

Dr DE Hopper and Partners

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?

Requires improvement 

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 Dr D E Hopper and Partners on 6 October 2015. Overall the practice is rated as good.

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.

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.
- Risks to patients were generally assessed and well managed, with the exception of those relating to the

management of medicines where patients were at risk of receiving ineffective or unsafe medicines, including vaccines, as they had not been stored at the correct temperatures.

- 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 easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.

Summary of findings

- 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.

However there were areas of practice where the provider needs to make improvements.

The area where the provider must make improvement is:

- Ensure there are effective arrangements in place to ensure that vaccines and other medicines stored in the refrigerators are stored at the correct temperatures.

The area where the provider should make improvement is:

- Ensure that the systems in place for the identification and management of risk are timely, robust and cover all areas of the practice.

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 requires improvement for providing safe services as there are areas where it should make improvements. Staff understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses. Information was communicated across the practice to support improvement. There were sufficient numbers of staff with an appropriate skill mix to keep patients safe. Appropriate recruitment checks had been carried out on staff.

Although risks to patients who used services were assessed, the systems and processes to address these risks had weaknesses in the area relating to the management of medicines. Effective checks and control were not in place to ensure that medicines, including vaccines, stored at the practice were kept at the correct temperatures. The practice could not provide assurance that the vaccines given to patients were safe and effective.

Requires improvement



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 referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams and there were systems in place to ensure appropriate information was shared.

Good



Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients said that both GPs and nursing staff were good at listening to them and they were treated with compassion, dignity and respect. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect and maintained confidentiality.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded to appropriately to issues raised. Learning from complaints was shared with staff.

Good



Are services well-led?

The practice is rated as good for being well-led. Whilst it did not have a specific written vision or strategy all staff were committed to providing good patient care. Governance arrangements were underpinned by a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity. Whilst there were systems in place to monitor and improve quality and identify risk these were not always effective and risks relating to the management of medicines had not been identified and managed. The patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings and events. The practice was aware of future challenges and was working towards meeting these.

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 for the care of older people.

The practice is rated as for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, including for dementia. It was responsive to the needs of older people and offered home visits. The practice worked closely with the district nursing team, who attended regular meetings at the practice, to review the care and treatment for older people.

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. 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 medication needs were being met. The practice identified patients who were at risk of an unplanned admission and worked with the Advanced Community Care Teams to provide additional health and social care support and treatment at home to prevent avoidable admissions to hospital.

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. Immunisation rates were good for all standard childhood immunisations. Children and young people were treated in an age-appropriate way and were recognised as individuals. 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, health visitors and school nurses and the surgery employed its own nursery nurse.

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).

Good



Summary of findings

The needs of the working population had been identified and services adjusted and reviewed accordingly. Routine appointments could be booked in advance, or made online. Repeat prescriptions could be ordered online. Nurse based telephone triage appointments were available each week day. The practice carried out health checks for people of working age.

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 carried out annual health checks for patients living in vulnerable circumstances including those with a learning disability. Longer appointments were available for people with a learning disability. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. 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

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). There were aspects of care and treatment that required improvement that related to all population groups. 100% of people diagnosed with dementia had had a face to face review of their care in the last 12 months. Patients experiencing poor mental health received an annual physical health check. 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 including those with dementia. Staff had received training on how to care for people with mental health needs and dementia.

Good



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 in line with local and national averages. There were 116 responses and a response rate of 36%.

- 73.5% find it easy to get through to this surgery by phone compared with a CCG average of 75% and a national average of 74.4%.
- 96.8% find the receptionists at this surgery helpful compared with a CCG average of 89.5% and a national average of 86.9%.
- 90.6% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 86.5% and a national average of 85.4%.
- 95.2% say the last appointment they got was convenient compared with a CCG average of 94.6% and a national average of 91.8%.

- 82.1% describe their experience of making an appointment as good compared with a CCG average of 75.7% and a national average of 73.8%.
- 73.2% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 59.6% and a national average of 65.2%.
- 76.8% feel they don't normally have to wait too long to be seen compared with a CCG average of 57.5% and a national average of 57.8%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 47 comment cards which were all positive about the standard of care received. Patients said they were treated with dignity and respect and that staff were professional, friendly and caring. Patients said that their needs were responded to and they received the care they needed and said they were treated as individuals and involved in their care.

Areas for improvement

Action the service **MUST** take to improve

- Ensure there are effective arrangements in place to ensure that vaccines and other medicines stored in the refrigerators are stored at the correct temperatures.

Action the service **SHOULD** take to improve

- Ensure that the systems in place for the identification and management of risk are timely, robust and cover all areas of the practice.

Dr DE Hopper and Partners

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice nurse specialist adviser and an Expert by Experience.

