

Drs Dickie, Pontefract & Saksena Joye

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

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	8

Detailed findings from this inspection

Our inspection team	9
Background to Drs Dickie, Pontefract & Saksena Joye	9
Why we carried out this inspection	9
How we carried out this inspection	9
Detailed findings	11

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Drs Dickie, Pontefract & Saksena Joye (also known as The Reddish Family Practice) at 306 Gorton Road, Stockport, SK5 6RN and at their branch surgery located at South Reddish Medical Centre, Stockport, SK5 7QU on 11 November 2016. This report covers our findings from both premises. The two practices were previously separate organisations. Therefore data in this report refers to the individual practices.

Overall the practice is rated as good.

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

- The main practice is situated in purpose built premises with a ramp for disabled access, translation services and hearing loops. However, disabled patients would require assistance with the second door to the main site as there was no means of calling for assistance other than relying on the possibility of receptionists being able to see them. The branch surgery was a converted house and had no lowered kerb for disabled access.
- The practice had undergone an organisational change with the merger of the two practices and had taken on a further 1,800 patients from other nearby practices.
- The practice had recently changed its computer systems. The practice had identified a data glitch in the transfer of data from the old system to the new one causing incorrect dates of medication reviews on the new system. The practice had notified the IT suppliers as soon as this issue had been identified; however there had been no resolution of this issue on the date of our inspection. The practice had discussed the problem at a practice meeting and put contingency plans in place to make sure GPs checked the records before signing the prescription. Although we appreciated that the transfer of data was not fully within the practice's control, we were concerned that the contingency plans were not routinely followed. We also found that practice protocols in place for the management of uncollected prescriptions were not being adhered to. Issues we identified were discussed in practice meetings immediately after our inspection and appropriate steps were taken to mitigate any risks.

Summary of findings

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. Learning from incidents took place to prevent reoccurrence.
- Appropriate health and safety risk assessments for the premises were carried out, however, actions necessary for the most serious risks identified within the electrical installation assessment (January 2016) for the main site premises had not been completed. This was addressed immediately after our inspection.
- The practice 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). The practice published its duty of candour policy on the practice website and it was available in the waiting room.
- 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. The practice sought patient views about improvements that could be made to the service; including having a virtual patient participation group (PPG) and carrying out a variety of patient surveys and acted, where possible, on feedback. For example, satisfaction with the telephone system to make appointments had previously been low and the practice was working on installing a new system.
- Staff worked well together as a team and all felt supported to carry out their roles.
- All staff members were invited to comment on colleagues' performance and this feedback was used at individual appraisals.
- Staff meetings opened with discussion about positive thoughts about the practice and staff were encouraged to identify improvements and supported in innovation. For example, there were monthly nursing team meetings and the development of protocols for the nursing areas. These included contact telephone numbers for each vaccine manufacturer displayed on the fridge for ease of contact; use of stickers displaying the words 'I am clean' on medical equipment so staff reassured ready for use; stickers on waste containers reminding clinicians to 'stop and think' that they were using the correct disposal procedure before they discarded waste (this system had been adopted by the local infection control team).
- The practice had a comprehensive induction welcome pack for staff which included photographs of staff members, building plans as well as details of operational delivery and safety issues.
- The practice had produced a patient information leaflet about keeping young children safe from abuse.

The provider also should:-

- Add additional information to their complaints procedure and patient information leaflet about who patients can complain to if they do not wish to complain to the practice.
- Consider fire proof storage for paper medical records at the branch site.
- Include details of health and safety representatives on the Health and Safety poster for staff.

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

There were elements of outstanding practice:

- There was an open and transparent approach to safety. For example, the practice published its infection control audit results on the practice website.

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 issues identified at the inspection for example, we found gaps in the practice procedures in place for the safe management of medicines. In addition serious risks identified in an electrical installation assessment for the main site from January 2016 had not been actioned. The practice assured us immediately after the inspection that steps to mitigate any risks had been taken.

