The Village Medical Centre

Quality Report

Kingswood Way
Bedford
MK40 4GH
Tel:01234 244016
Website: **www.gtdenham.org**

Date of inspection visit: 3 November 2015
Date of publication: 18/02/2016

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

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Village Medical Centre on 3 November 2015. Overall the practice is rated as good.

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

- Patients said they found it easy to make an appointment with urgent appointments available the same day.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice had clean and good facilities, which were well equipped to treat patients.
- 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.
- 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.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- 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.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- 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.

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?

Good

The practice is rated as good for providing safe services.

- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed with clinical and non-clinical staff supporting different aspects of the patient's journey.
- There was a well maintained infection control process and we found the premises to be visibly clean and tidy.
- 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, people received reasonable support, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data showed patient outcomes were above average for the locality.
- Staff assessed patients' 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 evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Are services caring?

Good

The practice is rated as good for providing caring services

- Data showed that patients rated the practice higher than others for aspects of care.
- The practice had an active, virtual patient participation group (PPG) who support the community and patients.
- Feedback from patients about their care and treatment was consistently and strongly positive.

Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The practice demonstrated a patient-centred culture and we saw that staff treated patients with kindness and respect, and maintained confidentiality.

Information to help patients understand the services available was easy to understand

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Patients said they found it easy to make an appointment with the GP and that there was continuity of care, with urgent appointments available the same day.
- We saw a strong virtual Patient Participation Group (PPG) in place, which had been established for many years. The practice distributed a 'You said, we did' document to demonstrate how requests for change have been assessed and dealt with.
- The practice 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.
- 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?

Good

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

- It 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 the management team. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Summary of findings

- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents
- The practice proactively sought feedback from staff and patients, which it acted on. There was a strong focus on continuous learning and improvement at all levels.

Staff had received inductions, regular performance reviews and attended staff meetings and events.

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

Good

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. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. The practice added all patients over the age of 75 to an unplanned admissions group, and care plans were developed and patients invited into the practice for a review.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and 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. We saw evidence that the practice reviewed all patient deaths to check the circumstances and how the family were coping in order to learn from this to aid patients in the future.

Families, children and young people

Good

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. All children identified as 'in need' were discussed at practice meetings. Immunisation rates were above the average 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. We saw good examples of joint working with midwives and health visitors.

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. Patients were able to email the GPs with queries. The practice offered online services as well as a full range of health promotion and screening that reflected the needs of 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. It had carried out annual health checks and offered longer appointments for people with a learning disability.

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

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). The practice regularly worked with multi-disciplinary teams in the case management of people within this group. It 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 organisations. It had a system in place to carry out an annual review undertaken by a lead GP as a home visit. 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

The National GP Patient Survey results published in 2015 showed the practice was mostly performing in line with local and national averages. There were 276 distributed and 113 responses received, which represented a response rate of 41%.

- 90% found it easy to get through to this surgery by phone which was above the CCG average of 79% and national average of 74%.
- 97% found the receptionists at this surgery helpful which was above the CCG average of 88% and national average of 87%.
- 44% with a preferred GP usually got to see or speak to that GP which was below the CCG average of 61% and national average of 61%.
- 89% were able to get an appointment to see or speak to someone the last time they tried which was above the CCG average of 86% and the national average of 85%.
- 88% said the last appointment they got was convenient which was below the CCG average of 93% and national average of 92%.
- 83% described their experience of making an appointment as good which was above the CCG average of 76% and national average of 74%.
- 81% usually waited 15 minutes or less after their appointment time to be seen which was above the CCG average of 65% and national average of 65%.
- 69% felt they did not normally have to wait too long to be seen which was above the CCG average of 58% and above the 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 19 comment cards which were all positive about the standard of care received. Patients commented that the service provided was good and that the new telephone system and improvements to the appointments system had made a difference.

The Village Medical Centre

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, and a practice manager acting as specialist advisors.

Background to The Village Medical Centre

The Village Medical Centre provides a range of primary medical services to the residents of the Great Denham area. The practice population is approximately 6400 and is made up of primarily white British patients covering all ages with a high than average number of patients between the ages of 30 to 50. National data indicates that the area does not have significant levels of deprivation. Services are provided under a General Medical Services Contract.

