

Kirkgate Surgery

Quality Report

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

Ratings

Overall rating for this service	Good	
Are services safe?	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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Kirkgate Surgery on 11 November 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 a 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 compassion, dignity and respect and they were involved in their care and decisions about their 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 practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider should make improvement are:

- In the recording, monitoring, action planning and identification of any themes and trends relating to significant events.
- To have a process to check that staff have appropriate and current registration with a professional regulator and medical indemnity.
- Use of the functionality of the computer record system should be improved by further IT training by clinical staff.

Summary of findings

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 a system in place for reporting and recording significant events, however this needed some improvement in the monitoring and reflection on action plans.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice had systems, processes and practices in place to keep people 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 showed many patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated improvements.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

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

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- 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. For example, a care co-ordinator worked at the practice one day a week to help join up health and social care services for older patients and those with long term conditions.
- 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.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



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.
- There was a clear leadership structure and staff felt supported by management.
- The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

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.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Additional services such as hearing clinics were provided at the practice to avoid patients needing to travel to hospital.
- The practice was a pilot site for a local clinical co-ordinator scheme one day per week

Good



People with long term conditions

The practice is rated as 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.
- The practice quality and outcomes framework (QOF) indicators for diabetes were better than the national averages.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met.
- For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- A GP in the practice was the palliative care lead for the local Clinical Commissioning Group.

Good



Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.

Good



Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The percentage of women having cervical screening was comparable to the national average.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- A midwife provided weekly antenatal clinics, post natal checks were done jointly by the practice nurse and GP.
- Information was readily available about family support services and sexual health.

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. For example, by employing advanced nurse practitioners to increase access for patients.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

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

Good



Summary of findings

The practice had arranged for another agency to provide counselling and support to individuals with alcohol dependency problems. This service was also available to patients registered with other GP practices.

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).

- 93% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months. The practice acted as a safe haven for patients with dementia and members of the reception staff had attended dementia awareness courses.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on 8 July 2015. The results showed the practice was performing in line with local and national averages. Of 327 survey forms distributed 107 were returned giving a response rate of 33% representing 3% of the practice population.

Patients' responses in the following questions was better than that of comparable practices and this was consistent with the statements made by patients on the CQC comment cards left at the practice in the the two weeks prior to this inspection.

- 79% found it easy to get through to this surgery by phone compared to a CCG average of 66% and a national average of 73%.
- 95% found the receptionists at this surgery helpful (CCG average 83%, national average 87%).
- 92% were able to get an appointment to see or speak to someone the last time they tried (CCG average 82%, national average 85%).
- 96% said the last appointment they got was convenient (CCG average 93%, national average 92%).
- 82% described their experience of making an appointment as good (CCG average 69%, national average 73%).

- 78% usually waited 15 minutes or less after their appointment time to be seen (CCG average 67%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 18 comment cards and all were positive about the standard of care received. Comments included that staff were approachable, helpful and treated patients with care and respect. Four patients gave examples where they felt staff at the practice had gone out of their way to help them during difficult times.

We spoke with six patients during the inspection. All of whom said that they were happy with the care they received and thought that staff were helpful, approachable, committed and caring, they were happy with the services offered and found it easy to access appointments.

We also spoke with three members of the patient participation group who had influenced changes that included the information available to patients, the installation of an additional phone line to improve access for patients and holding a coffee morning during flu clinics.

Areas for improvement

Action the service SHOULD take to improve

The areas where the provider should make improvement are:

- In the recording, monitoring, action planning and identification of any themes and trends relating to significant events.

- To have a process to check that staff have appropriate and current registration with a professional regulator and medical indemnity.
- Use of the functionality of the computer record system should be improved by further IT training by clinical staff.

Kirkgate Surgery

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 a practice manager specialist advisor.

Background to Kirkgate Surgery

Kirkgate surgery is registered with CQC to provide primary care services, which includes access to GPs, family planning, surgical procedures, treatment of disease, disorder or injury and diagnostic and screening procedures. It provides GP services for 3520 patients living in Batley and Birstall.

The surgery is located in purpose built premises on the outskirts of Birstall town centre. There is step free disabled access and facilities on one level with parking available for patients and staff at the side and front of the building.

There are two GPs (one male and one female), a practice manager, a practice nurse, two healthcare assistants and administrative staff. The practice also employs two locum GPs and two locum advanced nurse practitioners. The service benefits from an additional healthcare assistant employed by the community health provider Locala one day a week and a CCG employed care co-ordinator one day a week.

Additional services include minor surgery, audiology and ultrasound scanning.

Kirkgate surgery is a training practice for 3rd year medical students and takes four placements per year.

