

New Southgate Surgery

Quality Report

Burton Place
Leeds Road
Wakefield
WF1 3JQ
Tel: 01924 334400
Website: www.newsouthgatesurgery

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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.

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Summary of findings

Overall summary

New Southgate Surgery is purpose built and is close to the centre of Wakefield.

The practice is registered with the Care Quality Commission (CQC) to provide the following regulated activities: diagnostic and screening procedures; family planning; maternity and midwifery services; surgical procedures and treatment of disease, disorder and injury. Patients told us they were happy with the care and treatment they received and that they felt safe. Clinical decisions are considered in line with best practice guidance.

There are effective systems in place to ensure the service is delivered to all patients in a way that meets their needs. There is good collaborative working between the

practice and other health and social care agencies which helps to ensure patients receive the best outcomes from their treatment. There are appropriate governance and risk management measures in place.

Systems are in place for medicines management.

The leadership team are reported to be approachable and visible.

The building is clean and well-maintained and is compliant with the Equality Act 2010.

We currently review six population groups at all inspections, the detail of which can be found after the summary in this report. The needs of these population groups are identified by the practice and systems are in place to improve their access to care.

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 service is safe.

Patients received safe care. There were standard operating procedures and local procedures in place to ensure that any risk to patients health and well-being was minimised and managed appropriately. There was a formal mentoring system in place for all clinicians; this helped to support safe clinical decisions. The practice building was clean and well maintained. Systems were in place to oversee the safety of the building.

Medicines were stored and managed safely.

Are services effective?

The service is effective.

There were systems in place to measure the effectiveness of care and treatments. Care and treatment was delivered in line with best practice guidance. Doctors and nurses were able to prioritise patients according to need and make effective use of available resources. Patients were referred to secondary (hospital) care in a timely manner.

Staff ensured that patients consent to treatment was obtained and recorded appropriately.

Systems were in place to monitor and support staff performance within the practice.

Are services caring?

The service is caring.

Patients described to us how they were included in all care and treatment decisions; they were very complimentary about the care and support they received. All doctors had a formal mentor; this supportive environment was seen by all as a positive way of learning for all.

Are services responsive to people's needs?

The practice is responsive.

The practice was responsive when meeting patients health needs. There were mechanisms in place which helped ensure staff respond to and learn lessons when things do not go as well as expected. There was a very clear and easy to understand complaints policy. Complaints about the service were taken seriously and were appropriately responded to in a timely manner.

Summary of findings

The practice had a well-established Patient Participation Group (PPG) and one member of this group told us the practice was committed to the welfare of patients.

Are services well-led?

The practice is well-led.

There was strong leadership from the partnership group. Each partner took responsibility for specific areas of the practice. The partners had a clear vision and purpose which is to provide a family centred service to meet patients needs.

There were robust systems in place to monitor and improve the quality of service they provide.

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

There was a pro-active approach to the care of older people across the whole of the practice. This helped to ensure care for this group of patients was safe, caring, responsive and effective. All patients over 75 years of age had been informed of their named GP. The GPs we spoke with told us of the audits they undertook and how they used the findings to improve care and treatment options. The nurses we spoke with reassured us that there are systems in place to identify people in this age group who are most in need and thus appropriate action plans are implemented. We were told by the District Nurses that the GPs encourage joint visits with them. These visits give the patients, their families and /or carers an opportunity to discuss all of the care options available and to agree the treatment plans.

People with long-term conditions

The service made appropriate provision to ensure care for people with long-term conditions was safe, caring, responsive and effective. The practice had an agreed care pathway which staff followed when providing care and treatment to people with long-term conditions. There are systems in place to ensure patients with multiple conditions received one annual recall appointment. This helped to offer the patient a better overall experience.

Mothers, babies, children and young people

The service made good provision to ensure care for mothers, babies and young people was safe, caring, responsive and effective. Every new mother and her baby received a post-natal visit at home. Regular well-woman and baby clinics and family planning sessions were held in the practice. Those people with caring responsibilities for young children were also included in this patient group.

