

Howard Medical Practice

Quality Report

Howard Street,
Glossop,
Derbyshire
SK13 7DE

Tel: 01457 854321

Website: www.howardmedicalpractice.nhs.uk

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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 Howard Medical Practice on 5 May 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed, including those relating to recruitment checks.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Data showed patient outcomes were in line with or above those locally and nationally.
- Feedback from patients about their care was consistently and strongly positive.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a result of feedback from patients.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment, with 100% of patients who completed the GP National Patient Survey saying they could easily get through on the telephone. Patients told us that there was continuity of care, with routine appointments usually available within 72 hours and 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.

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 were systems in place for reporting and recording significant events
- 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 clearly defined and embedded 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 patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- 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 above others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



Summary of findings

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet people's needs.
- People could access appointments and services in a way and at a time that suited them. Telephone consultations were readily available and home visits were provided to house bound patients including the phlebotomy service.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a result of feedback from patients.
- 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. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

- There was a 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.
- 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.

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.

Good



- 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, extended appointments and urgent appointments for those with enhanced needs.
- The GP carried out regular reviews of all our patients who were in residential care.
- The practice worked with the community paramedic who supported the practice in meeting the needs of vulnerable patients such as those at risk of unplanned hospital admissions.
- The practice embraced the Gold Standards Framework for end of life care. This included supporting patients' choice to receive end of life care at home.

People with long term conditions

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

Good



- The nursing had a lead role in chronic disease management and patients at risk of hospital admission were identified as a priority, working closely with the GP.
- Longer appointments and home visits were available when needed.
- Weekly Asthma, Diabetes, COPD and INR clinics we provided by the nurse
- In-house diabetic foot screening was provided for patients on a monthly basis.
- Where appropriate patients with more than one long-term condition were able to access a joint review to prevent them having to make multiple appointments.
- All these patients had a structured annual review to check that their health and medicines needs were being met. For patients with complex needs, Dr S Vuyyuru and the practice nurse worked with relevant community and healthcare professionals to deliver multidisciplinary support and care. Multidisciplinary meetings were held to review patients' needs and to avoid hospital admissions.

Summary of findings

- Patients with COPD and asthma had self-management plans and access to medication at home for acute exacerbations and were directed to a structured education programme.

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.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies. The practice also arranged double or triple appointments where a parent needed to attend with more than one child.
- We saw good examples of joint working with midwives and health visitors. A midwife held weekly antenatal clinics.

Good



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.
- Appointments were available outside of normal working hours, with one evening surgery and two early mornings. A telephone triage system was in place for same day appointments.
- 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. This included a weekly weight management session, a Healthy Minds clinic and Healthy Living sessions once . The Citizen Advice Bureau (CAB) also held a weekly drop in session at the surgery.

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.

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. Vulnerable patients were identifiable with alerts noted on the secure computer system to ensure staff were alerted to their needs. Double appointments were routinely provided.
- Annual reviews were provided for patients with learning disabilities, using a nationally recognised tool.
- The practice was proactive in monitoring those patients identified as vulnerable or at risk. This included, monitoring A&E attendances, monitoring missed appointments from those known to be vulnerable and working with other services to ensure, where appropriate, information was shared to keep patients safe.
- 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.

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).

- 85.71% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months.
- 93.75% of patients with poor mental health had a comprehensive care plan documented in the record agreed between individuals, their family and/or carers as appropriate. We were shown anonymous examples of mental health care plans and noted these were detailed and personalised. For those patients unable to attend the practice GPs would carry out home visits to complete care plans.
- The practice regularly worked with multi-disciplinary teams in the case management of patients 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. The practice promoted self-referral to the local "Healthy Minds" service and also accommodated weekly Healthy Minds sessions at the practice for patients to access.

Good



Summary of findings

- It had a system in place to follow up patients who may have been experiencing poor mental health and had attended accident and emergency.
- Staff had a good understanding of how to support people with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing higher than local and national averages. There were 105 responses and a response rate of 39%, representing 3% of the practice population.

