

Dr KP Patel's Practice

Quality Report

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Date of inspection visit: 3 November 2015

Date of publication: 03/12/2015

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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at 08:45hrs on 3 November 2015. Overall the practice is rated as good.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- 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 however the complaints procedure was not clearly outlined.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider should make improvement are:

- Provide annual basic life support training for non-clinical staff in line with Resuscitation Council (UK) guidance.
- Raise patient awareness of the complaints procedure, chaperoning and translation services available and the patient participation group (PPG).

Summary of findings

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as 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 are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are 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 people 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 showed patient outcomes were generally at or above average for the locality.
- 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 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.

Good



Are services caring?

The practice is rated as good for providing caring services.

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

We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Information about how to complain was available however the complaints procedure was not clearly outlined. Evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Good



Are services well-led?

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

- 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 management. 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.
- The provider was aware of and complied with the requirements of the Duty of Candour. The principal GP encouraged a culture of openness and honesty.
- The practice proactively sought feedback from staff and patients, which it acted on although the patient participation group was not yet active.

There was a strong focus on continuous learning and improvement at all levels.

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.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, including care planning for the elderly frail / palliative care patients, home visits and urgent appointments for those with enhanced needs.
- A primary care navigator attended the practice weekly to help support and signpost older patients.
- The practice looked after the medical needs of residents of a local nursing home.
- The practice was part of the local network weekend doctor service to provide care for older patients out of hours.

The practice attended monthly multidisciplinary team meetings at practice and network level to plan care for older patients.

Good



People with long term conditions

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

- Nursing staff undertook diabetes reviews, gave lifestyle advice and carried out annual asthma reviews.
- A dedicated COPD nurse specialist employed through the local network was reviewing all COPD patients registered at the practice.
- 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 medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people.

- Immunisation rates were comparable to CCG / national 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.

Good



Summary of findings

- The practice's uptake for the cervical screening programme was 78% which was in line with the national average.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The health visitor attended monthly multidisciplinary meetings to provide care for this population group.

The practice offered offered contraceptive advice and chlamydia screening.

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 had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

The practice offered extended hours appointments and telephone consultations for the working age population.

Good



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 such as housebound patients and those with a learning disability.
- It offered longer appointments for people with a learning disability and carried out annual health checks.
- 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.
- The practice screened for alcohol consumption at registration and offered follow up appointments where an issue was identified.

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



Summary of findings

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).

- The practice's dementia diagnosis rate was 68% which was above the national average of 63%
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It carried out 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 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 people with mental health needs and dementia.
- The practice had a register of patients experiencing poor mental health. There were 19 patients on the register and six had care plans agreed.

The practice referred patients experiencing poor mental health to local counselling services.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015. The results showed the practice was performing in line with local and national averages. 280 survey forms were distributed and 97 were returned.

- 98% found it easy to get through to this surgery by phone compared to a CCG average of 71% and a national average of 73%.
- 82% found the receptionists at this surgery helpful (CCG average 83%, national average 87%).
- 79% were able to get an appointment to see or speak to someone the last time they tried (CCG average 80%, national average 85%).
- 93% said the last appointment they got was convenient (CCG average 88%, national average 92%).

- 82% described their experience of making an appointment as good (CCG average 67%, national average 73%).
- 74% usually waited 15 minutes or less after their appointment time to be seen (CCG average 64%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 41 comment cards and found the majority were positive about the general standard of care received.

We spoke with 11 patients during the inspection. All 11 patients said that they were happy with the care they received and thought that staff were approachable, committed and caring.

Dr KP Patel's Practice

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 advisor and an Expert by Experience.

Background to Dr KP Patel's Practice

Dr K P Patel's Practice also known as Wallasey Medical Centre is situated at 1 Wallasey Crescent, Uxbridge, Hillingdon, UB10 8SA. The practice provides primary care services through a General Medical Services (GMS) contract to approximately 2,500 patients living in the local area (GMS is one of the three contracting routes that have been available to enable commissioning of primary medical services). The practice is part of the NHS Hillingdon Clinical Commissioning Group (CCG) which comprises 48 GP practices. The registered patients are representative of most age groups and has a much lower than average deprivation score (people living in more deprived areas tend to have greater need for health services).

