

Clarendon Medical Centre

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 Clarendon Medical Practice on 01 December 2015. 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.
- 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 was not always easy to get through to the practice to make an appointment with a GP, however when they were able to get through to the surgery they were able to make appointments and appreciated the ease of access via the open surgery twice a week.
- Urgent appointments were 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 areas where the provider should make improvement are:

- Ensure actions and outcomes of significant events are recorded and reviewed
- Ensure multidisciplinary meeting and palliative care meetings are minuted and actions and outcomes recorded.
- Ensure when carrying out audits they complete a full audit cycle.

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 system in place for reporting and recording significant events
- When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are 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.
- 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 in line with 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.
- Patients said they found it was not always easy to get through to the practice to make an appointment with a GP, however when they were able to get through to the surgery they were able to make appointments and appreciated the ease of access via the open surgery twice a week. Urgent appointments were 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.

Are services well-led?

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

- It had 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 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.

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.

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.
- 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.

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.
- 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.
- We saw good examples of joint working with midwives and health visitors.

Good



Summary of findings

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice 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 those 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



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).

- The practice had a nurse lead for patients with dementia who ensured reviews and where appropriate care plans were up to date.
- 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.
- 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.

Good



Summary of findings

- 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.
- 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.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was performing at or below the local and national averages. There were 105 responses and a response rate of 35%.

- 42% find it easy to get through to this surgery by phone compared with a CCG average of 72% and a national average of 73%.
- 86% find the receptionists at this surgery helpful compared with a CCG average of 86% and a national average of 87%.
- 53% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 61% and a national average of 60%.
- 77% 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%.
- 97% say the last appointment they got was convenient compared with a CCG average of 91% and a national average of 92%.

- 60% describe their experience of making an appointment as good compared with a CCG average of 71% and a national average of 73%.

The practice invited patients within the practice and online to complete the NHS Friends and Family test. The NHS Friends and Family Test (FFT) give every patient the opportunity to feed back on the quality of care they have received. Results from the 18 responses showed 83% of patients would be 'Extremely likely or likely' to recommend Clarendon 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 12 comment cards which were all positive about the standard of care received and included individual praise for clinical and non clinical staff. The seven patients we spoke with were complimentary of the staff, care and treatment they received. In addition we spoke with staff from two residential/nursing homes about the responsiveness and care provided. Both provided positive feedback about the care their residents received from the staff at Clarendon Medical Practice.

Clarendon Medical Centre

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, practice nurse specialist advisor and expert by experience. Experts by Experience are members of the public who have direct experience of using services.

Background to Clarendon Medical Centre

Clarendon Medical Practice provides primary medical services in Hyde from Monday to Friday. The surgery is open 8:00am to 6:00pm Mondays to Friday. GP appointments are available 8:30am to 11:00am and 3:00pm to 5:30pm Tuesday, Wednesday and Thursdays. The surgery runs a fast clinic between 8.30am and 10am Monday and Friday morning where patients can walk in and be seen by a GP. The practice also offered a nurse led extend hours on Wednesday from 7:00am to 8:30am and 6:30pm to 8:30pm.

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

The practice has a Personal Medical Services (PMS) contract. The PMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

Clarendon Medical Practice is responsible for providing care to 7934 patients.

The practice consists of four GPs, one of whom is female, an advanced nurse practitioner, practice nurses, health care assistant and phlebotomists. The practice is supported by a practice manager, assistant manager, receptionists and administrators.

Clarendon Medical Practice is a training practice, accredited by the North Western Deanery of Postgraduate Medical Education and has two GP specialist trainees (GPST).

When the practice is closed patients were directed to the out of hour's 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?

Detailed findings

- 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)

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 01 December 2015. We reviewed information provided on the day by the practice and observed how patients were being cared for.

We spoke with seven patients and ten members of staff, including the GPs, practice manager, advanced nurse practitioner, practice nurse, health care assistant, reception and administration staff. In addition we spoke with the managers of two residential/nursing homes where patients were residents.

We reviewed 12 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. The practice carried out an analysis of complaints on an annual basis to identify any patterns or trends.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. All significant events and incidents were written up and presented at clinical meetings, following which action plans were implemented. We noted however actions and outcomes were not recorded or subsequently reviewed.

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. There was a named GP 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.
- 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). However when speaking with staff some told us they would offer patients the option of remaining outside of the curtain, therefore not observing a procedure. We raised this with the practice and they told us they would ensure all staff had up to date guidance on chaperoning.

- 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 a fire risk assessment. All of electrical equipment was checked to ensure it was safe to use and clinical equipment was checked and calibrated to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as infection control.
- 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 we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). We noted however the oxygen kept was low and there did not appear to be a system in place for monitoring the oxygen onsite and ensuring it is available for use. The practice told us they would address this immediately. 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 three files we reviewed showed recruitment 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 Disclosure and Barring Service.

Are services safe?

- 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 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 carried out assessments and treatment 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 ensure all clinical staff were kept up to date with these guidelines. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

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 96.4% of the total number of points available, with 9% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets and were similar or above the national average in a number of clinical outcomes. Data from 2014/15 showed;

- Performance for diabetes related indicators was above the CCG and national average.
- The percentage of patients with hypertension having regular blood pressure tests was above the CCG and national average
- Performance for chronic obstructive pulmonary disease (COPD) related indicators were above the CCG and national average.
- Performance for palliative care related indicators was better than the CCG and national average.
- The dementia diagnosis rate was above the CCG and national average.