There is a lead GP and lead business manager who are supported by five additional GPs, one male and four female, a nurse practitioner, two practice nurses and a health care assistant (HCA). The practice employs a large patient support team, including secretaries and an apprentice who are supported by a patient support manager and an IT manager. The practice is a training practice and currently supports three trainee GPs. A GP trainee is a qualified doctor who is training to become a GP through a period of working and training in a practice. Only approved training practices can employ GP trainees and the practice must have at least one approved GP trainer.

The practice is open from 8am to 6.30pm Monday to Friday. Appointments are from 8.30am to 11.45am and 2pm to 6pm Monday to Friday. Telephone appointments are also available. The practice has run a trial of extended hours and Saturday opening following patient feedback and discussions with the patient participation group (PPG) but following the trial it was found not to be cost effective or well utilised, therefore had ceased.

Patients requiring a GP outside normal working hours are advised to contact NHS 111 who will connect them to Bedford Doctor On Call (BEDOC) if appropriate.

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 (Regulated Activities) Regulations 2014, 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 3 November 2015. During our inspection we spoke with a range of staff including GPs, nurses, the practice manager, administration and reception staff. We also spoke with patients who used the service and a member of the patient participation group (PPG).We observed how people were assisted and talked with carers and family members and reviewed the personal care or treatment records of patients. We reviewed comment cards where patients and members of the public shared their views and experiences of the service. We looked at staff records and a variety of policies and procedures.

Good

Are services safe?

Our findings

Safe track record and learning

- There was a system in place for reporting and recording significant events. Staff told us they would inform the managing partner of any incidents and there was also a recording form available on the practice's computer system. 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 and this also formed part of the GPs' individual revalidation process.
- 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, an event was recorded where the power to a refrigerator had been turned off by accident. This was recorded, discussed and a solution put in place by fitting socket protectors.
- Safety was monitored using information from a range of sources, including patient safety alerts and 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 could demonstrate its safe track record through having risk management systems in place for safeguarding, health and safety including infection control, medicines management and staffing.

- 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 practice discussed safeguarding issues at both the daily and monthly clinical, multi-disciplinary team (MDT) meetings, attended by the community matron, community nurses and Macmillan nurses.

Adults who may be at increased risk for any reason were highlighted and discussed during informal daily, morning meetings. A GP was made accountable for monitoring the current status of the patient and any further risk factors they may encounter. If high risk, their details were passed on to the local safeguarding of vulnerable adults (SOVA) team. All children at risk and those identified as being 'in need' were reviewed at the GP monthly meetings and if required in the morning meetings. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. The practice had a policy for follow ups due to non-attendance at any service, implementing safeguarding protocols as necessary.

- A notice was displayed in the waiting room, advising patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). These 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.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The nurse practitioner was the infection control clinical lead and liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol and policy in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The practice had carried out Legionella risk assessments and regular monitoring. Legionella is a term for a particular bacteria that can contaminate water systems in buildings. A risk assessment for legionella is a report by a competent person giving details as to how to reduce the risk of the legionella bacterium spreading through the water and other systems in the workplace.
- The arrangements for managing medicines, including emergency medicines and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication reviews were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. The practice told us a medicines audit had been completed before the inspection was carried out but were not available on the day.

The system for collecting and signing for controlled medicine prescriptions was being reviewed by the

prescribing lead at the practice. A new protocol was being developed as additional medicines had recently been added to the controlled medicines list. This was being developed with the CCG prescribing lead to be rolled out to all the local practices.

- Patients with long term health conditions had their medicines reviewed regularly and an electronic system was in place to identify potential risks to patients who were prescribed a combination of medicines. Prescription pads were not securely stored at the time of the inspection; however, the practice remedied this immediately. There were systems in place to monitor their use. The GP partner was the locality prescribing lead.
- Recruitment checks were carried out and we saw evidence of staff files that showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

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. Many of the GPs work on a part time basis but there was evidence of sufficient cover for all surgeries.

There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

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 and minor surgery room. The practice had two defibrillators available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan showed that a neighbouring practice was included in the plan and would provide cover in the case of an emergency situation.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines and local clinical commissioning group (CCG) guidance. The practice had systems in place to ensure all clinical staff were kept up to date and had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs.