- 100% find it easy to get through to this surgery by phone compared with a CCG average of 71% and a national average of 73%.
- 100% find the receptionists at this surgery helpful compared with a CCG average of 85% and a national average of 87%.
- 94% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 82% and a national average of 85%.
- 91% describe their experience of making an appointment as good compared with a CCG average of 71% and a national average of 73%.
- 86% would recommend this surgery to someone new to the area compared with a CCG average of 73% and a national average of 78%

The practice invited patients to complete the NHS Friends and Family test (FFT) when attending the surgery or online. The FFT gives every patient the opportunity to feed back on the quality of care they have received.

Results from the 55 patient responses received in April 2016 showed 40 stated they would 'Extremely likely', 13 'Likely' and two, 'neither likely or unlikely recommend Howard Medical Practice to friends or family.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 43 comment cards which were all positive about the standard of care received and included individual praise for clinical and non clinical staff. The eight patients we spoke to, including five members of the patient participation group, were complimentary of the staff, care and treatment they received.

Howard Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspector. The team included a GP specialist advisor and an expert by experience. Experts by Experience are members of the public who have direct experience of using services.

Background to Howard Medical Practice

Howard Medical Practice provides primary medical services in Glossop, Tameside from Monday to Friday. The surgery is open Monday to Friday 8:00am to 6:30pm and closed Thursday afternoons.

Appointments with a GP are available:

Monday 9:00am to 11:50am and 3:30pm to 5:50pm.

Tuesday 9:00am to 11:50am and 3:30pm to 5:50pm.

Wednesday 9:00am to 11:50am and 3:30pm to 5:50pm.

Thursday 9:00am to 11:50am.

Friday 9:00am to 11:50am and 3:30pm to 5:50pm.

The practice participated in a local extended hours scheme in which patients could access appointments with a GP at a local hub between 6:30pm and 8:00pm Monday to Friday and Saturday mornings.

Glossop is situated within the geographical area of Tameside and Glossop Clinical Commissioning Group (CCG).

Howard Medical Practice is responsible for providing care to 3485 patients.

The practice is a single handed GP practice consisting of one female GP, Dr S Vuyyuru and assisted by a long term part time, locum GP, a nurse and health care assistants. The practice is supported by a new practice manager, receptionists and administrators.

When the practice is closed patients are directed to the out of hours service.

Why we carried out this inspection

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

How we carried out this inspection

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

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

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:

Detailed findings

- 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)

Before visiting, we reviewed a range of information about the practice. We asked the practice to give us information in advance of the site visit and asked other organisations to share their information about the service.

We carried out an announced visit on the 5 May 2016. We reviewed information provided on the day by the practice and observed how patients were being cared for.

We spoke with eight patients, including five new member of the patient participation group and five members of staff, including Dr S Vuyyuru, practice manager, nurse and reception staff.

We reviewed 43 Care Quality Commission comment cards where patients and members of the public had shared their views and experiences of the service.

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events and clinical events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form available for consistency.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. All significant events and incidents were written up; however details of actions to be taken and reviews were not always documented.

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

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Dr S Vuyyuru was the lead for safeguarding children and adults. The lead attended local safeguarding meetings and attended where and when possible case conferences and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs and the nurse had received training in children's safeguarding to level three as required.
- A notice was displayed in the waiting room, advising patients that a chaperone was available, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS).

(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).

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice carried out regular fire risk assessments. All of the electrical equipment was checked to ensure it was safe to use and clinical equipment was checked and calibrated to ensure it was working properly.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and checks were carried out which included hand hygiene procedures with staff. We saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored.
- Staff recruitment checks were carried out and the files we reviewed of those most recently recruited showed relevant checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty to meet patients' needs.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life

Are services safe?

support training and there were emergency medicines available. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book 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.