Background to Dr DE Hopper and Partners

Dr D E Hopper and Partners provides Personal Medical Services to approximately 14,300 patients living in Cleethorpes, Grimsby and North East Lincolnshire. Services are provided from the Freshney Green Medical Centre at Sorrel Road. The practice is also known as the Field House Medical Group.

There are three GP partners and two salaried GPs. There are four female and one male GP. The practice has two nurse practitioners, six practice nurses an assistant practitioner and five healthcare assistants. They are supported by a team of management, reception and administrative staff. The practice is accredited as a training practice and supports GP registrars and medical students; however they did not have any trainees placed with them at the time of our inspection.

The practice has a slightly higher than average proportion of its population who are classed as deprived.

The practice provides appointments between 7.00am and 6.30pm on a Monday, 8.00am and 8.00pm on a Tuesday and 8.00am to 6.30pm on Wednesday, Thursday and Friday. Out of Hours services are provided by Core Care Lincs and are accessed through a dedicated telephone number.

The practice also offers enhanced services including reducing alcohol related health risks, extended opening hours, support for people with dementia and childhood vaccination and immunisation.

Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services 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:

- Older people

Detailed findings

- 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 that we hold about the practice and asked other organisations to

share what they knew. We carried out an announced visit on 6 October 2015. During our visit we spoke with the practice manager, GPs, nursing staff, administrative and reception staff and spoke with patients who used the service. We observed how staff dealt with patients attending for appointments and how information received from patients ringing the practice was handled. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. Staff we spoke to were aware of incident reporting procedures. They knew how to access the forms and felt encouraged to report incidents. Complaints received by the practice were recorded and reviewed to identify areas for improvement. The practice recorded and analysed significant events. We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, reviewing patients who were using glucometers (a machine to measure glucose in blood, used by patients who are diagnosed with diabetes) which were the subject of a safety alert.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. 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 a number of defined and embedded systems, processes and practices in place to keep people safe.

There were arrangements in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements. Policies were accessible on the computer system to all staff. Staff were aware of who to contact for further guidance if they had concerns about a patient's welfare. There was a lead member of staff for safeguarding. 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 nurses would act as chaperones, 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 was a health and safety policy and the practice had up to date fire risk assessments and regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control. Legionella risk assessments and regular monitoring was undertaken by an accredited external contractor.

Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead. The practice had been audited by the infection control team from the local health care partnership and any changes required were identified and recorded on an action plan which was reviewed regularly. There was an infection control policy in place and staff had received up to date training.

Appropriate recruitment checks were carried out prior to employment. For example proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

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.

Prescription pads were securely stored and all prescriptions were signed by a GP before the prescription was issued.

Medicines stored in the treatment rooms and medicine refrigerators were stored securely and were only accessible to authorised staff. Records showed refrigerator temperature checks were carried out daily. However the records showed that over a significant period of time (approximately two years) the temperatures recorded from the refrigerators integral and independent thermometers were regularly outside the parameters for the safe storage of medicines including vaccines. These recommended temperatures are between +2 degrees Celsius and +8 degrees Celsius. Vaccines may lose their effectiveness if

Are services safe?

they become too hot or too cold and naturally biodegrade over time. Storage of medicine outside of this recommended temperature range speeds up loss of potency, which cannot be reversed.

This may mean the vaccine fails to create the desired immune response and consequently provides poor protection. If temperatures fall outside of these acceptable ranges the practice should act urgently to establish the reason for the reading and take steps to correct the problem. However the practice had not taken any action to identify and resolve the issue.

This meant that the practice could not provide assurance to patients that the vaccines they had received were safe and effective. As the vaccines stored in the refrigerators included vaccines for children and influenza vaccines this would potentially affect all of the population groups served by the practice. Once this was identified the practice took immediate action to resolve the issue and contacted the appropriate agencies to notify them of the incident and ensure the refrigerators were serviced and functioning properly.

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 in the treatment room. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. 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 of Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs.

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 100% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for a range of diabetes related indicators was similar to the national averages
- The percentage of patients with hypertension having regular blood pressure tests was similar to the national average at 88.3% compared to 83.1%.
- Performance for a range of mental health related indicators was similar to the national averages.
- The dementia diagnosis rate was above the national average at 100% compared to 83.8%.

Clinical audits were carried out and all relevant staff were involved to improve care and treatment and people's outcomes. Audits included the prescribing of a medicine to help with weight reduction. Following the initial audit prescribing practice was reviewed annually to ensure that prescribing of the medicine was effective and having the desired effect. The findings from audits were used by the practice to improve services and prescribing practice.

Effective staffing

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

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 on-going support sessions, one-to-one meetings, appraisals, clinical supervision, and facilitation and support for the revalidation of GPs. Details of mandatory and non-mandatory training were recorded and was reviewed regularly. All GPs were up to date with their appraisals and all other staff had had an appraisal within the last 12 months.