The practice took the opportunity to learn from internal incidents and safety alerts, to support improvement. There were other systems, processes and practices in place that were essential to keep patients safe including infection control and safeguarding. There was emergency medication and equipment available.

Good



Are services effective?

The practice is rated as good for providing effective services. Patients' needs were assessed and care was planned and delivered in line with current legislation. Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were mainly comparable to the national average. Clinical audits demonstrated quality improvement. Staff worked with other health care teams. Staff received training suitable for their role.

Good



Are services caring?

The practice is rated as good for providing caring services. Patients' views gathered at inspection demonstrated they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We also saw that staff treated patients with kindness and respect.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. However, the practice information for patients needed to be updated to incorporate information about who to complain to if they did not wish to raise their complaint with the practice. Learning from complaints was shared with staff at staff meetings.

Good



Are services well-led?

The practice is rated as good for being well-led. There was a clear leadership structure and staff felt supported by management. The

Good



Summary of findings

practice had a number of policies and procedures to govern activity. The practice proactively sought feedback from staff and patients by utilising a variety of surveys and had an active virtual PPG. Staff had received inductions and attended staff meetings and events.

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 providing services for older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and offered home visits. The practice participated in meetings with other healthcare professionals to discuss any concerns. There was a named GP for the over 75s.

Good



People with long term conditions

The practice is rated as good for providing services for people with long term conditions. The practice had registers in place for several long term conditions including diabetes and asthma. Longer appointments and home visits were available when needed. For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

The practice is rated as good for providing services for families, children and young people. The practice regularly liaised with health visitors to review vulnerable children and new mothers. 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.

Good



Working age people (including those recently retired and students)

The practice is rated good for providing services for working age people. The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible. There were online systems available to allow patients to make appointments.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for providing services for people whose circumstances make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with a learning disability. It had carried out annual health checks and longer appointments were available for people with a learning disability. The practice participated in charity events for example, they had held a Macmillan coffee morning.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

The practice is rated as good for providing services for people experiencing poor mental health. Patients experiencing poor mental health received an invitation for an annual physical health check. Those that did not attend had alerts placed on their records so they could be reviewed opportunistically.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2016 (from 113 responses from the North Surgery and 110 from the South Surgery which is approximately equivalent to 1.8% of the patient list) showed the practice was performing in line with local and national averages in certain aspects of service delivery. For example,

- 70% of respondents from the North surgery and 65% from the South Surgery described their experience of making an appointment as good (CCG average 78%, national average 73%)
- 68% of patients from the North surgery and 64% from the South Surgery said they could get through easily to the surgery by phone (CCG average 79%, national average 73%).
- 89% from the North surgery and 80% from the South Surgery said the last GP they spoke to was good at treating them with care and concern (CCG average 89%, national average 85%).

In terms of overall experience, results were lower compared with local and national averages. For example,

- 84% from the North surgery and 78% from the South Surgery described the overall experience of their GP surgery as good (CCG average 89%, national average 85%).
- 73% from the North surgery and 62% from the South Surgery said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 83%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received five comment cards from the main site, all of which were very complimentary about the service provided. We also spoke with two patients who told us they were happy with the service, that they could be seen when necessary and that the GPs took their time to explain any treatment and listen to them.

Drs Dickie, Pontefract & Saksena Joye

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a CQC Inspection manager and a GP specialist advisor.

Background to Drs Dickie, Pontefract & Saksena Joye

Drs Dickie, Pontefract & Saksena Joye has a main practice based in North Reddish and a branch sites in South Reddish, near Stockport. There were 12,500 patients on the practice register at the time of our inspection.

The practice is a training practice managed by six GP partners (four male, two female). There is one female salaried GP. There are three practice nurses and three healthcare assistants. Members of clinical staff are supported by a practice manager, a business manager, and reception and administration staff.

The practice is open 8am to 6.30pm every weekday. Patients requiring a GP outside of normal working hours are advised to contact the GP out of hours service by calling 111.

The practice has a Personal Medical Services (GMS) contract and has enhanced services contracts which include childhood vaccinations. The practice is part of NHS Stockport Clinical Commissioning Group.