The working-age population and those recently retired

The service made good provision to ensure care for working age people and those recently retired was safe, caring, responsive and effective. The working population had the opportunity to book appointments at either breakfast sessions or later evening sessions which were available twice weekly. In addition one Saturday morning each month surgeries were held by two GPs.

Summary of findings

People in vulnerable circumstances who may have poor access to primary care

There was responsive provision to ensure care for people in vulnerable circumstances, who may have poor access to primary care. The practice had recently noticed an increase in the Polish population in the area and had arranged access to a Polish translator for these patients.

People experiencing poor mental health

There was responsive provision to ensure care for people experiencing a mental health problem was safe, caring, responsive and effective. The practice had access to professional support such as the local mental health team, where they referred their patients and worked together to help ensure the most appropriate support was available.

Summary of findings

What people who use the service say

We received one completed CQC comment card and spoke with five patients on the day of our inspection. We spoke with people from different age groups, including parents and children who all had differing levels of contact with the practice. They were all very happy with the services the practice provides.

The patients we spoke with were very complimentary about the care they received. They told us all staff from the receptionists to the doctors were excellent. They said the respect and courtesy they received when being helped by all, was consistent. All patients said the doctors and nurses were extremely competent and

knowledgeable about their treatment needs. They said that the service was exceptionally good, appointments were always available and that they felt listened to and valued by the staff. They told us they did not feel rushed in their consultation with their GP.

A review of the national GP survey results for 2013 identified that the patients rate the practice highly for all aspects of care. The results from this survey were mainly above national averages for positive feedback for example 90.7% of patients rated the practice good or very good.

Areas for improvement

Outstanding practice

Our inspection team highlighted the following areas of good practice:

- There was a system in place to make contact with patients with long-term conditions who failed to attend their recall appointment; the practice nurse was alerted the following day to call them.
- Home visits were made to women in the immediate post natal period, which re-established contact with the family after pregnancy.
- The practice had an effective formal system for overseeing appointments availability. They had over 20 years of data which allowed them to predict quite accurately how many appointments would be needed.

New Southgate Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspector. The team included a second CQC inspector, a GP and a practice manager.

Background to New Southgate Surgery

The practice has six GP partners, 3 male and 3 female, two salaried GPs and is a training practice for doctors who wish to become GPs. On the day of the inspection there were two Registrars (qualified doctors who were training as a GP) currently working within the practice. In addition, there is a practice manager, two practice nurses, one health care assistant, a phlebotomist and a team of administrative staff. The practice has close working relationships with the community nurses who had offices within the practice.

The surgery opening times are from 8.10am – 6.00pm. In addition there are extended hours appointments available twice a week. The two breakfast sessions start at 7.00am and the late evening sessions are between 6.30pm & 8.00pm. There is one Saturday morning session a month, where two GPs are in attendance. Out-of-Hours cover was provided by Local Care Direct.

The practice register is made up of 11,900 patients. The largest population group is the over 65s age group. This age group made up 20% of the practice register and is closely followed by the under 16s age group who made up 19% of the practice register.

Why we carried out this inspection

We inspected this service as part of our new inspection programme to test our approach going forward. This provider had not been inspected before and that was why we included them.

How we carried out this inspection

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

- 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
- Mothers, babies, children and young people
- The working-age population and those recently retired
- People in vulnerable circumstances who may have had poor access to primary care
- People experiencing a mental health problem

Before visiting New Southgate Surgery, we reviewed a range of information we hold about the service and asked other organisations to share what they knew about the service. We asked the surgery to provide a range of policies

Detailed findings

and procedures and other relevant information before the inspection. We carried out an announced inspection visit on 7th July 2014. During our inspection we spoke with a range of staff including GPs, practice nurses, administration and reception staff. We spoke with five patients who used

the service and a member of the PPG. We observed how patients were being cared for and talked with carers and/or family members. We reviewed CQC comment cards where patients and members of the public shared their views and experiences about the service.

