

Prince Avenue Surgery

Quality Report

3 Prince Avenue,
Southend On Sea,
Essex, SS2 6RL
Tel: 01702 347947

Date of inspection visit: 28/07/2015
Date of publication: 01/10/2015

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	3
The six population groups and what we found	5
What people who use the service say	7

Detailed findings from this inspection

Our inspection team	8
Background to Prince Avenue Surgery	8
Why we carried out this inspection	8
How we carried out this inspection	8
Detailed findings	10

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Prince Avenue Surgery on 28/07/2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately and addressed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Staff had received training appropriate to their roles and 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 was well equipped and had facilities suitable 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.

Importantly the provider should ensure:

- Complaints are managed within the timescales stated in the practice policy.
- Review safety issues regarding risks to patients to check that these have been addressed.
- Information regarding translation services should be available to patients.

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. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Evidence seen showed lessons were learned and communicated to practice staff during practice meetings to support improvement. Information about safety was assessed and, monitored appropriately although regular reviews were not undertaken to check these had been addressed.

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 routinely when treating patients. Current legislation was used when assessing patients' needs and planned care, this included assessing capacity and promoting good health and lifestyle choices.

Staff had received training appropriate to their roles and training needs had been identified and planned to meet any needs. There was evidence of appraisals and personal development for all staff. Staff communicated regularly with multidisciplinary teams to ensure a holistic, comprehensive approach to patient care.

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 many aspects of their care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

We also saw that staff treated patients with kindness and respect, and maintained their confidentiality. We saw a commitment by the practice to continually improve care for patients through audits and future planning.

The majority of information for patients about the services available was easy to understand and accessible. We did note that information regarding the translation service for those whose first language was not English, was not available to patients.

Good



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 local Clinical Commissioning Group (CCG) to secure improvements

Good



Summary of findings

to services where these were identified. Patients said it was easy to make an appointment with a named GP and had continuity of care, with urgent appointments available on the same day they requested one.

The practice had good facilities and was equipped to treat patients and meet their needs. Information about how to complain was available and evidence showed that the practice responded to issues raised. Learning from complaints was shared with staff and other stakeholders. Although we did note some complaints had taken longer to be investigated and responded to than their policy stated.

Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about their responsibilities in relation to this. There was a clear leadership structure and staff told us they felt supported by management. The practice had a number of policies and procedures to govern activity and held regular meetings to discuss any issues.

There were systems in place to monitor, audit and improve quality and identify risks. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active, included staff members, and met regularly. Staff had received inductions, regular appraisals and attended staff meetings and training.

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 similar to nationally expected for conditions commonly found in older people.

Patients had a named GP and were able to see their GP or another GP of their choice. The practice had an effective system to ensure patients were invited for an annual health check. Patients too frail or the housebound received home visits.

The practice worked closely with other agencies. This included district nurses, continence advisors, physiotherapist, an occupational therapist, amongst others, this supported patients to maintain their independence, and prevent deterioration.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Nursing staff supported chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed.

All these patients had a named GP and a structured annual review to check that their health and 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 holistic 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 in comparison with other practices in the local area. 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 when clinicians came out to call patients to their rooms for their appointments. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of communication links with midwives, and health visitors.

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 audited and adjusted the services and appointment times it offered to ensure these were accessible, flexible and offered continuity of care. The practice had recently started to offer online appointment booking and repeat prescriptions.

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 which included travellers and those with a learning disability. It had carried out annual health checks for people with a learning disability and 95% of these patients had received a follow-up. People with a learning disability were offered longer appointments.

The practice regularly communicated with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns, the lead at the practice and who to contact.

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), and held shared care protocols with specialist services working jointly to improve patient outcomes. The practice regularly communicated with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.

Seventy five percent of people experiencing poor mental health had received an annual physical health check.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended A&E where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

What people who use the practice say

The national GP patient survey results published on 4 July 2015 showed the practice was performing in line with local and national averages. There were 270 survey forms sent and 99 responses which represented a 36.7%% response rate.