Staff received induction and training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

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 intranet system. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred 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 were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place 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. When providing care and treatment for

Are services effective?

(for example, treatment is effective)

children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

Patients 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 and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. The practice also provided open access sexual health clinics.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 84.9%, which was comparable to the national average of 81.8%. Patients

who did not attend for their cervical screening test were reminded. 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/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 98.4% to 99.4% and five year olds from 95.3% to 98.8%. Flu vaccination rates for the over 65s were 76.6%, and at risk groups 57.4%. These were similar national averages.

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed 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.

All of the 47 patient CQC comment cards we received 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. We also spoke with two members of the patient participation group (PPG) on the day of our inspection. They also told us they were satisfied with the care provided by the practice and that they were involved in their care and treatment.

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 in line with or slightly above the local and national averages for its satisfaction scores on consultations with doctors and nurses. For example:

- 91.7% said the GP was good at listening to them compared to the CCG average of 87.3% and national average of 88.6%.
- 88% said the GP gave them enough time compared to the CCG average of 86.1% and national average of 86.8%.
- 98% said they had confidence and trust in the last GP they saw compared to the CCG average of 95.4% and national average of 95.3%
- 83.8% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84.2% and national average of 85.1%.

- 94.6% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90.7% and national average of 90.4%.
- 96.8% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89.5% and national average of 86.9%.

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 on the comment cards we received was 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 and results were in line with local and national averages. For example:

- 86.8% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85.1% and national average of 86.3%.
- 75.6% said the last GP they saw was good at involving them in decisions about their care this was slightly lower than the CCG average of 79.3% and national average of 81.5%.

Staff told us that translation services were available for patients who did not have English as a first language and staff had documents with written translations, into various languages, for a range of basic statements which they could show to patients.

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. There was a practice register of all people who were carers and they were being supported, for example,

Are services caring?

by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, the practice was part of the CCG initiative to work with the Advanced Community Care Teams (ACCT) to identify people at risk of a hospital admission and worked closely with all health and social care providers to provide additional support and treatment at home to prevent avoidable admissions.

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

- The practice offered early morning appointments on a Monday from 7.00am to 8.00am and evening appointments until 8.00pm on a Tuesday for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients or other patients, such as those with poor mental health, who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- The practice provided a nurse led sexual health drop in clinic every weekday from 4.00pm until 6.00pm. The clinic was initially intended to provide contraceptive services, as teenage pregnancy rates were high in the area. However it had developed to deal with any questions relating to sexual health.

Access to the service

The practice provided appointments between 7.00am and 6.30pm on a Monday, 8.00am and 8.00pm on a Tuesday and 8.00am to 6.30pm on Wednesday, Thursday and Friday. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed

them. The practice also provided a nurse triage service so that the need for an appointment could be assessed and either an appointment or advice was offered on the telephone.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages and people we spoke to on the day were able to get appointments when they needed them. For example:

- 88% of patients were satisfied with the practice's opening hours compared to the CCG average of 80.6% and national average of 75.7%.
- 90.6% patients said they could get through to the surgery by phone compared to the CCG average of 86.5% and national average of 85.4%.
- 82.1% patients described their experience of making an appointment as good compared to the CCG average of 75.7% and national average of 73.8%.
- 73.2% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 59.6% and national average of 65.2%.

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 with information in the practice leaflet, on the practice website and available at reception. Not all of the patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at complaints received in the last 12 months and found that they were dealt with in a timely and appropriate way and had been responded to with a full explanation and apology. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example reminders to reception staff of the need to always give patients the time they need to explain the reasons for their visit and remain polite and helpful.

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 did not have a specific statement setting out its vision or values. However the staff that we spoke to explained that the aim was to deliver high quality care for its patients. It worked proactively with the two other GP practices in the same building to share resources and provide patients with a range of services such as district nurses and community matrons in the same building.

The practice was aware of the challenges it would face in the future in terms of continuing to meet the needs of its patients, including the increasing needs of an ageing population and the challenge of recruiting clinical staff. It was now considering how to continue to provide and improve services to patients in the most efficient and cost effective way and was going to take part in a CCG recruitment campaign focussed on Holland.

Governance arrangements

The practice had an overarching clinical governance framework which supported the delivery 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
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

However, the governance framework was not operating effectively in all areas as the risks relating to the safe storage of medicines including vaccines had not been identified and addressed, despite the issue being recorded for two years.

Leadership, openness and transparency

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

Staff told us that regular team meetings were held. 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 the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, raising awareness of the electronic prescribing scheme.

The practice had also gathered feedback from staff through staff meetings and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment the registered person had not protected against the against the risk of the improper and unsafe management of medicines. This was due to the lack of effective and robust systems to monitor the storage of medicines and ensure that they were stored at appropriate temperatures to mitigate the risks to patients health, safety and welfare. This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.