Are services safe?

Our findings

Patients received safe care. There were standard operating procedures and local procedures in place to ensure that any risk to patient's health and well-being was minimised and managed appropriately. There was a formal mentoring system in place for all clinicians; this helped to support safe clinical decisions. The practice building was clean and well maintained. Systems were in place to oversee the safety of the building.

Medicines were stored and managed safely.

Safe patient care

The practice had systems in place to monitor all aspects of patient safety. Information from the Quality and Outcomes Framework (QOF) which is a national performance measurement tool, showed that in 2012-2013 the practice was appropriately identifying and reporting incidents.

There were comprehensive policies and protocols for safeguarding vulnerable adults and children. Any concerns regarding the safeguarding of patients are passed on to the relevant authorities by staff as quickly as possible.

All clinicians had a mentor. This was a formal arrangement where the work of clinicians was reviewed by their mentor and outcomes were recorded. The partners, nurses and trainees told us they actively reflected on their practice, that they felt supported to discuss any issues with any of the GPs and that this had a positive impact on the care they provided.

From our discussions we found that GPs and nurses were aware of the latest best practice guidelines and incorporated this into their day-to-day practices. Protocols from the local NHS Trust were available and used to assist the staff in maintaining the treatment plans of their patients.

The practice had a complaints policy in place. We reviewed complaints that had been received within the past 12 months and tracked the complaints through their system. From this we could see that the practice policy was followed consistently.

The premises were accessible for people with limited mobility such as wheelchair users and all patient areas were clean and well-maintained.

Learning from incidents

The practice had an open approach to investigating incidents which had occurred at the practice. We saw evidence of thorough internal investigations which had been conducted when any significant event had occurred. The findings were discussed at clinical meetings. At these meetings the team identified and actioned any learning required and discussed how they would implement any changes needed to avoid any similar incidents happening again. The clinical staff we spoke with, told us what action they and the non-clinical staff would take as a consequence of learning from any incident to improve their practice or up date any support systems. To minimise the risk of any incident occurring again.

We reviewed the minutes of monthly clinical meetings. These confirmed that learning was shared with all relevant staff. Staff we spoke with gave details about how the service had improved following learning from incidents and reflection on their practices.

Safeguarding

Staff we spoke with demonstrated their understanding of the term safeguarding, how they could help safeguard patients from abuse, and the action they should take if they suspected anyone was at risk of harm. There were policies and procedures in place to support staff to report safeguarding concerns to the named responsible GP within the practice and to the local safeguarding team. Safeguarding team contact numbers and locations were available throughout the surgery for staff to access.

We saw evidence that all clinical staff had adequate levels of training in children and adult safeguarding. The lead GP informed us they had participated in local safeguarding meetings for their patients, when required. We saw that alerts were placed on patients' electronic records to inform staff of any safeguarding issues for individual patients who attended for consultation.

Monitoring safety and responding to risk

The practice had developed clear lines of accountability for all aspects of patient care and treatment. The GPs and nurses had lead roles such as medicine lead and infection control lead. Each clinical lead had systems for monitoring their areas of responsibility, such as routine checks to ensure staff were using the latest guidance and protocols in their treatment of patients.

Are services safe?

All full time GPs within the practice worked nine sessions a week. They responded to staffing emergencies by sharing the work and ensuring all patients' needs were met. The administration staff said they were flexible and all helped out when necessary by sharing the workload. Locum GPs were not used at this practice.

There was a process for reviewing safety issues. A recent audit of patients taking Hydroxychloroquine which was initiated and supervised by secondary care (NHS Consultants) but prescribed by the practice, identified that not all patients had been seen for the recommended eye checks. A plan was put in place by the practice to rectify this and the audit was to be repeated to evidence improvement in clinical practice.

