

# Dr RG Ackerley and Partners

## Quality Report

Greengate Medical Centre  
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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 Greengate Medical Centre (Dr RG Ackerley and Partners) on 12 August 2015. Overall the practice is rated as good.

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

- Information about safety was recorded, monitored, appropriately reviewed and any issues were addressed in a timely way. There was an effective system in place for reporting and recording significant events and complaints.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.

- 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.
- 60% of patients said they found it easy to make an appointment with a named GP and that there was continuity of care.
- Urgent appointments were available on 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 provider was aware of and complied with the requirements of the Duty of Candour.

**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 was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, and a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients 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 from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. There was a systematic approach to ensure clinical staff were up-to-date with current guidance, for example, related to prescribing
- There was evidence that the practice had a systematic approach to staff development and training with regular meetings and formal appraisal to identify training and development needs for all staff.
- GPs met on a daily basis and discussed how best to improve outcomes for particular patients.

Staff worked with multidisciplinary teams to understand the range and complexity of patients' needs and help meet them.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.

Good



# Summary of findings

- 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 saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice was involved with the local federation with a view to working with a number of other practices to improve weekend access to GP services.
- 60% of patients said they found it easy to make an appointment with a named GP and 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 the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- The practice had a clear vision and 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 a 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 practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Good



# Summary of findings

- There was a strong focus on continuous learning and improvement at all levels.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- 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 to monitor any notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

### Older people

The practice is rated as good for the care of older people.

Good



- The practice offered proactive, personalised care to meet the needs of older people in its population.
- It had developed a comprehensive bespoke risk stratification tool to identify patients most at risk of hospital admission. Each patient had a personalised care plan and an alert was put on the patient record. Any admissions were reviewed to identify avoidable factors.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with complex needs.
- The practice had created a register of housebound patients were offered a home visit health and social care check by the GP or practice nurse.

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and worked closely with visiting specialist nurses.
- Patients at risk of hospital admission were identified as a priority.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. This work was supported by the new post of clinical care coordinator.
- The practice had established a screening programme for diabetes and the number of patients who were identified as being at risk of diabetes had increased from 189 to 234 in a year. These patients were offered annual checks and lifestyle counselling by the health care assistant who provided this service.
- Prevalence of diabetes had increased and the diabetic practice nurse had increased her hours to help address this. The practice was able to offer insulin initiation.
- The practice offered anticoagulant monitoring saving patients regular hospital trips.

# Summary of findings

- The practice had started to develop its own templates to help ensure that patients with several long-term conditions received consistent care and were offered a longer appointment to review all their conditions.

Home visits were available when needed.

## 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. The practice told us they maximised uptake by offering immunisation and asthma checks for young people during school holidays
- Data showed that 77% of patients with asthma had been given an asthma review in the last 12 months.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals. Chlamydia screening packs were available in different areas of the practice.
- Data showed 84% of eligible women had received a cervical screening test.
- Appointments were available outside of school hours and the premises were suitable for children and babies. The practice offered 24 hour and six week baby checks.

Staff told us they had good working relationships midwives and health visitors and we saw notes of meetings evidencing this.

Good



## Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice offered services that were accessible, flexible and, where possible, offered continuity of care.
- The practice offered a range of online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



# Summary of findings

Appointments could be pre-booked four weeks in advance. Urgent same-day appointments and telephone consultations were available.

## 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 offered longer appointments for patients with a learning disability and staff were aware of individual patient needs such as what time of day a patient might prefer their appointment.
- Patients with learning disabilities were offered annual health checks and the practice had achieved an 84% uptake.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. The clinical care coordinator had weekly contact with health visitors and she kept other staff up-to-date and put appropriate alerts on patient records.
- The practice informed 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).

- 87% of patients living with dementia had a face-to-face care review in the previous 12 months
- 90% of patients with mental health problems had a comprehensive agreed care plan on their records which is comparable with national figures.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had provided patients experiencing poor mental health with information about how to access various support groups and voluntary organisations.

Good





# Summary of findings

- The practice 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 patients with mental health needs and dementia. The practice had also scheduled a practice learning event with input from the Alzheimer's Society.

# 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. 256 survey forms were distributed and 121 were returned, a response rate of 47%.

- 80% found it easy to get through to this surgery by phone compared to a CCG average of 71% and a national average of 74%.
- 89% were able to get an appointment to see or speak to someone the last time they tried (CCG average 86%, national average 85%).
- 91% described the overall experience of their GP surgery as fairly good or very good (CCG and national average 85%).
- 88% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG and national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 28 comment cards which were all positive about the standard of care received. Patients said all the staff were very professional and helpful and that their concerns were taken seriously. Several said that they were able to make same-day appointments when this was needed and that the environment was clean and hygienic.