The practice is open between 8.30am and 6pm Monday to Friday. Appointments are from 8.40am to 12pm every morning and 3.30pm to 5.30pm daily. Extended hours surgeries with the advanced nurse practitioner are offered at 6.30pm to 8pm on Tuesdays.

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.

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew.

We carried out an announced visit of Kirkgate Surgery on 11 November 2015. During our visit we:

- Spoke with a range of staff and spoke with patients who used the service
- Observed how people were being cared for and talked with carers and/or family members

Detailed findings

- Reviewed 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 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)

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 a system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents which were recorded on the available recording form. All records were kept in paper form and there was no audit trail to link events to patient records. We found that recording of incidents was not consistent. Some incidents were not recorded and therefore discussion or learning did not occur. For example, a locum not turning up for a busy clinic. A review of significant events had not been carried out to identify themes and trends.

We reviewed safety records, incident reports, national patient safety alerts 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 system to check letters and electronic discharges had been put in place, as a result of a letter that was missed by a GP.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people 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. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare and flowcharts were displayed in reception and clinical areas.
- There was a lead member of staff for safeguarding. The GPs attended quarterly safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to the recommended Safeguarding level 3.
- Notices in the waiting room and consulting rooms advised patients that staff would act as chaperones, if required. All staff who acted as chaperones were trained for the role. Not all staff had received a Disclosure and Barring Service check (DBS check) however a plan was in place to complete these (DBS checks identify whether

a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy.
- The practice nurse was the infection prevention and control clinical lead and staff had received up to date training. Annual infection prevention and control audits were undertaken and we saw that a 90% score was achieved for July 2014, a self assessment re-audit was planned in 2015/2016.
- The arrangements for managing medicines, emergency drugs 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 were securely stored and there were systems in place to monitor their use.
- Vaccines were stored appropriately in a dedicated fridge in the nurse's room, temperatures were monitored daily during November 2015, temperature checks were carried out from July to October 2015 and recorded although not every working day. The practice manager assured us that temperature readings were taken before July 2015 although evidence of this could not be shown.
- We reviewed four personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service although some of these records were not up to date. For example, evidence that clinical staff had medical indemnity and professional registration which, when checked was up to date.

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. A health and safety policy was available with a poster in the reception office, an external company had carried out a health and safety risk assessment in April 2015 and we saw

Are services safe?

evidence that the practice were addressing the actions identified. For example, the practice had started regularly testing the fire alarm system and recording the date of testing. A legionella risk assessment was planned to be undertaken.

- The action plan identified that a fire risk assessment should be carried out as an urgent action and this had been completed in October 2015. Fire drills had not been carried out although we saw a plan stating that these would start in 2016. Fire extinguishers were in place and staff were aware of action to be taken in the event of a fire. 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 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 and mix of staff needed to meet patients' needs, further training had been provided for administration staff to carry out additional duties in phlebotomy and maintaining the cold chain of vaccines.

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.
- All staff received annual basic life support training and there were emergency medicines available in the nurse's room.
- The practice had a defibrillator available on the premises and oxygen with adult masks. There was also a first aid kit and accident book available.
- Some emergency medicines were available to staff in a secure area of the practice. All the medicines we checked were in date and fit for use and all staff knew of their location, which was a locked cabinet in the nurse's room but the key was kept in the practice manager's office. This could result in delayed access in an emergency. The practice had not risk assessed which emergency medicines were appropriate to be stocked. The practice manager provided evidence that an immediate risk assessment was completed and appropriate medicines ordered after the inspection.

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The 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.
- The practice monitored that these guidelines were followed through risk assessments and audits.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 98.4% of the total number of points available, with 2.9% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-15 showed;

- Patients with mental health issues were offered an annual health check and performance for mental health related indicators was 100% which was better than the CCG average of 94% and the national average 93%.
- Staff had undertaken additional training to support patients with dementia and performance for dementia related indicators was 100% which was better than the CCG average of 92% and the national average of 96%.
- A high rate of 0.82% prescribing of benzodiazepines compared to the national average of 0.28% (prescribing analysis and costs 2014 data) had been highlighted for further enquiry. The practice were reducing this opportunistically and data obtained from North Kirklees CCG medicines management team demonstrated a significant reduction of 11% in 2013-14 and 13.5% in 2014-15.

Clinical audits demonstrated quality improvement.

- There had been two clinical audits completed in the last two years, both of these were completed audits where

the improvements made were implemented and monitored. However, audits and assessment of enhanced services such as minor surgery had not been undertaken.

- The practice participated in applicable local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, recent action taken as a result included removing inappropriate asthma inhalers from repeat prescriptions.

Information about patients' outcomes was used to make improvements such as implementing a quarterly search of the clinical system to identify patients who should be included in the palliative care list.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality, a welcome pack was available for locum staff which included practice and local contacts .
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had received an appraisal within the last 12 months, with the exception of the practice manager.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training, administration staff members had received additional training such as phlebotomy and monitoring of the vaccine cold chain.