The practice had a comprehensive 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 participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 97.2% of the total number of points available, with 6.7% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets and were in line or above the national average in a number of clinical outcomes. Data from 2014/15 showed;

- Performance for diabetes related indicators were comparable to the CCG and national average.
- The percentage of patients with hypertension having regular blood pressure tests was comparable to the CCG and national average.
- Performance for chronic obstructive pulmonary disease (COPD) related indicators were comparable the CCG and national average.

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits completed in the last two years, both were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, ensuring treatment for acute Gout was in line with up to date clinical guidance.

Effective staffing

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

- The new practice manager had developed an induction programme for newly appointed members of staff that 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 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 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. Following the appointment of a new practice manager the appraisal system had been re-established and staff had completed pre appraisal questionnaires and a programme for formal appraisals had been put in place.
- Staff received training that included: safeguarding children, fire procedures, basic life support and information governance awareness. Staff had access to e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and 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 and with other health and social care services to understand and meet the range and complexity of peoples' 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 services effective?

(for example, treatment is effective)

were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place and were minuted. We noted these were routinely attended by district nurses, health visitors and Macmillan nurses.

The practice worked closely with the Community Paramedic, who supported the practice in meeting the needs of vulnerable patients such as those at risk of unplanned hospital admissions.

Consent to care and treatment

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

- All clinical staff understood the relevant consent and decision-making requirements of legislation and guidance, this included the Mental Capacity Act 2005 (MCA).
- 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 patients' mental capacity to consent to care or treatment was unclear GPs would assess the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition, patients with poor

mental health and those requiring advice on their diet and smoking and alcohol cessation. Where patients had been identified that required emotional and or psychological support, the practice referred them to the Healthy Minds service.

The practice were able to offer external services at the surgery such as a Healthy Minds clinic once per week, a Healthy Living session once per week and also a drop in session once a week from the citizens advice Bureau (CAB).

The practice had a comprehensive screening programme. The practice uptake for the cervical screening programme was 84.95% which is above with the national average of 81.8%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 72.7% to 92.7%, Immunisation rates for those five year olds were also comparable to the CCG from at 88.45 compared to 86.35 to 92.9% CCG average.

Patients had access to appropriate health assessments and checks. These included health checks for new patients, NHS health checks for people aged 40–74 and annual health checks for carers.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. The reception and waiting area were separate to promote confidentiality, however we noted when a queue formed at reception confidentiality could be difficult to maintain at all times. Staff were conscious of this and tried where possible to ensure sensitive personal information was not discussed at reception. There was no signage to alert patients of the availability of a private space to speak in confidence.

All of the 43 patient CQC comment cards we received and the eight patients we spoke with were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect.

The practice was above or the same as the national and CCG averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 88% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 92% said the GP gave them enough time compared to the CCG average of 86% and national average of 87%.
- 94% said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and national average of 95%
- 89% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.

- 96% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.
- 100% of respondents had confidence and trust in the last nurse they saw or spoke to compared to the CCG average of 98% and national average of 97%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with and comment cards received, told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

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

- 88% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 89% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 82%

Staff told us that translation services were available for patients who did not have English as a first language and an extended appointment would be book if an interpreter was required.

The practice used care plans to understand and meet the emotional, social and physical needs of patients, including those at high risk of hospital admission.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 0.4% of the practice list as carers. All clinicians had information to pass onto patients they identified as carers during consultations. Written information and a dedicated display board were available to direct carers to the various avenues of support available to them.

Are services caring?

Staff told us that if families had suffered bereavement, Dr S Vuyyuru would contact them where appropriate. This was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, attending locality meetings and working with other health and social care professionals, this included neighbourhood teams.

