Colne Valley Family Doctors

Quality Report

Croft House
1145 Manchester Road
Slaithwaite
Huddersfield
HD7 5JY
Tel: 01484 842652
Website: www.colnevalleydoctors.co.uk

Date of inspection visit: 5 August 2015
Date of publication: 22/10/2015

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

Detailed findings from this inspection

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Colne Valley Family Doctors on 5 August 2015. Overall the practice is rated as good.

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

- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles.
- There were systems in place to reduce risks to patient safety, for example infection prevention and control procedures and health and safety assessments.
- Staff understood and fulfilled their responsibilities to raise concerns and to report incidents, near misses and any identified safeguarding issues.
- Information about services and how to complain was available and easy to understand.
- The practice sought patient views on how improvements could be made to the service, through the use of patient surveys and the patient representation group.
- Urgent appointments were available for patients the same day as requested, although not necessarily with a GP of their choice.
- Patients said they were treated with compassion, dignity and respect and were involved in care and decisions about their treatment.

We saw an area of outstanding practice:

- The practice had participated in a local medicines management initiative and could evidence significant improvements in prescribing and patient understanding. As a result of the achievements the polypharmacy scheme had been shortlisted for an award by a national health journal.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns and to report incidents, near misses and any identified safeguarding issues. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed and there were enough staff to keep patients safe. There were effective processes in place for safe medicines management.

Are services effective?

Good

The practice is rated good for providing effective services. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing mental capacity and promoting good health. Staff had received training appropriate to their roles, any further training needs had been identified through the use of annual appraisals. Staff worked with multidisciplinary teams to provide effective care and support to patients, improve outcomes and share best practice. The practice had participated in a local medicines management initiative and could evidence improvements in prescribing and patient understanding. Data showed patient outcomes were at or above average compared to other local practices.

Are services caring?

Good

The practice is rated good for providing caring services. Care planning templates were available for staff to use during consultation. Information for patients about services was available and easy to understand. Patients we spoke with during our inspection said they were treated with compassion, dignity and respect and were involved in decisions about their care and treatment. We saw staff treated patients with kindness, respect and maintained confidentiality. A member of staff had been trained to become a carers' champion (a person who supports carers to access support and information more easily). Data showed the practice ratings were comparable to other local practices for care delivery.

Are services responsive to people's needs?

Good

The practice is rated good for providing responsive services. It reviewed the needs of its local population and engaged with Greater Huddersfield Clinical Commissioning Group (CCG) to secure

Summary of findings

improvements to services where these were identified. The practice was participating in the NHS 'Breaking the Cycle' scheme, which was aimed at improving patient outcomes. The practice had good facilities and was well equipped to treat patients and meet their needs. There was an accessible complaints system and evidence showed the practice responded quickly to issues raised and learning from complaints was shared with staff. Urgent appointments were available for patients the same day as requested but not necessarily with a GP of their choice.

Are services well-led?

Good

The practice is rated good for providing well-led services. It had a clear vision and strategy. Governance arrangements were underpinned by a clear leadership structure and staff told us they felt supported by the GPs and management. The practice had a number of policies and procedures to govern activity. There were systems in place to identify risk, monitor and improve quality. Staff had received inductions, regular performance reviews and attended staff meetings. They were encouraged to raise concerns, provide feedback or suggest ideas regarding the delivery of services. The practice proactively sought feedback from patients through the use of patient surveys and the patient representation group (PRG).

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

Good

The practice is rated good for the care of older people. The practice offered proactive, personalised care to meet the needs of older people in its population. Longer appointments, home visits and rapid access were available for those patients with enhanced needs. The practice worked closely with other health and social care professionals, such as the district nursing team and community matron, to ensure housebound patients received the care they needed.

People with long term conditions

Good

The practice is rated good for the care of people with long term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All patients had a named GP and a structured annual review to check their health and medication needs were being met. For those people with the most complex needs, the named clinician worked with relevant health and care professionals to deliver a multidisciplinary package of care. The practice nurses had extended roles to administer specific injections for named patients who had prostate cancer. They also undertook wound care management, for example leg ulcers dressings.

