

Dr Parveen Singh Ghatora

Quality Report

Field Street
Shepshed
Loughborough
Leicestershire
LE12 9AL

Tel: 01509 601201

Website: www.fieldstreetsurgeryshepshed.co.uk

Date of inspection visit: 2 December 2015

Date of publication: 20/05/2016

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	9
Areas for improvement	9

Detailed findings from this inspection

Our inspection team	10
Background to Dr Parveen Singh Ghatora	10
Why we carried out this inspection	10
How we carried out this inspection	10
Detailed findings	12

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Field Street Surgery on 2 December 2015. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with kindness, dignity and respect and they were involved in decisions about their care and treatment.
- Information about services and how to complain was available and easy to understand.

- 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 needs.
- There was a clear leadership structure and staff felt supported by management.
- The provider was aware of the requirements of the Duty of Candour.
- The practice had a patient participation group in place.
- Not all staff had completed formal MCA training however staff were able to demonstrate an understanding of the act and could relate it to their roles.
- The practice had a number of policies and procedures to govern activity, but some were overdue a review.

The areas where the provider should make improvement are:

Summary of findings

- Review training to ensure that all staff are trained in areas such as basic life support, adult safeguarding, fire safety and mental capacity act.
- Review the process of risk assessments to include the dates taken place.
- Review process for checking expiry dates of medicines to include actions taken.
- Update business continuity plan to include emergency contact numbers for staff.
- Review and update procedures and guidance.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- All staff received an appraisal and discussed training needs.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with kindness, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



Summary of findings

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care however some patient comments said that it was difficult to get a routine appointment on the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to 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 which were easily accessible through the practice computer system.
- There was an overarching governance framework which supported the delivery of good quality care.

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.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- All patients over the age of 75 had a named GP.
- Patients that were admitted to hospital were assessed to look at ways to prevent future deterioration or admission.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

- Community specialist nursing service provided support and education for patients.
- Diabetic indicators for the practice were 87% which was better compared to the CCG and national average (77.5% CCG and 78% national average).
- Longer appointments and home visits were available when needed.
- The practice had identified areas such as diabetes, hypertension and heart failure as areas where they were above the locality average and areas that they needed to improve such as cancer and stroke.
- The GP had attended cancer awareness programme and lessons learned from this were to be implemented to increase detection rates.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, the practice then flagged these patients onto the clinical system so that all staff were aware.
- 74% of patients diagnosed with asthma, on the register, had an asthma review in the last 12 months which was in line with the national average of 75%.

Good



Summary of findings

- The practice's uptake for the cervical screening programme was 83%, which was similar to the CCG average of 83% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

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 offered telephone consultations.
- There was a range of appointments between 8.30am and 6pm every weekday
- Extended hours surgeries were available Tuesday mornings when appointments started at 7.00am
- 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.

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 offered longer appointments for patients with a learning disability.
- The practice provided care for a local learning disability unit and sheltered accommodation facility for people with learning difficulties that were been rehabilitated in the community.
- 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.
- The practice conducted annual checks for patients with a learning disability.

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).

Good



Summary of findings

Quality data demonstrated the monitoring of people experiencing poor mental health (including people with dementia) was better when compared to local and national averages. For example:

- 95% of people experiencing poor mental health had a comprehensive, agreed care plan documented in their medical record, which was higher when compared to the local average (94%) and national average (88%).
- The practice carried out advance care planning for patients with dementia. For example, 85% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was similar when compared to the local average (86%) and national average (84%).
- The practice carried out advance care planning for patients living with dementia.
- Patients were able to self refer to community mental health services.
- The practice provided care to an 80 bedded dementia care facility.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 2 July 2015. The results showed the practice was performing in line with local and national averages. 255 survey forms were distributed and 99 were returned. This was a 39% response rate.

- 70% found it easy to get through to this surgery by phone compared to a CCG average of 71% and a national average of 73%.
- 85% were able to get an appointment to see or speak to someone the last time they tried (CCG average 88%, national average 85%).
- 81% described the overall experience of their GP surgery as fairly good or very good (CCG average 85%, national average 85%).

- 78% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 78%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients before our inspection. We received 27 comment cards which were all positive about the standard of care received. Feedback received said that staff were always helpful and kind and that the practice was clean and tidy. Some comments mentioned that they were frustrated that you could not always book an appointment on the same day, however others said that they had always had an appointment the same day when they needed to.

Areas for improvement

Action the service **SHOULD** take to improve

- Review training to ensure that all staff are trained in areas such as basic life support, adult safeguarding, fire safety and the mental capacity act.
- Review the process of risk assessments to include the dates taken place.
- Review process for checking expiry dates of medicines to include actions taken.
- Update business continuity plan to include emergency contact numbers for staff.
- Review and update procedures and guidance.

Dr Parveen Singh Ghatora

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 adviser and a practice manager specialist adviser.