Are services effective?

(for example, treatment is effective)

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and 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 people to other services.

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

Consent to care and treatment

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.
- 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.

- 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, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

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.
- The practice hosted a weekly shared care alcohol service which was available to registered and non registered patients. Smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the national average of 82%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer.

Childhood immunisation rates for the vaccinations given were comparable to national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 100% and five year olds from 92% to 97%. Flu vaccination rates for the over 65s were 67%, and at risk groups 50%. These were below the national averages of 73% and 52% respectively. The practice and PPG were trying to improve uptake by offering a Macmillan coffee morning during flu clinics.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people 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 and that 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 18 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We also spoke with three members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 85% said the GP was good at listening to them compared to the CCG average of 86% and national average of 89%.
- 86% said the GP gave them enough time (CCG average 85%, national average 87%).
- 97% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%)
- 77% said the last GP they spoke to was good at treating them with care and concern (CCG average 84%, national average 85%).
- 88% said the last nurse they spoke to was good at treating them with care and concern (CCG average 89%, national average 90%).

- 95% said they found the receptionists at the practice helpful (CCG average 83%, national average 87%)

Care planning and involvement in decisions about care and treatment

Patients told us that they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

- 74% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 72% said the last GP they saw was good at involving them in decisions about their care (CCG average 79% , national average 81%)

Staff told us that telephone translation services were available for patients who did not have English as a first language. There were also members of staff who could speak Polish, Urdu, Punjabi and Hindi.

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. For example, Macmillan cancer care groups and local women's refuges.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them, a dedicated notice board for carers was displayed in the waiting room with local information.

Staff said that where families experienced bereavement the practice was able to respond and provide information about how they could get support. Where appropriate a GP or member of the practice attended the funeral in order to support the family or carer.

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. GPs attended CCG forum meetings where possible and had introduced in house services such as ECGs, ultrasounds and audiology to avoid patients having to travel to hospital.

- The practice offered a 'Commuter's Clinic' on a Tuesday evening until 8.00pm for working patients who could not attend during normal opening hours. Appointments with the practice nurse were available until 7pm on Tuesdays.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children, patients over the age of 75 and those with serious medical conditions.
- There were disabled facilities and translation services available, a portable hearing loop had been ordered.
- The surgery was a dementia friendly practice safe haven, this is where staff undertake dementia friends training and signage is displayed indicating if a person feels lost or confused they can walk in and ask for help.
- The care co-ordinator worked with older people and patients with long term conditions to ensure they could access health and social care services and the community healthcare assistant regularly visited vulnerable patients in their own home.
- The PPG had organised Macmillan coffee mornings during flu clinics to encourage uptake and for patients to be able to stay and chat with the members and other patients.

Access to the service

The practice was open between 8.30am and 6pm Monday to Friday. Appointments were from 8.40am to 12pm every morning and 3.30pm to 5.30pm daily. Extended hours surgeries with the advanced nurse practitioner were offered

at 6.30pm to 8pm on Tuesdays. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages. People told us on the day that they were able to get appointments when they needed them.

- 70% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 79% patients said they could get through easily to the surgery by phone (CCG average 66%, national average 73%).
- 82% patients described their experience of making an appointment as good (CCG average 69%, national average 73%).
- 78% patients said they usually waited 15 minutes or less after their appointment time (CCG average 67%, national average 65%).

Listening and learning from concerns and complaints

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

- The 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, a notice was displayed in the waiting area and copies of the complaints leaflet were available on request.

We looked at four complaints received in the last 12 months and found that these were satisfactorily handled, dealt with in a timely way, lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a patient information leaflet was created for the minor surgery service in response to a patient complaint.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a robust strategy and supporting action plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- The performance of the practice was monitored through QOF however there was no evidence of practice performance being reviewed. For example, CCG Benchmarking as part of yearly targets and benchmarking against other practices.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

We noted that the practice was reliant on paper systems rather than utilising the functions of the clinical computer system. The lead GP was unfamiliar with functions within the computer system. Our GP specialist adviser was able to demonstrate some of the functions on the system. The practice team agreed that systems could be improved by further IT training for clinical staff.

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- the practice gave affected people reasonable support, truthful information and a verbal and written apology.

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

- Staff told us that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings, were confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, additional phone lines to improve access and holding Macmillan coffee mornings during flu clinics to encourage patient attendance.
- The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and

Are services well-led?

Good 

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management. For example, a member of the administration team had difficulty scheduling six week baby checks, this was raised and discussed at the team meeting.

- Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the clinical co-ordinator scheme which helped older people and people with long term conditions to be navigated around health and social services.