Medicines management

There were appropriately stocked medicine and equipment bags ready for doctors to take on home visits. Three doctors bags were checked and we found the contents were safety sealed and within the prescribed use by date.

Clear records were kept whenever any medicines were used. Arrangements for the storage and recording of controlled medicines, which are medicines that require extra administration checks, were followed. We found emergency medicines records were kept in a loose leaved book.

Medicine fridge temperatures were checked and recorded daily. The fridges were adequately maintained by the manufacturer and the staff were aware of the actions to take if the fridges were ever found to be out of the correct temperature range.

There were standard operating procedures (SOP) in place for the use of certain medicines and equipment. The nurses used patient group directives (PGD). PGDs are specific written instructions which allow some registered health professionals to supply and/or administer a specified medicine to a predefined group of patients, without them having to see a doctor for treatment. For example, flu vaccines and holiday immunisations. PGDs ensure all clinical staff follow the same procedures and do so safely. The SOPs and PGDs we saw were in date and clearly marked which helped staff identify and refer to the

correct document. Patients could be confident that they received their medicines safely and in line with guidance produced by the National Institute for Health and Care Excellence (NICE).

A system for disseminating alerts on medications was in place; this involved the prescribing lead reviewing the alert, determining what action was required and communicating this to clinicians. Several clinicians confirmed that this system worked effectively and could quote a recent example of when it was used.

When changes were requested to patients' prescriptions by other health professionals, such as NHS consultants, and/or following hospital discharge, the practice had a system for ensuring these changes were carried out in a timely manner. The lead GP for medicines said the duty GP checked repeat prescription requests with the electronic patient medication record to ensure all change requests had been made before issuing a prescription.

Cleanliness and infection control

We observed all areas of the practice to be clean, tidy and well maintained. The practice had an infection prevention and control policy (IPC). This policy identified which member of the team acted as the IPC lead. We saw evidence that staff had training in IPC to ensure they were up to date in all relevant areas. Aprons, gloves and other protective equipment were available in all treatment areas as was hand sanitizer and safe hand washing guidance.

We looked at infection control audits. We saw that if an issue was identified a detailed, time bound action plan was put in place to address the issue. For example, we noted in one recent audit it had been identified that the treatment room floors did not meet current guidance. During our visit we saw all treatment areas now had a hard floor covering and these were appropriately sealed to reflect national IPC guidance.

The practice had access to spillage kits to enable staff to appropriately and effectively deal with any spillage of body fluids. Sharps bins were appropriately located, labelled, closed and stored after use.

We saw that cleaning schedules for all areas of the practice were in place.

A needle stick injury policy was in place. This outlined what staff should do and who to contact if they suffered a needle stick injury.

Are services safe?

Staffing and recruitment

The practice had a recruitment policy and process in place. We were told of a recent incident where issues of concern were highlighted and the offer of the post was rescinded. We looked at the staff file for the most recent staff member employed and found it to be comprehensive and well maintained. All appropriate checks were carried out before the staff member began working within the practice.

Clinical staff had recent Criminal Records Bureau / Disclosure and Barring Service checks (CRB/DBS) in line with the recruitment policy.

We checked staff files during the inspection and found them to be well maintained. They contained appropriate curriculum vitae and references. Each file contained sufficient checks to ensure the person was suitable to carry out the duties required in their role.

All staff had their clinical qualifications recorded and checked on an annual basis or on renewal of their professional registration.

All staff had appraisal documents available in their files and staff told us the process was very supportive. They were able to ask for relevant training for their role. All staff were aware of the policy for study and training leave and told us they were granted study leave in line with this process.

Dealing with Emergencies

The practice had a business continuity plan to help it deal with emergencies that might interrupt the smooth running of the service such as power cuts and adverse weather conditions.