- 92.3% said they found it easy to get through to the practice by phone compared with a Clinical Commissioning Group (CCG) average of 72.6% and a national average of 74.4%.
- 92.3% said they found the receptionists at this surgery helpful compared with a CCG average of 83.9% and a national average of 86.9%.
- 56.1% with a preferred GP usually got to see or speak to that GP compared with a CCG average of 54.7% and a national average of 60.5%.
- 91.2% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 85.1% and a national average of 85.4%.
- 88.7% said the last appointment they got was convenient to them compared with a CCG average of 89.9% and a national average of 91.8%.
- 76.4% describe their experience of making an appointment as good compared with a CCG average of 70.8% and a national average of 73.8%.

- 65.4% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 68% and a national average of 65.2%.
- 59.4% felt they didn't normally have to wait too long to be seen compared with a CCG average of 60.8% and a national average of 57.8%.

As part of our inspection we also provided a Care Quality Commission (CQC) comment box and cards, to enable patients to give feedback prior to our inspection. We received 31 comment cards which were all extremely positive about the standard of care patients received. Patients commented on the friendly, caring staff and some told us they were listened to and given the opportunity to make decisions about their care and treatment. Others were complimentary about the practice environment saying it was safe and hygienic. We were also told patients were treated with respect and dignity.

We spoke to a healthcare professional that provided care for people in a local care home where most of the people living there were registered with the practice. They told us there was very good communication with the practice and they had never been refused a visit from a GP. They told us the GPs that visited were very kind and treated the people in a caring manner and with dignity. They also said that when they people from the care home went to the practice they were able to get an appropriate appointment, usually on the same day requested, and had never had any problems with obtaining prescriptions or medicine for people in their care.

Prince Avenue Surgery

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 Care Quality Commission GP specialist advisor.

Background to Prince Avenue Surgery

Prince Avenue Surgery is the main site in Southend and there is a branch surgery, The Leigh Road Surgery in Leigh. We did not inspect the branch surgery. It is a two partner practice supported by regular part-time locum GPs. The practice serves approximately 4150 people who live in Southend and Leigh. The practice holds a general medical service (GMS) contract to provide their services.

The two main GP partners are male and the regular locum GPs are both male and female. The GPs are supported by two nurses, a practice manager at each surgery site, and a team of five administrative assistants/secretaries/reception staff.

The practice telephone lines are open from 8am to 8.30pm on Mondays and from 8am to 6.30pm on Tuesdays to Friday. The practice is open from 8.30am to 8.45pm on Mondays and from 8.30am to 6.30pm on Tuesdays to Fridays. The practice nurses hold various clinics. These were available on Mondays from 3pm till 5.30pm on Tuesdays from 9.00am till 12.00 noon and on Thursdays from 2pm till 5pm. The practice provided extended hours on Monday evenings from 6.30pm till 8.30pm.

Patients could book an appointment be seen at either site for their convenience.

The practice has opted out of providing 'out of hours' services which is provided by Care UK. Patients can also contact the NHS 111 service to obtain medical advice if necessary.

Why we carried out this inspection

We inspected Prince Avenue Surgery in Southend as part of our new comprehensive inspection programme. We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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.

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.

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?

Detailed findings

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

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 28 July 2015. During our visit we spoke with a range of staff both clinical and non-clinical and spoke with patients who used the service. We observed how people were being cared for and talked with carers and/or family members. We reviewed practice policies and procedures and 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

The practice had a system in place for reporting and recording significant events we noted they took an open and transparent approach to manage these. People affected by significant events received a timely and sincere apology and explanation where appropriate. They were told about any actions taken to improve. Staff told us they would inform the practice manager of any incidents and there was a process in place to manage this. All complaints received by the practice were recorded and there was a policy for staff to follow. The practice disclosed any significant events, or safety issues with staff members during practice meetings, where lessons learned were shared. We reviewed incident reports and minutes of meetings where these were discussed. For example, we saw the lessons learned from a patient that had deteriorated very quickly which had resulted in the GPs setting up direct access to the hospital consultant for the future to reduce time delay.

We did note the practice had not carried out an analysis of the significant events to monitor that concerns regarding risks to patients had been addressed. We also found that responses to complaints did not always meet the timescales within the practice policy.