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

- The practice participated in a local seven day access scheme in which patients could access an appointment with a GP at a local hub evenings and weekends.
- There were longer appointments available for patients with a learning disability or those who required them. Alerts were placed on patients records to highlight to reception staff those patients who would routinely require double appointments; they included patients with multiple long term conditions, those with poor mental health and those elderly vulnerable patients.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those patients with serious medical conditions.
- Pre bookable appointments were available on a daily basis by contacting the practice by telephone or online.
- There were disabled facilities, a hearing loop and translation services available.
- Breastfeeding and baby changing facilities were available.
- Patients who had two or more long term conditions such as asthma or diabetes were invited to attend one review to avoid them having to visit the practice multiple times for each condition.
- Monthly in-house diabetic foot screening was provided.
- Weekly Asthma, Diabetes, Chronic Obstructive Pulmonary Disease (COPD) clinics along with an Anticoagulant service were offered.
- A phlebotomy service was available daily including home visits for house bound patients.
- Patients were able to receive travel vaccinations which were available on the NHS and for those only available privately patients were referred to other clinics.

Access to the service

Appointments with a GP are available:

Monday 9:00am to 11:50am and 3:30pm to 5:50pm.

Tuesday 9:00am to 11:50am and 3:30pm to 5:50pm.

Wednesday 9:00am to 11:50am and 3:30pm to 5:50pm.

Thursday 9:00am to 11:50am.

Friday 9:00am to 11:50am and 3:30pm to 5:50pm.

In addition the practice participated in a local seven day access scheme in which patients could access an appointment with a GP at a local hub evenings and weekends.

Pre-bookable appointments could be booked up to 12 weeks in advance. Urgent appointments were available on the day.

The practice regularly monitored the demand on the service and the number of appointments available and the appointment system had evolved over the last few years in response to patient demand and feedback.

Results from the national GP patient survey showed that patient satisfaction with how they could access care and treatment was above the local and national averages. For example the GP survey results showed:

- 85% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and national average of 75%.
- 100% of patients said they could get through easily to the surgery by phone compared to the CCG average of 71% and national average of 73%.
- 90% of patients describe their overall experience of this surgery as good compared to the CCG average of 81% and national average of 85%.

Listening and learning from concerns and complaints

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

Are services responsive to people's needs? (for example, to feedback?)

We saw that information was available to help patients understand the complaints system. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

The practice kept a complaints log for written complaints. We saw one formal complaint, but the new practice manager was unable to locate all the written documentation. Speaking with the GP who dealt with the

complaint and evidence from the significant event analysis we noted the complaint was not initially dealt with in a timely way, but was handled in an open and transparency way. We noted a new formal structure had been put in place by the new practice manager to ensure complaints are dealt with promptly in the future.

Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care.

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. We saw staff knew and fully understood and demonstrated the values.

The practice was engaged with the local Clinical Commissioning Group (CCG) to ensure services met the local population needs, this included participation in the CCG quality contract.

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.
- An understanding of the performance of the practice was in place with clinical and non clinical audits in place.
- A programme of internal audit and checks were used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The practice was engaged with the local CCG quality improvement scheme.

Leadership, openness and transparency

Dr S Vuyyuru and the new practice manager had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. Dr S Vuyyuru and management team were visible, for example the practice manager had an open door policy and staff told us that they were approachable and took time to listen to staff. The practice encouraged a culture of openness and honesty.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when

things go wrong with care and treatment). Dr S Vuyyuru encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the new practice manager had introduced a new programme of team meetings to be held monthly. We saw minutes following the first meeting held in April 2016.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the Dr S Vuyyuru and the practice manager. All staff were involved in discussions about how to run and develop the practice, and Dr S Vuyyuru 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.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG was re-established by the new practice manager and following the initial meeting and speaking with five members both the practice and PPG members were positive about future developments.
- The new practice manager was carrying out an in house survey with patients to gather direct feedback and had introduced a suggestion box in which patients could leave anonymised feedback. No analysis had been conducted as the survey was still in its first month.
- The practice had gathered feedback from staff through informal meetings and the introduction of more regular

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team meetings. We were told by the new practice manager following the re-introduction of appraisals staff would be able to give feedback as part of this process as well as having an open door policy enabling staff to raise any issues on an on-going basis. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and the new practice manager had short and long term plans in place including: updating the practice website to include more information and support for patients, setting up a text messaging service to remind patients of appointments and reviews that may be due and to fully engage with the recently formed PPG group to obtain feedback and improve services and patient care