

North Road West 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

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	9

Detailed findings from this inspection

Our inspection team	10
Background to North Road West Medical Centre	10
Why we carried out this inspection	10
How we carried out this inspection	10
Detailed findings	12

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The North Road West Surgery on 13 August 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. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed, with the exception of 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 easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

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 requires improvement for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement.

Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example risk assessments for cleaning substances used within the practice had not been kept up to date.

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 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.

Good



Are services caring?

The practice is rated as good for providing caring services.

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

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

The practice had reviewed the needs of the local population and engaged with the NHS England Area Team and 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

Good



Summary of findings

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.

The practice had a clear vision and strategy. 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 were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings and events

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.

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, for example, in dementia and end of life care.

The practice was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. A designated GP made regular and routine visits to a local care home to provide consistency of care.

The practice identified carers and offered health checks as well as sign posting to additional resources of assistance.

Good



People with long term conditions

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

Longer appointment times were available for these patients. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Patients with asthma and chronic obstructive pulmonary disease (85% and 92% respectively) had received an annual health review in the past year to check to ensure their health and medication 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, health visitors and plans to involve the school nurses.

Good



Summary of findings

Working age people (including those recently retired and students)

Good



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, for example pre bookable appointments and repeat prescriptions as well as a full range of health promotion and screening that reflected the needs for this age group.

People whose circumstances may make them vulnerable

Good



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

The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. Annual health checks had been carried out for people with a learning disability and 100% of these patients had received a follow-up. The practice offered longer appointments for people with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. The practice had a higher than average number of patients with substance misuse and the designated GP lead was in daily contact with support workers to discuss on going concerns. The practice signposted vulnerable patients to various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good



The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

People experiencing poor mental health had 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. Staff had carried out advance care planning for patients with dementia.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary

Summary of findings

organisations. There was a system in place to follow up patients who had attended accident and emergency (A&E) departments where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.

Summary of findings

What people who use the service say

We looked at patient experience feedback from the national GP survey from 2014-15. These results were based on 101 surveys returned, 321 were sent out, this is a completion rate of 31%. The results were either in line with or above national or local averages. The practice was constantly striving to improve patient satisfaction.

- 97% find it easy to get through to this practice by phone compared with a CCG average of 84% and a national average of 73%.
- 92% find the receptionists at this practice helpful compared with a CCG average of 91% and a national average of 87%.
- 62% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 72% and a national average of 60%.
- 93% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 91% and a national average of 85%.

- 91% say the last appointment they got was convenient compared with a CCG average of 95% and a national average of 92%.
- 85% describe their experience of making an appointment as good compared with a CCG average of 83% and a national average of 73%.
- 79% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 71% and a national average of 65%.
- 77% feel they don't normally have to wait too long to be seen compared with a CCG average of 64% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received six comment cards which were all positive about the standard of care received. We also received a letter from a patient unable to speak to us on the day. Patients told us that the staff were friendly and courteous and the practice was clean.

North Road West Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to North Road West Medical Centre

The North Road West Surgery provides primary medical services to people living in the centre of Plymouth.

The practice had recently merged with Sutherland Road Practice, all services were now being offered at North Road West. Patients from the merged practice were able to see their own GP to allow for continuity of care.

At the time of our inspection there were approximately 8,200 patients registered at The North Road West Surgery. There are three GP partners, one female and two male, who hold managerial and financial responsibility for running the business. The GPs are supported by four salaried GPs, an advanced nurse practitioner, three registered nurses, and two healthcare assistant, a practice business manager, and additional administrative and reception staff.

Patients using the practice also have access to a physiotherapist, district nurse lead and a health visitor.

The North Road West Surgery is open from 8:30am to 6 pm on a Monday to Friday. Appointments are available

between 8:30am to 11:30am and then 2:30pm until 5:30pm. During evenings and weekends, when the practice is closed, patients are directed to an Out of Hours service delivered by another provider.

The practice has strong educational links with Peninsula Medical School and South West Deanery providing training for medical students and post-graduate doctors.

Why we carried out this inspection

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

Before conducting our announced inspection of the North Road West Medical Centre we reviewed a range of information we held about the service and asked other organisations to share what they knew about the service. Organisations included the local Healthwatch, NHS England, and the local Northern, Eastern and Western Devon Clinical Commissioning Group.

Detailed findings

We requested information and documentation from the provider which was made available to us either before, during or 48 hours after the inspection.

We carried out our announced visit on 13 August 2015. We spoke with five GPs, three of the nursing team and seven of the management and administration team. We collected six patient responses from our comments box which had been placed in the waiting room. We observed how the practice was run and looked at the facilities and the information available to patients. We also met with members of the Patient Participation Group (PPG).

We looked at documentation that related to the management of the practice and several anonymised patient records to determine how their health was monitored and needs met.

We observed staff interactions with other staff and with patients and made observations throughout the internal and external areas of the building.

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

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

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

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. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. Significant events were discussed in the weekly clinical meeting and learning points were shared with all staff. All complaints received by the practice were entered onto the system and automatically treated as a significant event. The practice carried out an analysis of the 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, additional checking systems had been put in place following an incorrect immunisation being administered.