Staff spoken with and records seen confirmed that all staff had received training in medical emergencies including resuscitation techniques. All staff were trained in basic life support and the treatment of anaphylactic shock (severe allergic reaction). We were also told of a recent event, when this training had been put into practice, and of the successful outcome for a patient who collapsed in the waiting room. All emergency equipment was checked and was readily available for staff to use in an emergency.

Equipment

Emergency equipment including a defibrillator and oxygen were readily available for use in a medical emergency and were checked regularly to ensure their safety.

A log of maintenance of clinical/emergency equipment was in place and any items identified as faulty were repaired or replaced.

We saw all equipment had been tested and that the provider had contracts in place for the testing of portable electric appliances. (PAT testing) on an annual basis and for the routine servicing and calibration, where needed, of equipment such as blood pressure cuffs and weighing scales.

Are services effective?

(for example, treatment is effective)

Our findings

The service was effective.

There were systems in place to measure the effectiveness of care and treatments. Care and treatment was delivered in line with best practice guidance. Doctors and nurses were able to prioritise patients and make use of available resources to ensure patients experienced the best possible outcome from their treatment. Patients were referred to secondary care in a timely manner.

Staff ensured that patients' consent to treatment was obtained and recorded appropriately.

Systems were in place to monitor and support staff performance within the practice.

Promoting best practice

The staff we spoke with were keen for the service to be as family centred as possible. Patients were involved in decisions about their care and treatment. The clinicians were familiar with and were following current best practice guidance.

New guidance from NICE was reviewed at the regular clinicians' meetings and where appropriate, a plan made to implement it. Individual clinicians lead on specific disease areas, such as diabetes.

We saw two instances where the practice had recorded higher or lower incidences of expected prevalence of diseases. This had been recognised by the clinical lead for these areas and a process of reviewing why this may be was underway.

A two cycle audit of anti-depressant use in dementia was seen, and described by the CCG medicines management team as showing good results for patients.

The practice uses standardised local/national best practice care templates as well as practice designed self-management care plans for patients with long-term conditions. This supported the practice nurse to agree and set goals with patients which were monitored at subsequent visits.

Management, monitoring and improving outcomes for people

The GP partners had a variety of mechanisms in place to monitor the performance of the practice and to ensure the clinicians adherence with best practice.

The medicine lead GP monitored prescribing to ensure that GPs were using the most appropriate medication for patients, in line with good practice.

The monitoring mechanisms ensured the team made effective use of clinical audit tools, clinical supervision and staff meetings to assess the performance of clinical staff. Monthly meetings and individual staff group meeting minutes, demonstrated a commitment to an open and transparent team working ethos.

Patients told us they were happy with how the doctors and nurses at the practice managed their conditions and if changes were needed, how they were part of the discussion before any decisions were made.

Staffing

From our review of information about staff training, we saw staff received a comprehensive induction which was fully documented and signed by the staff member and their mentor. This covered a wide range of topics such as dignity and privacy, equality and diversity as well as mandatory training and relevant surgery information.

The practice had clear expectations that all refresher training would be completed in a timely manner. This expectation was in line with national guidance. All GPs had a named mentor. Nurses were using the CLARITY toolkit which was an appraisal process for doctors and nurses. Appraisals were up to date for all staff.

We saw that the mandatory training for all staff included fire awareness, safeguarding adults and children and basic life support. Staff also had access to additional training related to their role.

Working with other services

The practice staff worked closely with the local community nursing team who were located in the surgery. We were told by the district nurses about the positive relationships that were fostered. They and other health and social care professionals had specified formal meetings with the practice staff and informal coffee meetings when necessary. At these meetings, individual patients and the care they were receiving from each professional group, was discussed and records updated.

Are services effective?

(for example, treatment is effective)

The district nurses confirmed that the doctors were happy to undertake joint visits and encouraged the nurses to ask for these. The nurses had observed doctors involving patients and nurses in management decisions at these visits.

