had access to a programme of induction and training and development. All staff had completed an annual appraisal which identified their learning and support needs for the coming year. The practice nursing team had been given good opportunity for personal development and they felt much supported. Mandatory training was undertaken and monitored to ensure staff were equipped with the knowledge and skills needed for their individual roles. Staff told us they would

Are services well-led?

Good 

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

not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example the

practice nurse lead identified that protected time was needed to enable effective clinical supervision to take place for the nursing team and this was supported by the GP partners.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Maternity and midwifery services	The provider did not have available full and completed information to show that the premises were fit for purpose.
Treatment of disease, disorder or injury	The provider did not have an up to date fire risk assessment.
	Information to show that all equipment was safe, maintained and in good working order was not available for all equipment in use.