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 clearly defined and embedded systems, processes and procedures in place to keep people safe, which included:

- Arrangements to safeguard adults and children from abuse were in place. The policy reflected relevant legislation and local requirements and clearly outlined who to contact for further guidance if there were concerns about a patient's welfare. We saw the policy was accessible to all staff members. The lead member of staff for safeguarding was the senior GP. The GPs attended safeguarding meetings when possible and provided reports when necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- Chaperones were available, for patients if required and a notice displayed in the waiting room advised patients to request one. Staff who acted as chaperones were trained for the role and had obtained 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).
- The practice had procedures for monitoring and managing risks to patients and staff members' safety. We saw a health and safety policy poster in the reception office. Fire drills and an up to date fire risk assessment with equipment checks had been 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. There were other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control procedures and policy.
- We observed the premises to be clean and tidy and appropriate standards of cleanliness and hygiene were maintained. The lead GP partner was the infection control clinical lead and there was an infection control policy in place for staff guidance. Annual infection control audits had been undertaken and improvements made if an issue was identified as a result.
- Patients were kept safe with the arrangements for managing medicines, including emergency drugs and vaccinations, in the practice. This included obtaining, prescribing, recording, handling, storing and the security procedures. Audits were carried out to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.
- We reviewed four staff members files, these showed that appropriate recruitment checks had been undertaken prior to their employment. For example, proof of identification, references, qualifications, registration

Are services safe?

with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. We also saw suitable arrangements and checks were undertaken for locum staff.

- The management at the practice planned and monitored the number of staff and role mix of staff needed to meet patients' needs. This planning ensured that enough staff were on duty, and staff told us they covered one another during annual leave and periods of staff sickness.

Arrangements to deal with emergencies and major incidents

There was a system on all the practice computers which alerted staff to any emergency. 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.

During the inspection we saw the practice staff members respond to a medical emergency that arose on the day of inspection. They all knew their role and how to deal with the emergency and carried out their duties calmly.

The practice had a comprehensive business continuity plan available for staff in the event of 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 clinicians at the showed us how they used relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice gave access to all clinical staff the information that kept them up to date with current guidelines. The guidelines could be accessed on their computers and this information was used to improve care and treatment to meet patient needs. The practice performed audits to monitor that guidelines were followed by monitoring 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). Data from the latest year published 2013-2014 showed;

- Performance for diabetes related indicators for example; the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was similar to expected 81.04% for the practice and 88.35% nationally.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 9 months is 150/90mmHg or was similar to expected 86.85% for the practice and 83.11% nationally.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was similar to expected 75% for the practice and 83.82% nationally.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. There had been two clinical audits completed in the last two years, both of these were completed audits where the improvements made were implemented and further monitoring continued. The practice participated in accreditation, peer review and research and findings were used by the practice to improve services. For example, recent action taken as a result included a practice wide set of criteria when considering referrals for patients using the two week wait urgent methodology.

Information about patients' outcomes was used to make improvements such as; continuing to provide joint injections first before joint replacement surgery.

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, appraisals, and clinical supervision and facilitation support for the revalidation of doctors. All staff had been given an appraisal within the last 12 months.
- Staff received training that included: safeguarding, and basic life support. The practice was closed for ten afternoons during the year to provide time for staff 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 assessments, care plans, medical records, communications from hospitals and test results. Information such as NHS patient information leaflets were also available. All relevant patient 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, when they were referred, or after they are discharged from hospital. We were told that multi-disciplinary team meetings did not take place due to the availability of staff in community and secondary care organisations. The GPs told us they had developed good

Are services effective?

(for example, treatment is effective)

communication links with these organisations to ensure patient care plans were regularly reviewed and updated. They also told us they were working hard to set up multidisciplinary meetings for the future in their area.

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 evidenced in patient records which met the practices 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 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. We were given examples of providing advice to patients to evidence the support the practice provided patients.