There was a system in place to ensure the out of hours service and NHS 111 had access to up-to-date treatment plans of patients who were receiving specialist support or palliative care. This ensured that care plans were followed, along with any advance decisions patients had asked to be recorded in their care plan.

Health, promotion and prevention

The practice nurse team led on the management of long-term conditions (LTC) of the patients in the practice. They proactively gathered information on the types of needs patients present with and they had a clear understanding of the number and prevalence of conditions being managed by the practice.

We saw the 'call and recall' system and how this worked within the surgery. This helped to ensure the timely and appropriate review of patients with LTCs and those who required periodic monitoring. Patients with more than one LTC were offered one recall appointment when all care and treatment could be reviewed. However, the appointment time was longer to improve the patient experience.

Leaflets for patients with information relating to health promotion and any local incentives that were taking place in the coming months, were displayed in the waiting area of the practice.

Regular well woman clinics were held alongside family planning sessions.

The practice had arrival information available in a number of different languages to facilitate the needs of patients whose first language was not English.

Are services caring?

Our findings

The service was caring.

Patients described to us how they were included in all care and treatment decisions; they were very complimentary about the care and support they received. All doctors had a formal mentor; this supportive environment was seen by all as a positive way of learning with and from each other.

Respect, dignity, compassion and empathy

Staff were familiar with the steps they needed to take to protect people's dignity. Consultations took place in consultation rooms which gave patients privacy and separate examination rooms promoted patients dignity. There were signs explaining that patients could ask for a chaperone during examinations if they wanted one.

Patients told us they felt that all the staff and doctors effectively maintained their privacy and dignity. The GP registrars we spoke with told us the partners were excellent role models as they reflected the caring ethos of the practice and provided high standards of clinical care.

We saw the reception staff treated people with respect and ensured conversations were conducted in a confidential manner. We noted there was a notice in reception about courtesy and respect when patients were waiting to book in. We were told this worked well by reception staff and the Patient Participation Group (PPG) member. This was initiated at the request of the PPG.

The patients we spoke with told us they were completely satisfied with the approaches adopted by staff and felt clinicians were extremely kind and compassionate. We saw patients had access to a chaperone service if needed. This was always recorded in the patient's electronic notes. Nurses and trained administration staff usually acted as chaperones.

New mothers received a post-natal visit shortly after giving birth. This helped the GPs to re-establish contact with the family after pregnancy. The doctors all felt that this was essential for initiating a quality patient relationship with mother and baby following delivery.

Involvement in decisions and consent

We found the healthcare professionals understood the purpose of the Mental Capacity Act (2005) and the Children Act (1989) and (2004). They confirmed their understanding of capacity assessments and how these were an integral part of clinical practice. They also spoke with confidence about Gillick competency assessments of children and young people, which are used to check whether these patients have the maturity to make decisions about their treatment. All staff we spoke with understood the principles of gaining consent including issues relating to capacity.

Clinical staff were able to confirm how to make 'best interest' decisions for people who lacked capacity and how to seek appropriate approval for treatments such as vaccinations from children's legal guardians.

The practice had a robust consent policy available to assist all staff and this provided them with access to relevant consent form templates.

The patients we spoke with said they had been involved in decisions about their care and treatment. They told us their treatment was fully explained to them and they understood the information. Patients felt they could make an informed decision.

The patients we spoke with confirmed that their consent was always sought and obtained before any examinations were conducted. They told us about the process for requesting and using a chaperone and felt confident that it was effective as it was always available to them when needed.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

The practice was responsive.

The practice was responsive when meeting patients' health needs. There were mechanisms in place to respond to and learn lessons when things did not go as well as expected. There was a very clear and easy to understand complaints policy. Complaints about the service were taken seriously and were appropriately responded to in a timely manner.

The Patient Participation Group (PPG) member we spoke with told us resources within the practice had been adapted to reflect feedback from patients where appropriate.

Responding to and meeting people's needs

There were three disabled parking spaces in the large on-site car park which was free of charge.