Families, children and young people

Good

The practice is rated 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 accident and emergency (A&E) attendances. Appointments were available outside of school hours and the premises were suitable for children and babies. The practice told us all young children were prioritised and the under-fives were seen on the same day as requested. Patients we spoke with during our inspection told us children and young people were treated in an age-appropriate way and were recognised as individuals. The practice provided sexual health support and contraception, maternity services and childhood immunisations. Data showed immunisation uptake rates were comparable for the locality.

Summary of findings

Working age people (including those recently retired and students)

Good

The practice is rated good for the care of working age people (including those recently retired and students). The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible. For example, the practice had extended hours on Tuesday evenings from 6.30pm to 8.15pm. The practice also offered online services, telephone triage/advice and a range of health promotion and screening programmes that reflected the needs of this age group.

People whose circumstances may make them vulnerable

Good

The practice is rated 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 who had a learning disability. Longer appointments were available for patients as needed. Annual health checks were offered for those who had a learning disability and data showed 75% of patients had received one in the last twelve months.

Staff knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. The practice worked with multidisciplinary teams in the case management of this population group. It provided information on how to access various support groups and voluntary organisations.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated good for the care of people experiencing poor mental health (including people with dementia). All patients had a named GP. Annual health checks were offered for these patients and data showed 96% had received one in the last twelve months. The practice actively screened patients for dementia and maintained a register of those diagnosed. It carried out advance care planning for these patients.

The practice regularly worked with multidisciplinary teams in the case management of people in this population group, for example the local mental health team. It provided readily available on how to access various support groups and voluntary organisations, such as MIND and the Alzheimer's Society. Staff had received training on how to care for people with mental health needs.

Summary of findings

What people who use the service say

Results from the NHS England GP patient survey published July 2015, showed the practice was performing in line with local and national averages. There were 114 responses which represents 1.81% of the practice population. Colne Valley Family Doctors' performance was comparable to other practices located within Greater Huddersfield Clinical Commissioning Group (CCG) and nationally:

- 89% said the GP was good at listening to them, compared to the CCG average of 90% and national average of 89%.
- 89% said the GP gave them enough time, compared to the CCG average of 89% and national average of 87%.
- 96% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%
- 88% 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%.
- 97% said the last nurse they spoke to was good at treating them with care and concern, compared to the CCG average of 91% and national average of 90%.

However, responses indicated the practice was below average in relation to access:

- 60% of patients were satisfied with the practice's opening hours, compared to the CCG average of 75% and national average of 76%.
- 61% patients said they could get through easily to the surgery by phone, compared to the CCG average of 74% and national average of 74%.
- 67% patients described their experience of making an appointment as good, compared to the CCG average of 74% and national average of 74%.
- 53% patients said they usually waited 15 minutes or less after their appointment time, compared to the CCG average of 66% and national average of 65%.

As part of the inspection process we asked for CQC comment cards to be completed by patients. We received one comment card which was positive about the standard of care received. During the inspection we spoke with five patients, two of whom were also members of the patient representative group (PRG). They all told us they were treated with dignity and respect, thought the practice was good and would recommend it to others. We also saw a letter from a patient that was full of praise for the care they had received from the GPs.

Areas for improvement

Outstanding practice

- The practice had participated in a local medicines management initiative and could evidence significant improvements in prescribing and patient understanding. As a result of the achievements the polypharmacy scheme had been shortlisted for an award by a national health journal.

Colne Valley Family Doctors

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor and two additional CQC inspectors.

Background to Colne Valley Family Doctors

Colne Valley Family Doctors is located in a small town called Slaithwaite situated on the outskirts of Huddersfield. The practice is based in a detached building known as Croft House, which is owned by some of the GP partners. They have 6500 registered patients whose ethnicity is predominantly white English. They have a higher than national average population of patients aged 40 to 75 year olds.