Management, monitoring and improving outcomes for people

The practice 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 showed that the practice had achieved 95% of the total number of points available, with 11% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-2015 showed;

- Performance for diabetes related indicators was similar to the national average. For example, the percentage of patients on the diabetes register, with a record of having had a foot examination and that had been risk classified within the preceding 12 months was 87.8% compared to the national average of 88.3%.
- The percentage of patients with hypertension having regular blood pressure tests was better than the national average at 93.6% compared to the national average of 83.1%.
- Performance for mental health related indicators was better than the national average. For example, the percentage of patients with diagnosed psychoses who had a comprehensive agreed care plan was 100% compared to the national average of 86%.

Clinical audits were carried out and all relevant staff were involved to improve care and treatment and patients outcomes. There had been clinical audits completed in the last two years and there was evidence of improvements made, which were checked 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.

Annual reviews were undertaken for all patients with a long term health condition. This enabled the practice to be proactive in the care of its patients. For some long term conditions, for example, asthma, chronic obstructive pulmonary disease (COPD), mental health, diabetes and heart failure, we saw evidence of locally developed extended templates that provided a more detailed review.The practice worked with a nurse via the Bedfordshire CCG to input further into the care of asthma and COPD patients to improve their care and ensure cost efficiency.

We were told that the practice had introduced a rheumatoid arthritis review clinic.

Effective staffing

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

The practice had an induction programme for newly appointed clinical and non-clinical members of staff that covered such topics as 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, coaching and mentoring, clinical supervision, and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.

Staff received training that included, safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to 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

Good

Are services effective?

(for example, treatment is effective)

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.

- Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis 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 practice had a consent and capacity policy to follow when making decisions regarding consent.

Supporting people to live healthier lives

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. The practice discussed and reviewed these patients at the monthly multidisciplinary team meetings which were attended by the community matron, community nurses and Macmillan nurses.

- The practice's uptake for the cervical screening programme was 88%, which was above the national average of 82%. 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 the national averages. For example, childhood immunisation rates for the vaccinations given to under twos ranged from 95% to 100% and five year olds from 88% to 99%. Flu vaccination rates for the over 65s were 73%, and at risk groups 43%. These were also comparable to 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-up on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

During children's immunisation clinics the practice provided two nurses to immunise the child and offer support to parents. If a parent or guardian did not bring the child in for immunisations the practice telephoned to discuss any concerns.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; 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.
- Patients nearing the end of their life were discussed, at the monthly multi-disciplinary team (MDT) meeting, the monthly GP meeting and if required during the informal 9.30am meetings. These patients were, where possible, dealt with by the same doctor to ensure continuity of care. Visits and contact were made by GPs on a regular basis. This was offered to all patients who were known to be nearing the end of their life.
- When any patient died, a review of the death was performed, to determine if anything could have been improved. We were told that this was then used as learning to aid future patients.

All of the 19 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 the practice was always clean and tidy. We also spoke with a member of the 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 published in July 2015 showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice comparable to the CCG and national average for its satisfaction scores on consultations with doctors and nurses. For example:

- 84% said the GP was good at listening to them which was below the CCG average of 87% and national average of 89%.
- 82% said the GP gave them enough time which was below the CCG average of 86% and national average of 87%.
- 91% said they had confidence and trust in the last GP they saw which was below the CCG average of 95% and national average of 95%
- 85% said the last GP they spoke to was good at treating them with care and concern which was above the CCG average of 84% and comparable with the national average of 85%.
- 96% said the last nurse they spoke to was good at treating them with care and concern which was above the CCG average of 92% and national average of 90%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day of our inspection 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 comparable with local and national averages. For example:

- 85% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 73% said the last GP they saw was good at involving them in decisions about their care below the CCG average of 79% and national average of 82%

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.

Good

Are services caring?

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. We were told that carers were being supported by the practice, for example, by offering health checks and flu vaccinations. Written information was available for carers to ensure they understood the various avenues of support available to them. Notices in the patient waiting room told patients how to access a number of support groups and organisations.

Staff told us that if families had suffered bereavement, the practice sent a bereavement card and the patients 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.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

The practice had taken a proactive approach for all older people in that when a patient reached the age of 75 they were added to an 'Unplanned Admissions' group. Care plans were sent to all patients who were added to this group and they were invited to attend the practice for review. Follow up was then planned with various health professions as appropriate. In addition, all patients over 75 had a three monthly telephone call from the HCA in order to check on their progress. Any attendances at A&E that led to an admission were followed up by the HCA to help deal with any highlighted issues. Since developing this service the practice told us that the unplanned admissions and hospital re-admission rates had reduced. Patients we spoke with told us how much they appreciated this caring service.