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. 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

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

Detailed findings

- 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)

The inspector :-

- Reviewed information available to us from other organisations e.g. the local clinical commissioning group (CCG).
- Reviewed information from CQC intelligent monitoring systems.

- Carried out an announced inspection visit on 11 November 2016.
- Spoke to staff and two patients.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.

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. The two practices were previously separate organisations up until. Therefore data in this report refers to the individual practices.

Are services safe?

Our findings

Safe track record and learning

There was an incident reporting policy in place and staff received training to encourage them to report incidents. There was an effective system in place for reporting and recording significant events and incidents. Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The practice carried out a thorough analysis of the significant events. Significant events were discussed at staff meetings and were also reviewed at six monthly intervals.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, an apology and were told about any actions to improve processes to prevent the same thing happening again.

There was a safety alerts protocol and recording system in place to monitor actions that were taken in response to the alert. Safety alerts were discussed at staff meetings.

Overview of safety systems and processes

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected local requirements. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding vulnerable adults and children. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. Health visitors attended the practice quarterly and safeguarding issues were a fixed agenda item at clinical staff meetings. The practice had produced a patient information leaflet about keeping young children safe from abuse.
- Notices in the waiting rooms advised patients that chaperones were available if required. Staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (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 was clean and tidy. One of the practice nurses was the infection control clinical lead. There was

an infection control protocol and staff had received up to date training. Infection control audits were undertaken and action plans were in place to address any shortfalls. There was an infection control policy. There were spillage kits and appropriate clinical waste disposal arrangements in place. The nursing team had devised a number of innovative ideas. For example, contact telephone numbers for each vaccine manufacturer displayed on the fridge for ease of contact; use of stickers displaying the words 'I am clean' on medical equipment so staff reassured ready for use; stickers on waste containers reminding clinicians to 'stop and think' that they were using the correct disposal procedure before they discarded waste (this system had been adopted by the local infection control team).

- The practice had a repeat prescribing policy in which there were clear guidelines and timeframes for different medications taken by patients to be reviewed to ensure patients were taking the right medication at the right dose and at the right time. The practice had changed its computer systems one month prior to our inspection. The practice had realised there may be issues with repeat prescribing during the changeover and issued patients with two months supplies of medications. The practice had identified a data glitch in the transfer of data from the old system to the new one causing incorrect dates of medication reviews on the new system and had notified the suppliers as soon as the error was discovered; however there had been no resolution of this issue on the date of our inspection. The practice had discussed the problem of the wrong dates being pulled through from the system to the computer generated prescriptions at a practice meeting and they had put contingency plans in place. However, we found that details in the safety alert recording system for dates due for medication reviews in patient records were not being updated. In addition, there were gaps in how uncollected prescriptions were handled. The practice supplied us with evidence after the inspection that the issues we highlighted on inspection regarding medication reviews and uncollected prescriptions had been addressed to mitigate any safety risks.
- Emergency medication was checked for expiry dates. Blank prescription pads were securely stored and there were systems in place to monitor their use.

Are services safe?

- We reviewed four personnel files and found 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 DBS for clinical staff.

Monitoring risks to patients

- There was a health and safety policy available at the main site but this did not identify local health and safety representatives. The practice had carried out fire risk assessments. There were records of regular fire safety equipment tests and fire drills. Staff were aware of what to do in the event of fire and had received fire safety training as part of their induction. Building plans were displayed including details that the practice had oxygen.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- 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.

Arrangements to deal with emergencies and major incidents

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

- All staff received annual basic life support training.
- The practice had a defibrillator and oxygen which was checked regularly.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice following medical emergencies. For example, due to a delay in paramedic assistance, the practice had taken the decision to have a second back up oxygen cylinder available at both sites.
- The practice had documented the rationale for what emergency medications they used. Emergency medications were centrally stored including medication for anaphylaxis to be used by GPs when carrying out vaccinations for housebound patients. However, one GP was not aware of this but the practice provided further guidance for staff after our inspection.
- The practice had a first aid kit in the reception area but some of the contents were out of date. One of the practice nurses disposed of the contents and replaced this kit with another available in their room. The practice kept a log of all accidents.
- 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 had produced simple format guidelines for staff from NICE guidance.