The practice provides General Medical Services (GMS) under a contract with NHS England. They also offer a range of enhanced services such as extended hours, minor surgery and childhood immunisations.

Colne Valley Family Doctors is a training practice and hosts a range of clinical and non-clinical staff. There are three GP partners (one female, two male), one female salaried GP, a male nurse practitioner, three female practice nurses and two healthcare assistants. These are supported by a practice manager, an office co-ordinator, a medical secretary and an experienced team of reception/ administration staff.

The practice is open between 8am to 6pm Monday to Friday with extended hours on Tuesday evenings from 6.30 to 8.15pm. When the practice is closed, out-of-hours services are provided by Local Care Direct.

At the time of our inspection Colne Valley Family Doctors were in the process of merging with another local practice, Marsden Health Centre.

Why we carried out this inspection

We carried out a comprehensive inspection of the services under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered 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.

Please note that when referring to information or data throughout this report, for example any reference to the Quality and Outcomes Framework or national GP patient survey, this relates to the most recent information available to CQC at that time.

How we carried out this inspection

Before visiting the practice we reviewed information we hold about the practice and asked other organisations and key stakeholders, such as NHS England and Greater Huddersfield Clinical Commissioning Group (CCG), to share what they knew about the practice. We reviewed policies,

Detailed findings

procedures and other relevant information the practice manager provided before the inspection day. We also reviewed the latest data from the Quality and Outcomes Framework (QOF) and national GP patient survey.

We carried out an announced inspection on the 5 August 2015. During our visit we spoke with five GPs, two practice nurses, a health care assistant, the practice manager, two office co-ordinators, a medical secretary and two receptionists. We also spoke with five patients, two of whom were also members of the patient representative group (PRG). We reviewed one CQC comment card where a patient had shared their views and experiences of the practice.

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

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. The practice carried out an analysis of the significant events and this also formed part of the GPs' individual revalidation process.

Safety was monitored using information from a range of sources, including National Patient Safety Alerts (NPSA) and 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.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a medication error had been reported by a patient. After investigation by the practice it was found the medicine had been correctly prescribed by the GP but incorrectly dispensed by the pharmacy. The pharmacy was contacted and the error rectified. Details of the significant event, action and learning had been circulated to all clinicians.

Overview of safety systems and processes

The practice could demonstrate its safe track record through having risk management systems in place for safeguarding, health and safety including infection prevention and control, medicines management and staffing.

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A notice was displayed in the waiting room, advising patients that a chaperone was available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring check (DBS). These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments and regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. A practice nurse was the designated infection prevention and control (IPC) clinical lead, who kept up to date with best practice. There was an IPC protocol in place and staff had received up to date training. Annual infection prevention and control audits were undertaken and we saw evidence action was taken to address any improvements identified as a result. The practice had carried out Legionella risk assessments and regular monitoring.
- 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 medicine 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 and blank prescriptions were securely stored and there were systems in place to monitor their use.
- Recruitment checks were carried out and the three files we sampled showed appropriate checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the relevant professional body and the appropriate checks through the Disclosure and Barring Service (DBS).

Good

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 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. At the time of our inspection it was observed the oxygen tank was out of date. The practice took immediate action to resolve the issue. 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. There was also a first aid kit and accident book available.

The practice had a comprehensive business continuity plan in place for managing major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment and consent

The practice had systems in place to ensure all clinical staff had access to up-to-date guidelines from the National Institute for Health and Care Excellence (NICE), the local Clinical Commissioning Group (CCG) and local disease management pathways. Clinicians carried out assessments and treatments in line with these guidelines and pathways to support delivery of care to meet the needs of patients. For example, the local pathway for patients who have chronic obstructive pulmonary disease (a disease of the lungs). The practice monitored these guidelines were followed through risk assessments, audits and patient reviews.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, such as the Mental Capacity Act 2005. Patients' consent to care and treatment was sought in line with these. Where a patient's mental capacity to provide consent was unclear, the GP or nurse assessed this and recorded the outcome. When providing care and treatment for children 16 years or younger, assessments of capacity to consent were also carried out in line with relevant guidance, such as Gillick competency. This is used in medical law to decide whether a child is able to consent to his or her own medical treatment, without the need for parental permission or knowledge.