- There were a number of options for patients to book appointments, for example the use of the electronic patient system to book appointments including outside of surgery hours. Patients were also able to book a telephone appointment, or email any queries they may have.
- Repeat medications could be requested via the online system, email, fax, letter or any other written format.
- The practice information pack, supplied when a patient registers, took a proactive approach in advising patients of their options for help and advice on how to deal with minor illness.

There was a virtual PPG with 70 members who carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the patients had requested Saturday opening of the practice, this was trialled for one month but found not to be well used or cost effective. 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;

- Home visits were available for older patients or patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- The practice had a high number of patients with learning disabilities. The lead GP undertook annual health reviews at home for this group of patient, which included a health assessment, medication review and an up to date health plan.

Access to the service

The practice was open between 8am and 1pm and 2pm to 6.30pm, Monday to Friday. Appointments were available from 8.30am to 11.45am and 2pm to 6pm Monday to Friday. Telephone appointment slots were also available. The practice had a trial of extended hours appointments and Saturday opening following patient feedback and discussions with the PPG but following the trial it was found not to be cost effective or well utilised, so had ceased.

In addition to pre-bookable appointments that could be booked up to 12 months in advance, urgent appointments were also available on the day and the duty doctor was available for telephone consultations.

Results from the national GP patient survey published in July 2015 showed that patients' satisfaction with how they could access care and treatment was comparable with local and national averages. For example:

- 73% of patients were satisfied with the practice's opening hours, which was below the CCG average of 77% and national average of 76%.
- 90% of patients said they could get through easily to the surgery by phone, which was above the CCG average of 79% and national average of 74%.
- 83% of patients described their experience of making an appointment as good which was above the CCG average of 76% and national average of 74%.
- 81% of patients said they usually waited 15 minutes or less after their appointment time, which was above the CCG average of 65% and national average of 65%.

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. Posters were

Good

Are services responsive to people's needs?

(for example, to feedback?)

displayed and the complaints leaflets were accessible without patients having to ask the receptionist. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

- We looked at 15 complaints received in the last 12 months and found that these were satisfactorily handled and dealt with in a timely way. The managing partner was the complaints lead and they acknowledged in writing all complaints within two days with an investigation and response within 10 days. Complaints leaflets were available in reception and on the practice website. Complaints were discussed at monthly meetings.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had developed a mission statement that stated all staff were committed to providing high quality primary care, offering a broad range of services shaped around the needs and choices of individuals, their families and carers. The practice aimed to be responsive and flexible in meeting the varied needs of its patients and to be effective and efficient in caring for its patients, within a bond of mutual respect and trust, within a changing NHS. Staff we spoke with demonstrated an understanding of the practice mission statement.

Governance arrangements

Governance systems in the practice were underpinned by:

- A clear staffing structure and a staff awareness of their own roles and responsibilities.
- Practice specific policies that were implemented and that all staff could access.
- A system of reporting incidents without fear of recrimination and where learning from outcomes of analysis of incidents actively took place.
- A system of continuous audit cycles which demonstrated an improvement in patients' care.
- Clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information.
- Proactively gaining patients' feedback and engaging patients in the delivery of the service. Acting on any concerns raised by both patients and staff.
- The GPs were all supported to address their professional development needs for revalidation and all staff in appraisal schemes and continuing professional development. All staff had learnt from incidents and complaints.

Leadership and culture

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

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings.
- Staff told us 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 felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, 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, virtual PPG which had regular communication from the practice, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, The practice asked to the PPG to review the GP telephone consultation system and agree how many attempts to contact a patient was acceptable. The PPG discussed this and fed back to the practice that three call attempts was sufficient.

Are services well-led?

Good

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

The practice had gathered feedback from staff through generally through staff meetings and appraisals. 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.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice had two experienced GP trainers who carried out detailed debrief sessions with all trainees following each surgery. Trainees told us that they felt well supported by the practice. The practice actively encouraged staff to explore different roles; for example a member of the administration team had completed training to become a HCA.