The practice team comprise of a male principal GP (7 sessions a week), two part-time locum GPs (3 sessions a week between them), two part-time practice nurses, a practice manager and four reception / administration staff. The practice opening hours are 08:30hrs and 18:30hrs Monday to Friday, except Thursdays when the practice closed at 13:30hrs. Appointments are from 09:00hrs to 11:00hrs Monday, Tuesday and Friday mornings and 09:30hrs to 11:30hrs Thursdays. Afternoon appointments are from 17:00hrs to 19:15hrs Mondays and Tuesdays,

16:30hrs to 18:30hrs Wednesdays and 16:30hrs to 18:00hrs Fridays. Patients are referred to NHS 111 services for access to out-of-hours care. The practice is part of a GP network comprising eight GP surgeries in Hillingdon.

Services provided by the practice include; management of chronic disease, maternity services, cervical screening, family planning and contraceptive services, child health surveillance, vaccinations and immunisations, medical support to a local nursing home and well persons check.

Why we carried out this inspection

We inspected this service 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. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before 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 visit we:

- Spoke with a range of staff including two GPs, a practice nurse, the practice manager, two non-clinical staff and spoke with 11 patients who used the service.

Detailed findings

- Observed how people were being cared for and talked with carers and/or family members
- Reviewed the personal care or treatment records of patients.
- Reviewed 41 comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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.

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts 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, a member of staff misinterpreted the procedures for handling urine samples for urinary tract infections and a patient was not booked in to see the doctor. The patient received an apology, the staff member retrained and learning shared in a staff meeting.

When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.
- A notice in the waiting room advised patients that staff would act as chaperones, if required although it was difficult for patients to see. All staff who acted as

chaperones were trained for the role and had received a disclosure and barring 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).

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines 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.
- We reviewed all personnel files and found 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.

- 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. 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

Are services safe?

checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as general health and safety and legionella.

- 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.

Arrangements to deal with emergencies and major incidents

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

- All clinical staff received annual basic life support training and there were emergency medicines available in the treatment room. However non-clinical staff received basic life support training every three years.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- The principal GP was the medicine management lead for the CCG and disseminated NICE updates to other local practices.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 97% of the total number of points available, with 13% exception reporting. Data from 2014/15 showed;

- Performance for diabetes related indicators was 97%, 10% above the CCG average and 7% above the national average.
- Performance for hypertension related indicators was above the CCG and national average at 100%.
- Performance for mental health related indicators was above the CCG and national average at 100%.
- Performance for dementia related indicators was above the CCG and national average at 100%.

Clinical audits demonstrated quality improvement.

- The practice had completed a number of clinical audits in the last year including audits of inadequate smears,

medicines management, urinary tract infections and diabetes. One of these was a completed audit where the improvements made were implemented and monitored.

- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result of clinical audit resulted in the introduction of a new protocol for the diagnosis of urinary tract infections.

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, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- 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 system and their intranet system.

Are services effective?

(for example, treatment is effective)

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

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they 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

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, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

The practice identified patients who may be 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 and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- Appropriate patients were referred to smoking cessation and dietary advice.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 78%, which was in line with the national average. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93% to 97% and five year olds from 81% to 94%. Flu vaccination rates for the over 65s were 77%, and at risk groups 62%. These were above the CCG and national averages.

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people 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 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.

The majority of the 41 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. 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 above average for its satisfaction scores on consultations with doctors, and below average for its satisfaction scores on consultations with nurses. The practice was slightly below average for its satisfaction scores with reception staff. For example:

- 93% said the GP was good at listening to them compared to the CCG average of 84% and national average of 89%.
- 93% said the GP gave them enough time (CCG average 81%, national average 87%).
- 96% said they had confidence and trust in the last GP they saw (CCG average 92%, national average 95%)
- 90% said the last GP they spoke to was good at treating them with care and concern (CCG average 79%, national average 85%).