Background to Dr Parveen Singh Ghatora

Field Street Surgery is a small two GP practice situated in the village of Shepshed in Loughborough. The practice is situated in a purpose built building and provides general medical services to approximately 2200 patients. There is limited car parking, however there is a free car park and pay and display car park nearby.

- The practice has two GPs (male) and a locum GP (male). The practice employs a practice manager, assistant practice manager/secretary, two practice nurses and a receptionist/administrator who is also a trained phlebotomist.
- The practice is a training practice for GP Registrars. GP Registrars are qualified doctors who undertake additional training to gain experience and higher qualifications in general practice and family medicine. At the time of the inspection the practice did not have any GPs that were training.
- The practice is open between 8.30am and 6pm Monday to Friday. With appointments available within these times. Extended surgery hours are offered Tuesdays from 7am.

- Out of hours care can be accessed by calling the surgery telephone number or by calling the NHS111 service.
- The practice has a lower than average deprivation score compared to other practices in this Clinical Commissioning Group (CCG).
- The practice lies within the NHS West Leicestershire Clinical Commissioning Group (CCG). A CCG is an organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services.

The practice is registered to provide; diagnostic and screening procedures, maternity and midwifery services, surgical procedures and the treatment of disease, disorder or injury at Field Street, Shepshed, Loughborough, Leicestershire, LE12 9AL.

Field Street Surgery has not been inspected previously by the Care Quality Commission.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 2 December 2015.

During our visit we:

- Spoke with a range of staff (GP's, practice nurse, reception staff and practice manager).
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

- Is it safe?

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form that was available on the practice computer system that all staff could access and also in a folder.
- The practice discussed significant events with the practice team in a monthly meeting.
- Minutes were produced for staff that were unable to attend.
- Accidents were recorded in an accident book that was kept in reception.

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, an incident had been reported which had led to a change in process to prevent reoccurrence.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff on the shared drive of the practice computer system. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. The GP's attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities. GPs were trained to Safeguarding level three. All other staff had completed training in safeguarding for children however whilst GPs were trained to Safeguarding children level three, one of the nurses had not completed any safeguarding training in relation to adults or children.

- National patient safety alerts were received into practice by email and were forwarded onto the relevant team member for discussion and action. The practice manager also took a copy to forward to the GP's.
- Chaperones were available for patients if required. The practice did not display notices in the waiting room to advise patients of this. We spoke with the practice manager who said that they would make sure that notices were displayed throughout the practice. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice had a contract for cleaning of the practice and there was a log book of the tasks for completion and when these had been actioned. The practice nurse was the infection control clinical lead. There was an infection control protocol in place and annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified, as a result for example, disposable nail brushes were to be ordered.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads and paper were securely stored and there were systems in place to monitor their use.
- We reviewed recruitment files and found that checks on qualifications and registration with the appropriate professional body were present and the appropriate checks had been completed through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and a health and safety assessment had taken place in February 2015. The practice had a fire risk assessment, however this

Are services safe?

was not dated. The practice had two fire marshals for the practice however there had not been any training in fire safety. We saw that weekly fire testing was completed and recorded. 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 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.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Not all staff had received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use, despite however the checking sheet that had indicated previously expired drugs did not show what actions had been taken to address this.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. Two copies of the plan were held off site. It did not include emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- Care plans had been completed for high risk patients and these were reviewed.
- Virtual ward was used by practice which meant that patients were able to be managed by a nursing team whilst remaining in their own home.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 100% of the total number of points available, with 4% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators, for example monitoring of blood sugar levels, was 87% which was better compared to the CCG and national average (77.5% CCG and 78% national average).
- The percentage of patients with hypertension having regular blood pressure tests was 85% which was similar compared to the CCG and national average (82% CCG and 81% national average).
- Performance for mental health related indicators was 95% similar to the CCG and national average (94% CCG and 88% national average).

Clinical audits demonstrated quality improvement.

- There had been two clinical audits completed in the last two years both of which were completed audits where the improvements made were implemented and monitored.
- The practice participated in numerous local audits through the prescribing committee, benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding and patient access, however training such as fire procedures and basic life support training had not been completed by all staff.
- Not all staff had completed MCA training (Mental Capacity Act) although staff were able to demonstrate a good understanding despite this.

Coordinating patient care and information sharing

Are services effective?

(for example, treatment is effective)

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.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. The practice could refer to other agencies. We saw evidence that multi-disciplinary team meetings took place on a quarterly basis for palliative patients and that care plans were routinely reviewed and updated.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 although not all staff had completed training in this. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

- 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.
- Smoking cessation advice was available from a local support group.
- The practice had a mental health practitioner that they were able to refer patients to. This enabled a focussed approach and the practitioner was able to visit patients home if they so wished.
- District nurses had offices in the practice which meant that the practice staff could work closely and consult them for any advice.
- Citizen's advice held a session twice monthly in the practice to assist patients with information for example with benefits, housing and claims.