Protecting and improving patient health

The practice's uptake for the cervical screening programme was 86%, which was higher than 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.

Childhood immunisation uptake rates were comparable to both the local CCG and national averages. For example, uptake rates for children aged 24 months and under ranged from 87% to 98% and for five year olds they ranged from 97% to 100%.

The seasonal flu vaccination uptake rate for patients aged 65 and over was 74%. Uptake for those patients who were in a defined clinical risk group was 51%. These were also comparable to both the local CCG and national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40 to 74. Where abnormalities or risk factors were identified, appropriate follow-ups were undertaken.

The practice identified patients who were in need of additional support and signposted them to the relevant service. For example, smoking cessation advice, support for alcohol misuse or help with weight management.

Coordinating patient care

The information needed to plan and deliver care and treatment was available to clinical staff in a timely and accessible way through the practice's patient record system and their intranet system. This included risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available.

Staff worked with other health and social care services to understand the complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, such as when they were referred or after a hospital discharge. We saw evidence multidisciplinary team meetings took place on a regular basis and that care plans were routinely reviewed and updated.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). This is a process intended to improve the quality of general practice and reward good practice. Information collected for the QOF and performance against national screening programmes was used to monitor outcomes for patients. Data from 2013/14 showed:

- The practice had achieved 99.8% of the total number of points available and aligned with QOF (or other national) clinical targets.
- Performance for diabetes related indicators was higher than the local CCG and national average.

Good

Are services effective?

(for example, treatment is effective)

- The percentage of patients with hypertension who had regular blood pressure tests was higher than the local CCG and national average.
- Performance for mental health related indicators was higher than the local CCG and national average.
- The dementia diagnosis rate was higher than the local CCG and national average

Patients who had a long term condition were reviewed on a six monthly or annual basis, dependent on individual need. These patients were on a recall system which the practice audited on a monthly basis to ensure patients were followed up as necessary.

Clinical audits were carried out and all relevant staff were involved to improve care, treatment and patient outcomes. The practice could evidence quality improvement through two completed clinical audits. For example, inappropriate co-prescribing of medicines. All patients identified had been individually contacted and their medicine reviewed in line with best practice guidance. The practice also participated in local CCG audits such as antibiotic prescribing.

Colne Valley Family Doctors participated in the Greater Huddersfield Clinical Commissioning Group (CCG) polypharmacy initiative. (Polypharmacy is the use of four or more medications by a patient, generally adults aged over 65 years.) The aim of the initiative was to improve patient understanding of their medicines and treatment regimes, improve prescribing and reduce medicine waste. The practice could evidence significant improvements in prescribing and patient understanding. As a result of the achievements the polypharmacy scheme had been shortlisted for a Health Service Journal award.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. Evidence reviewed showed:

- Staff had received mandatory training that included safeguarding, fire procedures, basic life support and information governance awareness. The practice had an induction programme for newly appointed staff which also covered those topics.
- Individual training needs had been identified through the use of appraisals, meetings and reviews of practice development needs. Staff had access to, and made use of, e-learning training modules.
- All GPs were up to date with their revalidation and appraisals.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

On the day of our inspection we spoke with five patients; two of whom were members of the patient representative group (PRG). They all told us they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Reception staff were aware they could offer a private room when patients wanted to discuss sensitive issues or appeared distressed. Eighty six percent of respondents to the national GP patient survey found receptionists at the practice helpful, compared with a CCG average of 87% and a national average of 87%

The practice participated in the Carers' Scheme. As a result, the practice had an up to date carers' register to ensure those patients were offered a seasonal flu vaccination, a health assessment and access to further support as needed. A member of staff had been trained to become a carers' champion to support carers to access support more easily.