- 77% said the last nurse they spoke to was good at treating them with care and concern (CCG average 85%, national average 90%).
- 82% said they found the receptionists at the practice helpful (CCG average 83%, national average 87%).

The practice had carried out an analysis of the national GP patient survey and had taken action in areas where improvements were needed. For example a new nurse was working at the practice which had improved patient satisfaction during nurse consultations and reception staff had received customer service training.

Care planning and involvement in decisions about care and treatment

Patients told us that 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:

- 89% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and national average of 86%.
- 79% said the last GP they saw was good at involving them in decisions about their care (CCG average 74% , national average 71%)

Staff told us that translation services were available for patients who did not have English as a first language. However there were no notices in the reception area to inform patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had a register of carers with 24 currently on the list. Written information was available to

Are services caring?

direct carers to the various avenues of support available to them. The practice had recently appointed a 'carers champion' whose role was to offer / arrange health checks to carers and signpost them to support services.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example extended hours access.

- The practice offered extended hours on a Monday and Tuesday evening until 19:15hrs which were of benefit for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability and those with a long-term condition.
- Home visits were available for older patients / patients who would benefit from these including a local nursing home.
- Telephone consultations were available daily at the end of surgery.
- Same day appointments were available for children and those with serious medical conditions.
- A text message appointment reminder service was in operation.
- There were disabled facilities and translation services available.
- A Primary Care Navigator attended the practice weekly to help support and signpost older patients.

Access to the service

The practice was open between 08:30hrs and 18:30hrs Monday to Friday, except Thursdays when the practice closed at 13:30hrs. Appointments were from 09:00hrs to 11:00hrs Monday, Tuesday and Friday mornings and 09:30hrs to 11:30hrs Thursdays. Afternoon appointments were from 17:00hrs to 19:15hrs Mondays and Tuesdays, 16:30hrs to 18:30hrs Wednesdays and 16:30hrs to 18:00hrs Fridays. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to or above local and national averages. People told us on the day that they were able to get appointments when they needed them.

- 73% of patients were satisfied with the practice's opening hours compared to the CCG average of 69% and national average of 75%.
- 96% patients said they could get through easily to the surgery by phone (CCG average 71%, national average 73%).
- 82% patients described their experience of making an appointment as good (CCG average 67%, national average 73%).
- 74% patients said they usually waited 15 minutes or less after their appointment time (CCG average 64%, national average 65%).

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 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 on a noticeboard in the waiting room and on the practice website.

We looked at two complaints received in the last 12 months and found that one was satisfactorily dealt with and handled in a timely way and the second was being investigated. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- 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 principal GP had the experience, capacity and capability to run the practice and ensure high quality care. He prioritised safe, high quality and compassionate care. The principal was visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The practice encouraged a culture of openness and honesty.

When there were unexpected or unintended safety incidents:

- the practice gives affected people reasonable support, truthful information 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 that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the principal GP in the practice. All staff were involved in discussions about how to run and develop the practice, and the principal 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 was in the process of establishing a virtual patient participation group (vPPG) to gain the views of patients and ensure they were involved in decisions about the range and quality of the services provided by the practice. The vPPG was advertised in the practice and on the website but was not yet fully operational.
- The practice currently gathered feedback from patients through the NHS friends and family test, a patient survey conducted through the website and a suggestion box located in the waiting room.
- The practice had also gathered feedback from staff through appraisal and meetings. 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

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 part of local pilot schemes to improve outcomes for patients in the area. The principal GP was the medicines management lead for the CCG and was involved in the planned of medicine audits for other local practices to undertake. The GP had also developed an

computer tool to alert GPs of patients suitable for inclusion in the Integrated Care Pilot scheme and had shared with other practice's in the local network. The principal GP was the education lead for the CCG and was involved in monthly masterclass sessions and mentoring other local practices who were performing below standard.