All the patients we spoke with on the day told us that staff were always polite and helpful and welcoming and the doctors and nursing staff professional and caring. Information from the Friends and Family test showed that 96% of patients would recommend the surgery to others.

# Dr RG Ackerley 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, and a practice manager specialist adviser.

## Background to Dr RG Ackerley and Partners

Greengate Medical Centre is located at 1 Greengate Lane in Birstall, which is a large village three miles north of Leicester City centre. It is housed in a large residential property which has been converted and extended. There is disabled access to the ground floor, disabled parking and limited short stay parking on site. There is an independent pharmacy on the site.

- The practice has five GP partners and a salaried GP. Three GPs work full-time and three are part-time. There is one female GP and five male GPs. There are two practice nurses, a health care assistant and a phlebotomist (who also works on reception) who are all female. There are five administrative staff including a Practice Manager and Clinical Care Coordinator, and a reception team of nine staff. The practice has a General Medical Services (GMS) contract.
- The practice is open between 8am and 1pm on Thursdays and 8am and 6pm on other weekdays. A duty doctor is available until 6.30pm. Appointments are from 8.05 to 10.30am every morning and from 2pm until 5pm (except Thursday)

- Primecare provide services on Thursday afternoon and from 6pm until 6.30pm on other weekdays. Out of hours services are provided by Central Nottingham Clinical Services (CNCS). Patients are directed to the correct numbers if they phone the surgery when it is closed.
- The practice has 11,000 patients registered with it, an increase of about 400 since the previous year. Although in an area of low deprivation it has a high proportion of elderly patients who live alone and who may be housebound. There are also some large housing developments within the area which have a high proportion of social housing. The practice has noticed an increasing number of new registrations with complex medical problems, and young families and children who have a child protection plan in place. A permanent site for travelling families has recently been established not far from the surgery.

## Why we carried out this inspection

We carried out a planned comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider was 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.

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 12 of August 2015. During our visit we:

- Spoke with a range of staff, including GPs, nurses, reception, and administrative staff and we spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed comment cards where patients shared their views and experiences of the service.
- Reviewed some aspects of anonymised patient records.

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

- Is it safe?
- Is it effective?
- Is it caring?

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

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

- Older people
- People with long-term conditions
- Families, children and young people
- 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)

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 the time.

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff received training to help them identify and report any potentially significant event.
- Staff told us they would inform the practice manager or assistant practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events

We reviewed safety records, incident reports, and minutes of meetings where these were regularly discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, in response to a risk assessment of the referral system and to speed up the referral process the practice purchased a digital dictation system. Following an incident where a GP forgot to prescribe medication when on a home visit, a review of the issue highlighted the benefits of taking this equipment on home visits in order to have an adequate record of the consultation and actions required.

Where patients were affected by safety incidents they received truthful information, an apology where appropriate and were told about any actions the practice had taken to prevent similar incidents happening again.

### Overview of safety systems and processes

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

- There were arrangements in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation. Policies and information were accessible to all staff and included who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding and there was also a safeguarding lead within the administrative staff who met weekly with health visitors and the midwife and reported any concerns to the clinical team and ensured these were recorded appropriately. The GPs attended safeguarding meetings where possible and in any case provided

reports for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.

- Notices in the waiting areas advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- We observed that the premises were clean and tidy and that appropriate standards of cleanliness and hygiene were maintained. A practice nurse was the infection control clinical lead. She had received additional training and was in contact with local infection control teams to keep up to date with best practice. Other staff were trained and updated on a regular basis. There was an infection control policy which included annual infection control audits. We saw evidence that action was taken to address any improvements needed.
- There were arrangements in the practice for managing medicines, including emergency drugs and vaccinations which kept patients safe. This included prescribing, storage, recording and security. The practice carried out regular audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable specifically trained Health Care Assistants to administer vaccinations when a doctor or nurse were on the premises.
- We reviewed the recruitment policy and looked at four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identity, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

## Are services safe?

- The practice had a range of policies and procedures to ensure it monitored and managed risks to patients and staff safety. There was a health and safety policy available on the practice's computer system which was regularly reviewed. Any risks identified had action plans with timescales and completion dates. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure it was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella (Legionella is a bacterium which can contaminate water systems in buildings).
- 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. Staff were flexible and helped cover sickness and holiday absences.