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.

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 and held regular meetings to discuss performance. (QOF is a system intended to improve the quality of general practice and reward good practice). The practice had good systems in place to ensure they met targets and results from 2014-2015 were 97% for the North Surgery and 93% for the South of the total number of points available. Performance for mental health related indicators and diabetes management was comparable with local and national averages for example:

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 96% (North surgery) and 95% (South surgery) compared to local average of 90% and national averages of 88%.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification

within the preceding 12 months (01/04/2014 to 31/03/2015) was 92% (North surgery) and 91% (South surgery) compared to a local average of 85% and national average of 83%.

The practice carried out a variety of audits that demonstrated quality improvement. For example, the collection of samples.

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 infection prevention and control, fire safety, health and safety and confidentiality. The practice had a comprehensive induction welcome pack for staff which included photographs of staff members, building plans as well as details of operational delivery and safety issues.
- 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 their learning needs and to cover the scope of their work. Training included: safeguarding, fire safety awareness, equality and diversity, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules. Staff told us they were supported in their careers and had opportunities to develop their learning.

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.
- 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. This included when patients 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 on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

Patients' consent to care and treatment was sought 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. GPs were aware of the relevant guidance when providing care and treatment for children and young people.

Supporting patients to live healthier lives

Patients who may be in need of extra support were identified by the practice. This included patients who required advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service or seen in-house.

The practice carried out vaccinations and cancer screening and performance rates were comparable with local and/or national averages for example, results from 2014-2015 showed:

- Childhood immunisation rates were comparable with local CCG and national averages
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was lower at the branch surgery 72% compared to a national average of 82%. The practice was aware of the low performance data and had reviewed systems and teams in place and rewritten recall letters to try and encourage patients to attend.

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.

Results from the national GP patient survey published in July 2016 (from 113 responses from the North Surgery and 110 from the South Surgery which is approximately equivalent to 1.8% of the patient list) showed patients felt they were treated with compassion, dignity and respect. For example:

- 94% of respondents from the North Surgery and 86% from the South Surgery said the GP was good at listening to them compared to the CCG average of 92% and national average of 89%.
- 93% of respondents from the North Surgery and 91% from the South Surgery said the GP gave them enough time (CCG average 91%, national average 87%).
- 89% of respondents from the North Surgery and 80% from the South Surgery said the last GP they spoke to was good at treating them with care and concern (CCG average 89%, national average 85%).
- 90% of respondents from the North Surgery and 90% from the South Surgery said the last nurse they spoke to was good at treating them with care and concern (CCG average 93%, national average 91%).
- 86% of respondents from the North Surgery and 80% from the South Surgery said they found the receptionists at the practice helpful (CCG average 89%, national average 87%)

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. 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 comparable or above local and national averages. For example:

- 86% of respondents from the North Surgery and 88% from the South Surgery said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 86% of respondents from the North Surgery and 81% from the South Surgery said the last nurse they saw was good at involving them in decisions about their care (CCG average 88%, national average 85%)
- 90% of respondents from the North Surgery and 79% from the South Surgery said the last GP they saw was good at involving them in decisions about their care (CCG average 85%, national average 82%)

Staff told us that telephone translation services were available and there were hearing loops at both practice premises.

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had a register of 153 carers (1.2% of the practice population) and pro-actively offered them flu vaccinations.

Staff told us that if families had suffered bereavement, their usual GP contacted them or signposted those to local counselling services available.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Services were planned and delivered to take into account the needs of different patient groups. For example;

- There were longer appointments available for people with a learning disability or when interpreters were required.
- Home visits were available for elderly patients.
- Urgent access appointments were available for children and those with serious medical conditions.
- The practice was aware of the Accessible Information Standards and had hearing loop available, large print information, translation services and the welcome sign at the entrance was in a variety of different languages.