The practice was accessible to patients with mobility difficulties. The first set of doors was automated and the second set was activated by a push button which was visible and easy to locate. The consulting rooms were large with easy access for patients with mobility difficulties. All consulting rooms were located on the ground floor. There were toilets for disabled patients. Patients who had appointments could use an electronic touch screen monitor in the waiting room to confirm their arrival, or by speaking with the staff at the reception desk. There was a large waiting area with plenty of space for wheelchair users.

Staff said they had access to interpreter or translation services for patients who required it and there was guidance to follow about using interpreter services with contact details.

Well-woman services were provided to patients and this was individually tailored to meet their needs.

The staff had access to leaflets in a variety of languages and could access these electronically as required.

Patients with immediate, or life-limiting needs, were discussed at the monthly clinical meeting to ensure all practitioners involved in their care delivery were up-to-date and knew of any changes to their care needs.

Access to the service

The practice had extended their surgery hours twice weekly to facilitate patients who could not attend during normal surgery hours. There were breakfast and late evening sessions, as well as a Saturday surgery once a month.

The practice had an effective formal system for overseeing appointments availability. They had over 20 years of data which allowed them to predict quite accurately how many appointments would be needed.

Home visits and urgent on the day appointments were available each week day.

All surgery opening times were detailed in the comprehensive practice leaflet which was available in the patient waiting room and on the practice's comprehensive web site.

Some patients were referred into secondary care (NHS Hospitals) via the 'choose and book' system for specialised services. However, this system was not always available locally, so patients had to have a written referral from their GP.

Concerns and complaints

There was a robust complaints procedure in place. We saw the complaints log for the surgery. From this we saw that the complaints policy was followed and that all complaints were responded to.

We were told all complaints about a clinician were reviewed initially by their mentor. This was then brought to the mentees attention and a rigorous investigation was carried out, action plans implemented if necessary, and any learning was shared with the team.

The patients we spoke with were aware of the process to follow should they wish to make a complaint. The practice manager managed the complaint the process.

The PPG member we spoke with felt the practice dealt with issues and complaints in an appropriate way. They felt all concerns they brought to the surgery were dealt with in a caring and respectful manner.

Are services well-led?

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

Our findings

The practice was well-led.

There was strong leadership from the partnership group. Each partner took responsibility for specific areas of the practice. The partners had a clear vision and purpose which was to provide a family centred service to meet patients needs.

There were robust systems in place to monitor and improve the quality of service they provided.

Leadership and culture

There was strong leadership from the partnership group with clear allocation of responsibilities. We saw how the senior partner engaged with the local Clinical Commissioning Group (CCG) on a regular basis to discuss current performance issues and how to adapt the service to meet the demands of the practice population.

Staff and the Patient Participation Group (PPG) member said the leadership in the practice was visible and accessible. They told us there was an open culture that encouraged the sharing of information and learning. Staff told us that all of the GPs were happy to offer help if required and that they had no hesitation approaching them if needed.

Staff had clear job descriptions. Staff described a culture which encouraged everyone to be as flexible as possible and to work as a team. They gave examples of how this had happened recently. Staff told us they were confident their views were listened to and acted upon by the management team.

There were monthly staff meetings and support sessions. These helped ensure a consistent approach to patient care across the service.

There was a commitment from all staff to learn from problems, complaints and incidents.

Governance arrangements

There was a strong and visible leadership team with a clear vision and purpose. One of the GP partners was the information governance lead and regularly reviewed issues around coding, security and data quality.

The practice had recently been recommended for accreditation as a paper light practice following an external analysis of data quality of the clinical record.

There was evidence of pro-active work occurring in areas such as information governance and prescribing. This helped to identify problems and initiate change when possible.

The practice manager and GPs had created comprehensive systems for monitoring all aspects of the service and these were used to plan future development and to make improvements to the service.

The practice manager and GPs actively encouraged patients to be involved in shaping the service.