### **Arrangements to deal with emergencies and major incidents**

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

- There was an instant messaging system on all the computers in the premises which alerted staff to any emergency.
- All staff had received basic life support training with annual updates. The practice had a defibrillator (used in cardiac arrest) and oxygen with masks for adults and children.
- Emergency medicines were accessible to staff in secure areas of the practice and staff knew of their location. All the medicines we checked were in date and fit for use. There was also a first aid kit and an accident book.

The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and could be accessed securely outside of the premises.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice carried out assessments and treatment in line with current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- There were systems in place to ensure all clinical staff were kept up-to-date. Staff had access to guidelines from NICE and also used local guidelines to develop how care and treatment were delivered to meet patients' needs.
- The practice monitored that these guidelines were followed using a risk assessments, audits and checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98.6% of the total number of points available. Data from 2014/5 showed:

- Performance for diabetes related indicators was similar to the CCG and national average.
- The practice scored 77% for the QOF indicator relating to sugar control management for diabetic patients, compared with a national average of 78%
- The practice scored 79% for the QOF indicator relating to blood pressure management in diabetic patients, compared with a national average of 78%
- The percentage of patients with diabetes, who had influenza immunisation in the preceding 1 August to 31 March was 96% compared with the national average of 94%.
- The practice scored 78% for the QOF indicator related to cholesterol management in diabetic patients compared with the national average of 81%
- The percentage of diabetic patients with a record of a foot examination and risk classification within the preceding 12 months was 91% compared with the national average 88%.

- The percentage of patients with hypertension (high blood pressure) having regular blood pressure tests was 86% which was similar to the national average at 84%.
- Performance for mental health related indicators, for example, relating to agreed care plans documented in the patient record was 90% which was comparable to the national average of 88%.

The practice could evidence quality improvement with a number of clinical audits across a range of areas.

- There had been several clinical audits completed in the last two years. We looked at two of these which were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, (such as antibiotic prescribing) national benchmarking, accreditation, and peer review.
- Findings were used by the practice to improve services. For example, the practice had looked at patients with chronic kidney disease (CKD) with a view to monitoring a range of potential problems such as hypertension. As a result, for example, use of non-steroidal anti-inflammatory drugs had been reduced and patients' health was monitored more effectively and regularly.

The practice had also developed a number of its own templates tailored to improve care for patients with chronic disease and ensure a consistent approach to care. This also helped patients with more than one chronic condition to have one comprehensive annual assessment.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how staff received role specific training and updating, for example, for those reviewing patients with long-term conditions such as atrial fibrillation (AF). Staff administering vaccinations and taking samples for cervical screening had told us they received training which had included an

# Are services effective?

## (for example, treatment is effective)

assessment of competence. They kept up-to-date, for example, with changes to immunisation programs by accessing online resources and sharing information at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- There was also ongoing training to ensure staff kept up-to-date. This included safeguarding, fire safety procedures, and basic life support and information governance awareness. Staff made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

The practice's patient record and intranet system ensured information needed to plan and deliver care and treatment was available to all staff.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets was also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, for example, when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. GPs also told us that that reception and nursing staff had got to know a number of patients well over a number of years and would refer to the GP if they had any concerns about a patient, for example, if the patient seemed to be confused.

### 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 the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.
- Before minor surgery was performed the patient was asked to give written consent and this was scanned into the patient record.
- The process for seeking consent was monitored through records audits.

### Supporting patients to live healthier lives

The practice identified patients who were potentially in need of extra support.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition such as diabetes, patients who were housebound and those requiring advice on their diet, alcohol and smoking cessation. Patients were offered appropriate checks or signposted to the relevant service.
- The practice's uptake for the cervical screening programme was 84% which was comparable to the national average of 82%. The practice wrote to patients who had not attended for screening and where there was no response an alert was put on the patient record so that the patient could be encouraged to arrange this when they contacted the practice.
- The practice also encouraged patients to attend national screening programs for bowel and breast cancer. It had put on displays in the waiting area and held a training event for all staff and the patient participation group to promote 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 97% to 100% and five year olds from 95% to 97%.