Access to the service

The practice is open 8am to 6.30pm every weekday. Patients requiring a GP outside of normal working hours are advised to contact the GP out of hours service by calling 111.

Results from the national GP patient survey published in July 2016 (from 113 responses from the North Surgery and 110 from the South Surgery which is approximately equivalent to 1.8% of the patient list) showed patient's satisfaction with how they could access care and treatment were comparable with local and national averages. For example:

- 75% of respondents from the North Surgery and 71% from the South Surgery of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 76%.
- 86% of respondents from the North Surgery and 82% from the South Surgery of respondents were able to get an appointment to see or speak to someone last time they tried (CCG average 89%, national average 85%).
- 57% of respondents from the North Surgery and 60% from the South Surgery said they usually waited 15 minutes or less after their appointment time to be seen (CCG average 67%, national average 65%).
- 70% of respondents from the North Surgery and 65% from the South Surgery of respondents described their experience of making an appointment as good (CCG average 78%, national average 73%).

However only 68% of respondents from the North Surgery and 64 % from the South Surgery patients said they could get through easily to the surgery by phone (CCG average 79%, national average 73%).

The practice were aware of issues with regards to telephone access and were engaging with patients to ascertain what type of telephone system would work to meet the requirements of their patients.

The practice offered an appointment text reminder service. The practice adjusted appointment systems to meet the demands of patients. For example, there were emergency nurse and health care assistant appointments available on the day and telephone appointments with the nurse.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits. Routine home visits were planned.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. Information about how to make a complaint was available in a practice information leaflet at the reception desk and on the practice website. The complaints policy clearly outlined a time frame for when the complaint would be acknowledged and responded to and made it clear who the patient should contact if they were unhappy with the outcome of their complaint. However, further information was required about who patients can complain to if they do not wish to complain to the practice within their complaints procedure and patient information leaflet.

The practice discussed complaints at staff meetings. We reviewed a log of previous complaints and found both written and verbal complaints were recorded and written responses included apologies to the patient and an explanation of events.

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 described their aim as “To provide our patients with high quality, accessible care in a responsive, courteous manner”. The practice had a written mission statement which was available on the practice website and in the waiting room.

Governance arrangements

Evidence reviewed demonstrated that the practice had:-

- Policies that were practice specific and not just designed by a manager. For example, the clinical governance policy was written by one of the GPs. The practice policies were available on the practice computer system but also arranged in an A-Z format in hard copy too.
- Clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information. Meetings were planned and regularly held including: clinical, nursing and whole staff team meetings. Other meetings included: palliative care meetings with other healthcare professionals. The practice also had team away days.
- A system of reporting incidents without fear of recrimination and whereby learning from outcomes of analysis of incidents actively took place.
- A system of continuous quality improvement including the use of audits which demonstrated an improvement on patients' welfare.
- Proactively gained patients' feedback and engaged patients in the delivery of the service and responded to any concerns raised by both patients and staff.

Leadership, openness and transparency

The practice had an open culture. For example the practice published the findings of external infection control audits on the practice website to reassure patients. Staff felt supported by management. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues with the practice manager or GPs and felt confident in doing so. The practice had a whistleblowing policy and all staff were aware of this.

The practice 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). The partners 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.

The practice had a duty of candour policy which was available for patients on the practice website.

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 when possible.

- There was an established virtual PPG and the practice carried out a variety of surveys. For example, contacting the practice by telephone surveys, GP and nurse satisfaction surveys and the practice merger survey. There was also a suggestions box available in the waiting room.
- The practice used benchmarking analyses of results from national surveys to improve their services.
- The practice used the NHS Friends and Family survey to ascertain how likely patients were to recommend the practice. The practice monitored information received which was mainly very positive about the service.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff were given opportunities to feedback on procedures in place, for example staff were asked for any improvements needed for the staff induction pack. The practice had carried out a staff survey to seek improvements.

Continuous improvement

- Clinicians kept up to date by attending various courses and events. The practice had a merged business an overarching Clinical Governance Practice development plan for 2016/2017 that covered significant events, infection control, practice meetings, performance, recall system and education for staff.