Staff told us if families had experienced a bereavement, their usual GP contacted 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.

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

- 89% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 89% said the GP gave them enough time compared to the CCG average of 89% and national average of 87%.
- 96% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%
- 88% 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%.
- 97% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 90%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day of our inspection told us health issues and treatments were discussed with them and they felt listened to. They felt involved in the decisions made about the care they received and the choice of treatment available to them.

Data from the July 2015 national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. This was in line with the local CCG and national averages. For example:

- 87% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 84% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 81%

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to improve outcomes for patients in the area. For example, they were participating in the NHS 'Breaking the Cycle' scheme. This was aimed at providing same day assessments for patients requesting an urgent appointment, ensuring timely home visits and increasing patient online access. The intended outcome was to reduce attendance at accident and emergency departments and increase patient satisfaction. At the time of our inspection there was no data available to support the intended outcomes.

There was an active patient representative group (PRG) which met on a regular basis. The PRG carried out patient surveys and submitted proposals for improvements to the practice. The practice had acted on these, for example proposals for the installation of a hearing loop system and a handrail on the pathway to the building entrance had both been implemented.

Services were planned and delivered to take into account the needs of different patient groups and to help provide flexibility, choice and continuity of care. For example:

- The practice offered extended hours one evening a week until 8.15pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Home visits were available for patients who could not physically access the practice.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.

Access to the service

The practice was open from 8am to 6pm Monday to Friday and offered extended hours on Tuesday evening from 6.30pm to 8.15pm. Once a month this changed from a Tuesday to a Wednesday evening due to staff training.

Appointments could be pre-booked up to six weeks in advance and urgent appointments were available. At the time of our inspection the next available pre-bookable appointment was in four working day's time.

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

- 60% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 76%.
- 61% patients said they could get through easily to the surgery by phone compared to the CCG average of 74% and national average of 74%.
- 67% patients described their experience of making an appointment as good compared to the CCG average of 74% and national average of 74%.
- 53% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 66% and national average of 65%.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. There was a designated responsible person who handled all complaints in the practice. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The complaints policy outlined the timescale the complaint should be acknowledged by and where to signpost the patient if they were unhappy with the outcome of their complaint.

Information how to make a complaint was available in the waiting room, the practice leaflet and on the practice website.

The practice kept a complaints register for all written and verbal complaints. There had been eight complaints over the last 12 months. We found they had all been satisfactorily dealt with and identified any actions, outcomes and learning. There were no specific themes to the complaints, although two related to access, which the practice had identified as an issue.

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

We were informed the practice was in the process of merging with another practice and the joint vision they had to continue delivery of a quality service which promoted improved outcomes for patients. All the staff we spoke with were passionate about the service and care they provided for patients. They told us they wanted to maintain a 'family doctor' feel for patients and felt the practice represented that view. Comments from patients we spoke with aligned with this.

Governance arrangements

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

- A clear leadership structure with staff being aware of their own roles and responsibilities.
- All staff being supported to undertake continuing professional development, including GPs with regard to their validation requirements.
- Implemented practice policies which all staff could access.
- A system of reporting incidents without fear of recrimination, whereby learning from outcomes of analysis of incidents took place.
- A system of continuous audit cycles which could demonstrate an improvement on patients' health and well-being
- Clear methods of communication which involved all the practice staff and other healthcare professionals, to disseminate best practice guidelines and other information which could impact on the delivery of patient care.
- Proactively gaining patients' feedback on delivery of the service.

Innovation

The practice team was forward thinking and part of local and national schemes to improve outcomes for patients in the area. These included:

- NHS Breaking the Cycle
- The Carer's Scheme
- The CCG polypharmacy scheme which had been shortlisted for an award in the Health Service Journal.