# Are services effective?

(for example, treatment is effective)

- 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. Where risk factors or abnormalities were identified there was appropriate follow-up.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

During the inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- There were curtains in treatment and consulting rooms to ensure a patient's privacy and dignity during examinations, investigations and treatments.
- When patients wish to discuss sensitive issues or appeared distressed there was a screened private area where they could talk with receptionists

All of the 28 Care Quality Commission patient 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 spoke with one member of the patient participation group. 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 felt they were treated with compassion, dignity and respect. The practice was generally above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 92% said the GP was good at listening to them compared to the CCG average of 88% and national average of 87%.
- 92% said the GP gave them enough time (CCG average 86%, national average 87%).
- 99% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%)
- 84% said the last GP they spoke to was good at treating them with care and concern (CCG average 84%, national average 85%).
- 98 % said the last nurse they spoke to was good at treating them with care and concern (CCG average 89%, national average 90%).

- 86% said they found the receptionists at the practice helpful (CCG average 86%, national average 87%)

### Care planning and involvement in decisions about care and treatment

We spoke with patients who 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 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 91% 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%.
- 80% said the last GP they saw was good at involving them in decisions about their care (CCG average 80%, national average 81%)
- 87% said the last nurse they saw was good at involving them in decisions about their care (CCG average 82%, national average 85%)

Staff told us that interpretation 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

There were posters and leaflets in the waiting area which gave information about support groups and organisations.

Patients who were carers were encouraged, for example, by information in the waiting area to inform the practice of this so that appropriate support could be offered. The practice's computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to the various kinds of support available to them.

## Are services caring?

Staff told us that if families had been bereaved, their usual GP contacted them or sent them a sympathy card. Advice was offered about how to access appropriate support services if needed.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to ensure the needs of its patients were met wherever possible.

- Telephone consultations were available for patients.
- There were longer appointments available for patients with complex needs, for example, with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- The practice has identified patients who were housebound and offered them an annual check-up with the GP or nurse in their own home.
- Same day appointments were available for children and those who needed to see a doctor urgently.
- There were disabled facilities including a hearing loop and toilet.
- Interpretation services were available.
- The practice had liaised with the travelling families' coordinator in order to ensure people living at a travelling family site nearby were aware that they would be welcomed at the practice.

### Access to the service

The practice was open between 8am and 1pm on Thursdays and 8am and 6pm on other weekdays. A duty doctor was available until 6.30pm. Appointments were from 8.05 to 10.30am every morning and from 2pm until 5.05pm (except for Thursday). In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent same day appointments were also available for people that needed them.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages.

- 70% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and the national average of 74%.
- 80% of patients said they could get through easily to the surgery by phone (CCG average 71%, national average 73%).
- 60% of patients said they always or almost always see or speak to the GP they prefer (national average 37%).

Patients told us on the day of the inspection that they were able to get appointments when they needed them.

### Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns. Its complaints policy and procedures were in line with guidance and contractual obligations for GPs in England.

- There was a designated responsible person who handled all complaints in the practice.
- We saw that leaflets were available in the waiting area and information was available on the practice website to help patients understand the complaints system.

We looked at a summary of complaints and at two complaints in detail. We found they were handled in accordance with the policy. They were acknowledged and dealt with in a timely way. There was evidence of a full investigation and the patient was given a full explanation and apology and where appropriate offered a meeting with the practice manager. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, staff were reminded not to leave detailed information on an answerphone as they could not be certain this was for the correct patient.

# 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 patient centred care and promote good outcomes for patients. All staff shared this vision.

- The practice communicated these aims through its website and patient information leaflet.
- 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 a 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 kept up to date. They were available to all staff on the practice intranet.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit which 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 and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised high-quality care which ensured patients' safety and well-being. Staff told us they were approachable and always took the time to listen to all members of staff. GPs met each morning after surgery to discuss referrals, interesting or difficult cases and significant events and ask one another for advice thus ensuring openness and robust peer review.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and truthfulness. Complaints and significant events were investigated and explanations and apologies given to patients.

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

- Staff told us the practice held regular team meetings and we saw minutes of these meetings.
- Staff told us there was an open culture within the practice. They felt able to raise issues at team meetings or directly with management and felt confident in doing so. They felt their suggestions and input were welcomed.
- 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, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and made suggestions for improvements to the practice management team. For example, the PPG had felt that it would be useful to improve communication with patients and suggested a regular newsletter for patients. PPG members had helped with the design, content and distribution. The PPG also now had a designated noticeboard in the waiting area to promote itself and to keep patients informed of new developments.
- The practice had gathered feedback from staff through team meetings, discussion and appraisals. Staff told us they felt comfortable making suggestions for improvement or change.

### Continuous improvement

# Are services well-led?

Good 

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

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and was involved with locality

and Federation meetings with a view to improve outcomes for patients in the area. It planned to be involved in a local pilot scheme with other practices to increase access to a GP at weekends.