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 lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. The GPs had trained to level 3 to ensure that they all had suitable knowledge.
- A notice was displayed in the waiting room, advising patients that nurses or health care assistants would act as chaperones, if required. All staff who acted as chaperones was trained for the role and had received a disclosure and barring check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- There were procedures in place for monitoring and managing risks to patient and staff safety. 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 in October 2014 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 although this had not been updated within the past year.
- 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 who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken, the last audit was undertaken in May 2015, and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines within the practice, including emergency drugs and vaccinations, kept patients safe. This included obtaining, prescribing, recording, handling, storing and security of medicines. There were systems in place to ensure medicines requiring refrigeration were stored at the correct temperatures. These systems included daily fridge temperature recordings and policies to maintain the cold chain so that medicines were safe to be given to patients. The practice used prompts for prescribing and regular medicine audits were carried out to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. For example, antibiotic prescribing. Prescription pads were securely stored and there were systems in place to monitor their use and distribution.
- Recruitment checks were carried out and the five files we reviewed showed that not all appropriate recruitment checks had been undertaken prior to employment. For example, two staff members did not have reference checks recorded. However, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service were seen in all files we viewed.

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. Administration staff told us they used a rota system to cover the work and ensure they maintained skills in more than one area of work. The GPs also had a rota system where a named GP was in post to manage urgent calls.

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. 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, written in July 2014, 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 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. 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 91.4% of the 100% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013/2014 showed the following:

- Performance for asthma related indicators was above the CCG and national average. For example, the practice had achieved 100% which was higher than the CCG average of 92.8% and national average of 97.2%.
- The percentage of patients with Dementia related indicators was 100% which was higher than the CCG average of 89.20% and national average of 93.40%.
- Performance hypertension indicators were 81.9% which was higher than the CCG average of 77.6% and similar to the national average of 88.4%.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. We were shown audits completed in the last two years, where the improvements made were implemented and monitored. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, a new cancer diagnosis audit was carried out to ensure timely diagnosis. This audit

highlighted the need for continued vigilance in promoting the awareness of signs and symptoms of cancer for the more vulnerable population groups. Additional posters and leaflets were displayed inviting patients in for testing. Another audit performed by administration staff looked at trends in unplanned hospital admissions. The top 2% of patients were identified to ensure they were discussed at the complex care meetings to ensure optimum care was being delivered.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, 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 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 their 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

Are services effective?

(for example, treatment is effective)

services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place in a timely way and that care plans were routinely reviewed and updated.

Consent to care and treatment

Patients' consent to care and treatment was always 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 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. The process for seeking consent was monitored through records audits to ensure it met the practice's responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking cessation and drug and alcohol addiction. Patients were supported and

signposted to the relevant service. The Citizen's Advice Bureau was available on the premises and smoking cessation advice was available from the staff within the practice.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 82.5%, which was comparable to the national average of 81.88%. 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/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94.1% to 98.8% and five year olds from 91.4% to 100%. Flu vaccination rates for the over 65s were 73.3%, and at risk groups 57.27%. These were also above CCG and 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 six patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We also spoke with five 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 said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 95.9% said the GP was good at listening to them compared to the CCG average of 92% and national average of 88.6%.
- 95% said the GP gave them enough time compared to the CCG average of 90.9% and national average of 86.8%.
- 98.9% said they had confidence and trust in the last GP they saw compared to the CCG average of 97.2% and national average of 95.3%
- 88.7% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89.7% and national average of 85.1%.

- 93.8% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93.4% and national average of 90.4%.
- 91.6% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90.5% 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:

- 89.8% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90.4% and national average of 86.3%.
- 84.3% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 87.3% 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. We saw notices in the reception areas informing patients this service was available.

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 were being supported, for example, 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 caring?

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call 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

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;

- Patients told us they were able to see a GP on the same day, often within hours of requesting the appointment.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients or for patients who would benefit from these.
- There were disabled facilities and translation services available.
- An open door policy was in place for vulnerable patients such as the homeless and patients with drug and alcohol abuse.

Access to the service

The practice was open between 8:30am and 6pm Monday to Friday. Appointments were from 8:30am to 11:30am every morning and 2:30pm to 5:30pm daily. In addition to pre-bookable appointments, urgent appointments were also available for people that needed them. Appointments could be booked on line, by telephone or in person . Outside of these times there is a local agreement that the out of hours service take phone calls and provide an out-of-hours service.

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

- 85% of patients were satisfied with the practice's opening hours compared to the CCG average of 77.6% and national average of 75.7%.
- 97% patients said they could get through easily to the practice by phone compared to the CCG average of 84.4% and national average of 74.4%.
- 84.9% patients described their experience of making an appointment as good compared to the CCG average of 83.3% and national average of 73.8%.

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. The practice manager was the designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system. For example, we saw posters and leaflets displayed in waiting areas and information on the practice website. Patients we spoke with were aware of the process to follow if they wished to make a complaint, although none of the patients had made a complaint.

We looked at 14 complaints received in the last 12 months and found that these had been handled in a timely way. For example, one complaint about availability of medicines raised by a patient had resulted in an apology to the patient and change of practice policy.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a mission statement which was displayed in the waiting areas and given to the patient when registering at the practice. Staff knew and understood the values. The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff on the practice intranet.
- 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. The quality improvement group (QUIP) met each Thursday lunchtime.

Staff said communication was good at the practice, whole team meetings were held and staff explained any messages, alerts or notices were passed on by a message system on the computer system.

Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate

care. The partners 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 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. We also noted that team away days were held every six months. 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, text messaging as reminders for appointments and on line appointment bookings. PPG members were also involved on the interview panel for new staff members.

The practice had also gathered feedback from staff through staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.