Patients were then signposted to the relevant service. A smoking cessation service was available at the practice and patients in need of extra support and their carer's were identified by the practice.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 72.54%, which was below the CCG average of 96.5% and the national average of 97.5%. We asked the practice about the uptake of cervical screening and we were shown the figures on their medical records system for the current year had improved significantly against the published figures in 2013 -2014. They attributed the improvement to the reminders they sent to 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 in the majority higher than the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 86.1% to 97.2% and five year olds from 85.5% to 94.7%. Flu vaccination rates for the over 65s were 62.09%, and at risk groups 38.08%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40 to 74 years and senior health checks for those people 75 years and over. 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 31 patient CQC comment cards we received were extremely positive about the service experienced. The five patients we spoke with 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 one member of the patient participation group (PPG) on the day of our inspection. They also told us they were more than 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 of July 2015 showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was similar to average for its satisfaction scores on consultations with doctors and nurses. For example:

- 88.8% said the GP was good at listening to them compared to the CCG average of 84.3% and national average of 88.6%.
- 91.8% said the GP gave them enough time compared to the CCG average of 83.8% and national average of 86.8%
- 82.1% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81.5% and national average of 85.1%.
- 92.3% patients said they found the receptionists at the practice helpful compared to the CCG average of 83.9% 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 been provided sufficient time during consultations to make an informed decision about the choice of treatment and options 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 published in July 2015 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:

- 89.1% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80.8% and national average of 86.3%.
- 79% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78.1% 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. The GPs told us they spoke eight languages between them. They had one patient that would only respond if the consultation was carried out in their native language, which the practice was able to facilitate. We noted information regarding the translation services options for those whose first language was not English was not available in a notice format for patients to view.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients and carers 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. We were shown an example of a referral where the

Are services caring?

concern for the safety of both the patient and the carer had been considered. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. 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. We also saw helpful information regarding bereavement available in the waiting room.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice met regularly with the local Clinical Commissioning Group (CCG) to plan services and to improve outcomes for patients in the area. Services were planned and delivered to take into account the needs of different patient groups and provide flexibility, choice and continuity of care. For example;

- The practice offered extended hours of opening on a Monday evening until 8.30pm for 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 and those patients unable to come to the practice that would benefit from a visit.
- Urgent access appointments were available for children under five and those with serious medical conditions.
- There were accessible facilities for people with disabilities, hearing loop and translation services available.
- The practice showed us the plans to build an extension with patient car parking facilities and improved access.

Access to the service

The practice telephone lines are open from 8am to 8.30pm on Mondays and from 8am to 6.30pm on Tuesdays to Friday. The practice is open from 8.30am to 8.45pm on Mondays and from 8.30am to 6.30pm on Tuesdays to Fridays. The practice nurses held various clinics. These were available on Mondays from 3pm till 5.30pm, on Tuesdays from 9am till 12 noon and on Thursdays from 2pm till 5pm. The practice provided extended hours on Monday evenings from 6.30pm till 8.30pm. In addition to pre-booked appointments that could be booked in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey published in July 2015 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:

- 82.1% of patients were satisfied with the practice's opening hours compared to the CCG average of 75.1% and national average of 75.7%.
- 92.3% patients said they could get through easily to the surgery by phone compared to the CCG average of 72.6% and national average of 74.4%.
- 76.4% patients described their experience of making an appointment as good compared to the CCG average of 70.8% 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. 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 for example posters displayed in the waiting room, and on the practice leaflet. Patients we spoke with were aware of the process to follow if they wished to make a complaint but none had ever needed to make one.

We looked at four complaints received in the last 12 months and found these were handled with openness and transparency. We saw the lessons were acted upon and action was taken to improve the quality of care. We did note some complaints were not dealt with in a timely way, or meet the timeframes stated to deal with complaints within the 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 statement of purpose which was displayed in the waiting areas and 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 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 robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

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 took the time to listen to staff members. The partners encouraged a culture of openness and honesty.

Staff told us that regular monthly team meetings were held. Staff also told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and were supported if they did. We also noted that there were team half day close down days every six months used for training and team development. Staff said they felt respected, valued and supported, particularly by the manager and 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 three monthly basis, and made suggestions for improvements to the practice management team.

The practice had also gathered feedback from staff generally through staff meetings, appraisals and discussions. 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 in how the practice was run.

Innovation

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice had also planned ahead with the realisation of several new home developments in the area. The partners had plans in place for an extension to the building, with improved access and a large car park for patients.