The practice's uptake for the cervical screening programme was 83%, which was similar to the CCG average of 83% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given to under two year olds were 100%. The over two year old immunisation rate had been identified as an area to target and the practice were in the process of writing to patients in addition to the letters sent out by the child health service to try and improve the uptake. Non-attenders were to be followed up more vigorously.

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 for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 27 patient Care Quality Commission comment cards we received were positive about the service experienced. Feedback received said that staff were always helpful and kind and that the practice was clean and tidy. Some comments mentioned that they were frustrated that you could not always book an appointment on the same day, however others said that they had always had an appointment the same day when they needed to.

Comment cards highlighted that staff responded professionally and were caring when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 92% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 92% said the GP gave them enough time (CCG average 86%, national average 87%).
- 98% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 90% said the last GP they spoke to was good at treating them with care and concern (CCG average 84%, national average 85%).

- 95% said the last nurse they spoke to was good at treating them with care and concern (CCG average 89%, national average 90%).
- 90% said they found the receptionists at the practice helpful (CCG average 86%, national average 87%).

Care planning and involvement in decisions about care and treatment

Patient feedback on the comment cards said 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.

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

- 93% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 90%.
- 84% said the last GP they saw was good at involving them in decisions about their care (CCG average 80%, national average 81%).
- 86% said the last nurse they saw was good at involving them in decisions about their care (CCG average 82%, national average 85%).

Staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

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

Patients and families of those that were identified as been at end of life stage were given the GP's personal mobile and home telephone number so that they could contact them directly for support. This meant that the patients and their families were able to know that they could make one call and not have to explain things at what was already a difficult time.

Condolences cards were sent to bereaved relatives and a call or visit was made to offer support.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice had federated with another nine practices in the area to look at how they can work together more effectively with future challenges.
- The practice had book on the day appointments available with the practice nurse.
- There were longer appointments available for patients with a learning disability.
- The practice conducted annual checks for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Telephone consultations could be booked at patient's request.
- Same day appointments were available for children and those with serious medical conditions.
- There was a hearing loop in the practice, however on the day of the inspection this was not working and the practice had reported this. Translation services were available.
- The practice was all on the ground level and therefore was accessible to all.
- There was a toilet for patient's use that was adapted to the needs of disabled patients, wheelchairs or those with limited mobility and baby changing was also available to parents of children.
- The practice provided a room for antenatal visits so pregnant women could be seen at the surgery.
- The practice also hosted memory clinics at the surgery with a mental health nurse that worked across the practices in the CCG.
- The practice offered 24 hour blood pressure monitoring and electrocardiogram (ECG) in practice which reduced the need for patients been referred and travelling to the hospital. ECG is a test which measures the electrical activity of your heart to show whether or not it is working normally. An ECG records the heart's rhythm and activity on a moving strip of paper or a line on a screen.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were available from 8.30am to 6pm. Extended surgery hours were offered 7.00am on a Tuesday. In addition to pre-bookable appointments that could be booked in advance, urgent appointments on the day were also available for people that needed them. On the day of inspection the next available appointment with a GP was the next day however there were appointments for the same day with the nurse.

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

- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 75%.
- 70% patients said they could get through easily to the surgery by phone (CCG average 71%, national average 73%).
- 55% patients said they always or almost always see or speak to the GP they prefer (CCG average 59%, national average 60%).

Comment cards stated that they were able to get appointments when they needed them and that they were happy with the appointment system although there were a few comments that said this was not always the case for routine appointments.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system for example a poster in the waiting area and information in a practice leaflet.

The practice had not received any complaints in the last 18 months. We were told that any complaints and the learning resulting from them would be discussed as part of the monthly practice meeting.

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 plans for the future which included expansion of the practice, possible mergers with surrounding practices to enable a better service for patients.
- The practice had federated with another eight practices in the CCG to develop services for the future.

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 on the practice computer system however they were not all current and needed to be reviewed.
- A comprehensive understanding of the performance of the practice was maintained.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The GPs in the practice ensured the service provided safe, high quality and compassionate care. The GPs were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings with standing agenda items such as incidents, results from audits and training.
- Significant events were reviewed at practice meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at any time or at team meetings. Staff felt 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.
- Staff had clear roles and responsibilities and as the team was small staff had been trained to complete all administration functions which enabled flexibility.
- The GPs were flexible in their work and would allow for increased demand or annual leave.

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The patient participation group (PPG) that met to discuss ways that the practice could improve. Plans for the future included the PPG asking patients opinions for future developments and service provision.
- The practice was still recruiting members to the group and was also looking at having a virtual group.
- A new chairperson had recently been appointed to the PPG and the plan for the future was that the group would become more proactive.
- The practice had published the result of the national patient survey on the web site.
- The practice manager responded to comments left by patients on NHS choices. Negative comments response requested that the patients contact the practice manager so that the problem could be rectified.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Are services well-led?

Good 

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

Continuous improvement

Succession planning was been undertaken. The practice had looked at plans for the medium and long term future. Suggestions were being looked at with the development of the federation. The federation was looking at providing additional opening hours for the patients at weekends.