Staff told us they felt comfortable and confident enough to challenge existing arrangements and looked to continuously improve the service being offered.

We found all staff had individual training plans which were time bound for completion. Staff could access training from external sources if appropriate.

Systems to monitor and improve quality and improvement

We saw that the practice had a process in place for making sure there was a constant review of their clinical audits. We saw evidence of completed audit cycles where recommendations for future practice had been actioned. Further follow-up audit was planned to assess any improvements brought about by the implementation of recommendations.

The practice was involved in delivering the enhanced service (which are schemes adopted by the local CCG in response to local needs and priorities) for avoiding unplanned admissions. This was designed to improve services for vulnerable people by assessing and managing their care closely to reduce their risk of being admitted into secondary care (NHS hospitals) in an unplanned manner. As part of this the practice had identified approximately 200 patients who were in this category and they were in the process of moving these findings forward.

Systems for monitoring the on-going fitness of clinicians to practice were in place. Routine checks that professional registrations were current, or scheduled supervision and appraisal had occurred, were completed. We saw from a review of staff files that annual appraisals were completed for all nursing, health care and administration support staff.

Are services well-led?

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

Appraisals were completed by the person's line manager or named GP for staff. It included the individual's review of their own performance, feedback from the line manager and plans for future development.

There was evidence the practice manager and GPs reviewed and updated policies and checked the accuracy of current risk management tools. We were told the practice had considered future staffing arrangements and how succession plans could be put in place.

Patient experience and involvement

There was an active PPG who met regularly to discuss issues and celebrate success relating to the practice. We saw the minutes from these meetings and also spoke with one member of the group. We were told the practice was proactive in supporting their patients and would consider any suggestions made by the group.

Feedback from the group was that the patients in the local area felt very happy with the service provided. However, we were told the membership of the group did not fully reflect the population groups of the catchment area. Attempts had been and continued to be made to encourage membership but this had been unsuccessful so far. The group currently consists of 34 members, 50% more men than women attend the meetings and all members are from the 55+ age group.

Staff engagement and involvement

The GP trainees described the practice as providing an excellent training experience. The partners were described as approachable, experienced and excellent role models. The trainees commented on the caring ethos of the practice and the high standards of clinical care given to the practice population.

Staff we spoke with, and the documents we reviewed, showed that they regularly attended staff meetings and these provided them with the opportunity to discuss the service being delivered. We saw that the GPs used these meetings to share information about any changes or action they were taking to improve the service and actively encouraged staff involvement and contribution.

Staff were very engaged with and committed to the surgery and its patients. They spoke passionately about their roles and their patients and how they were supported to give them the best care possible.

Staff felt valued and confident they can raise any issues they had with either the partners or the practice manager and it would be dealt with in an appropriate manner.

The Senior partners said the staff work well as a team and supported each other where needed. Staff confirmed this too.

Learning and improvement

All staff had completed mandatory training. The GP partners had clear expectations about refresher training and this was completed in line with national expectations as well as those of the local CCG.

There was a comprehensive training matrix for all staff employed in the surgery and it was up to date. The practice could identify what training each staff member had received, when it occurred and when any refresher training was due.

The management team met monthly to discuss any changes or incidents that had occurred. The practice had an excellent approach to incident reporting and ensured it reviewed all incidents even ones that were out of their control, for example in secondary care (hospitals), but involved their patients. They then discussed if anything, however minor, could have been approached differently at the practice. Everyone was encouraged to comment on these incidents. We received a report which confirmed the operation of this system and described how supportively this was managed.

Identification and management of risk

We found appropriate risk assessments, such as those for fire, infection control and safety, were available and up-to-date.

Staff told us they felt confident about raising any issues and felt that if incidents did occur these would be investigated and dealt with in a proportionate manner.

The partnership group and the practice manager were effectively monitoring any potential risks and had contingency plans to deal with all eventualities. Findings were routinely fed back to the practice and GP partners.