We saw clinical audits were carried out, however not all evidenced completed audit cycle. We were provided with three audits. One of which looked at the Heart

Failure (HF) Register of Clarendon Medical Practice and to compare with the expected HF prevalence. As a result the practice had introduced a new programme to identify and improve outcomes for patients with HF.

The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.

Effective staffing

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

- The practice had 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 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 clinical sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, 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.

Are services effective?

(for example, treatment is effective)

- 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 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 every six to eight weeks, we noted however these meetings were not routinely minuted and actions and outcomes were not recorded.

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 and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear 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, smoking and alcohol cessation. Patients were then signposted to the relevant service such as smoking cessation or weight management. Patients who may be in need of extra support were identified by the practice and where they required emotional and or psychological support the practice referred people to the healthy minds self-referral service.

The practice had a comprehensive screening programme. The practice uptake for the cervical screening programme was 74% which was below the CCG average of 77%. 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, NHS England figures showed in 2015, 93.8% of children at 24 months had received the measles, mumps and rubella (MMR) vaccination.

Flu vaccination rates for the over 65s were 75% and at risk groups 57%. These were in line with CCG and national averages.

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. Appropriate follow-up on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

The practice had a health room in which patients were able to monitor their weight and blood pressure.

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 patients 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.

All of the 12 patient CQC comment cards we received and the seven 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. Comments included, staff responded compassionately when patients needed help and provided support when required.

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 had similar satisfaction scores on consultations with doctors and nurses as compared to national and CCG scores. For example:

- 88% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 83% 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%
- 86% 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%.
- 53% said they usually get to see or speak to their preferred GP compared to the CCG average of 61% and national average of 60%

- 93% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 90%.
- 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%.
- 86% patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with 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. Patient feedback and comment cards we received were also positive and aligned with these views.

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 similar to local and national averages. For example:

- 85% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 83% 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 81%

Staff told us that translation services were available for patients who did not have English as a first language. Where possible face to face translators could be booked in advance.

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 computer system alerted GPs if a patient was also a carer. There were 96 patients registered as carers at

Are services caring?

the practice. Written information was available for carers to ensure they understood the various avenues of support available to them and a dedicated display board was kept up to date in the waiting area.

Staff told us that if families had suffered bereavement, their usual GP contacted them. 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;

- As a result of the national GP survey and feedback from patients with regards to accessing on the day urgent appointments, the practice introduced fast track surgeries Monday and Friday mornings. Patients could walk in and be seen by a GP or the Advanced Nurse Practitioner. These walk in surgeries had been welcomed by patients and the practice had received positive feedback following their introduction.
- Urgent access appointments were available on the day for all patients including children and those with serious medical conditions.
- Patients were able to book appointments, order prescriptions and send messages to the surgery via the website. .
- There were disabled facilities and face to face translation services available.
- Home visits were available for older patients and patients who would benefit from these.
- A phlebotomy service was available daily and via home visits for house bound patients.
- The practice was able to initiate insulin, where required for patients with type 2 diabetes, enabling patients to receive the care and treatment at the surgery rather than being referred to secondary care services.

Access to the service

GP appointments were available 8:30am to 11:00am and 3:00pm to 5:30pm Tuesday, Wednesday and Thursdays. The surgery runs a fast clinic between 8.30am and 10am Monday and Friday morning where patients can walk in and be seen by a GP. The practice also offered a nurse led extend hours on Wednesday from 7:00am to 8:30am and

6:30pm to 8:30pm. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also 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. This included introducing two fast track walk in surgeries on a Monday and Friday morning. All children under 12 years of age or over 75 years of age were automatically seen on the same day.

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

- 61% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 75%.
- 42% patients said they could get through easily to the surgery by phone compared to the CCG average of 72% and national average of 73%.
- 60% patients described their experience of making an appointment as good compared to the CCG average of 71% and national average of 73%.

A new telephone system had been introduced in November 2015 in an attempt to improve access and communication.

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.

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 and verbal complaints. We looked at six complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint.

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

Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. The practice carried out an annual review of complaints to identify any patterns or trends and these were shared during team meetings.

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 aim 'Our practice should offer quality care reflective of the needs and desires of the practice population. Our care should be both accessible and appropriate and as we would wish for ourselves and our families' was displayed for staff and patients and prominent on the practice website. The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

The practice was engaged with the local Clinical Commissioning Group (CCG) to ensure services met the local population needs.

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
- A comprehensive understanding of the performance of the practice was in place with non clinical audits in place.
- A programme of clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership, openness and transparency

The partners and managers within the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The management team were visible, the practice manager had an open door policy and alongside the GP partners they were visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff. The practice encouraged a culture of openness and honesty.

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 gives affected people reasonable support, truthful information and a verbal and written apology
- They 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. The practice had clinicians within the practice with a range of clinical and management expertise. Clinicians with lead areas were clearly visible within the practice and staff knew who lead in different areas for example there was a lead GP for safeguarding.

- Staff told us that the practice held regular team meetings. With clinical meeting held weekly. Administration and reception team meetings were held monthly as were partner and business 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 and 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, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through surveys and complaints received. The practice were in the process of establishing a new patient participation group and were actively recruiting members.

The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they

Are services well-led?

Good 

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

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.