

Balfour Road Surgery

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Requires improvement	
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 Balfour Road Surgery on 21 April 2016. Overall the practice is rated as good.

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 been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
 - Information about services and how to complain was available and easy to understand.

Improvements were made to the quality of care as a result of complaints but filing systems were not well organised and learning from complaints was not well documented.

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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 must make improvements are:

- Review its processes for identifying, receiving, recording, handling and responding to complaints.

Summary of findings

The areas where the provider should make improvements are:

- Undertake audits to monitor phone access.
- Ensure that the use of chaperones is routinely recorded in patient records.
- Review systems in place for identifying and supporting carers.
- Consider publishing a website to improve patient's access to on-line services.
- Undertake monthly calibration of its fridge vaccines thermometer or introduce a second thermometer to enable cross checks of the fridge thermometer's accuracy.
- Introduce a system for undertaking regular checks of its defibrillator and emergency oxygen.

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.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above the national average.
- 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 other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice comparable to others for several aspects of care.
- Patients told us they were treated with compassion, dignity and respect.
- Patients told us that they were involved in decisions about their care and treatment. This did not align with national GP patient survey data which showed that performance in this area was below CCG and national averages. The practice was aware and had taken action which it was confident would result in improved performance.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services.

- Information about how to complain was available and easy to understand and we saw how complaints were used to improve the quality of care. However, complaints management was not well organised.

For example, on the day of the inspection, documentation such as original complainant's letters and the practice's responses could not be located. The practice was not analysing complaints trends and actions taken as a result to improve the quality of care. We were told that learning from complaints took place at staff team meetings but these meetings were not routinely minuted.

- Practice staff reviewed the needs of its local population and engaged with the local Clinical Commissioning Group to secure improvements to services where these were identified. The practice offered a 'Commuter's Clinic' on a Tuesday and Wednesday evening up until 8pm for working patients, carers and others who could not attend during normal opening hours.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Requires improvement



Are services well-led?

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- 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.
- 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, although these were not always minuted.
- 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 notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

Good



Summary of findings

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

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.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Patients from this population group spoke positively about the care and treatment they received.

Good



People with long term conditions

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.
- 93% of patients on the diabetes register had a record of a foot examination and risk classification within the preceding 12 months compared with the 88% national average.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Patients from this population group spoke positively about the care and treatment they received.

Good



Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.

Good



Summary of findings

- The practice's uptake for the cervical screening programme was 81%, which was above the CCG average of 71% and the national average of 74%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

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.
- Patients from this population group spoke positively about the care and treatment they received.

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 including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Patients from this population group spoke positively about the care and treatment they received.

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).

- 87% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 84%.
- 91% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their record in the previous 12 months compared with the 88% national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice 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.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on January 2016. The results showed the practice was performing below local and national averages. Four hundred survey forms were distributed and 125 were returned. This represented 2% of the practice's patient list.

- 43% patients said they could get through easily to the surgery by phone (CCG average 53%, national average 73%).
- 69% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 66% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 57% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 47 comment cards which were all positive about the standard of care received, with consistent themes being that staff listened, that were kind and that the care delivered was compassionate.

We spoke with eight patients during the inspection. All eight patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The latest available friends and family test showed that all of the 25 patients surveyed would recommend the practice.

Areas for improvement

Action the service **MUST** take to improve

- Review its processes for identifying, receiving, recording, handling and responding to complaints.

Action the service **SHOULD** take to improve

- Undertake audits to monitor phone access.
- Ensure that the use of chaperones is routinely recorded in patient records.
- Review systems in place for identifying and supporting carers.

- Consider publishing a website to improve patient's access to on-line services.
- Undertake monthly calibration of its fridge vaccines thermometer or introduce a second thermometer to enable cross checks of the fridge thermometer's accuracy.
- Introduce a system for undertaking regular checks of its defibrillator and emergency oxygen.

Balfour Road 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 GP specialist adviser and a practice manager specialist adviser.

Background to Balfour Road Surgery

Balfour Road Surgery is located in Ilford, London Borough of Redbridge, North East London. The practice has a patient list of approximately 5,400 patients. Twenty nine percent of patients are aged under 18 (compared to the national practice average of 21%) and 7% are 65 or older (compared to the national practice average of 17%). Thirty seven percent of patients have a long-standing health condition and practice records showed that less than 1% of its practice list had been identified as carers.

The services provided by the practice include child health care, ante and post natal care, immunisations, sexual health and contraception advice and management of long term conditions.

The staff team comprises three GP partners (one male, two female totalling 21 sessions per week), two female nurses (totalling 7 sessions per week), a practice manager and administrative/reception staff.

The practice's opening hours are:

- Monday –Friday 9am-1pm and 4pm-6:30pm (half day Thursday)

Appointments are available at the following times:

- Monday to Friday: 9am-12.30pm, 1:30pm to 6:30pm (half day Thursday)

The practice offers extended hours opening at the following times:

- Tuesday 6:30pm-7:30pm
- Wednesday 6:30pm-8pm

Outside of these times, cover is provided by an out of hours provider.

The practice is registered to provide the following regulated activities which we inspected:

Diagnostic and screening procedures; Family planning; Surgical procedures; Treatment of disease, disorder or injury; Maternity and midwifery services.

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. 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 we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 21 April 2016. During our visit we:

Detailed findings

- Spoke with a range of staff including partner GPs, practice nurse and reception staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed a sample of personal care or treatment records of patients.
- Reviewed 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 were provided for specific groups of people and what good care looked like for them. The population groups are:

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

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

Are services safe?

Our findings

Safe track record and learning

We looked at systems in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. Clinical and administrative staff were aware of its location. The incident recording form supported the recording of notifiable incidents under the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

A GP had recently been designated as significant events lead at the practice, so as to improve systems for sharing learning and improving safety. Ten significant events had been recorded since July 2015.

For example, following an incident whereby a GP had, in error, sent a pharmacy an electronic prescription for patient X (who had a similar sounding name to the correct patient) we noted that the learning point was for increased vigilance prior to sending such prescriptions.

We saw that significant events were routinely discussed at weekly, minuted clinical meetings. The practice's monthly administrative team meetings (which included significant events analyses) were not always minuted. However, administrative staff could provide examples of recent significant events and of actions taken to improve patient safety.

Overview of safety systems and processes

We looked at systems, processes and practices in place to keep patients safe and safeguarded from abuse.

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. 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 on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (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. When a staff member undertook chaperoning duties, this was not always recorded in the patient's notes.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy and noted that a cleaning schedule was in place. One of the practice nurses 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 and regular hand hygiene audits were undertaken; and we saw evidence that action was taken to address any improvements identified as a result.
- We looked at the arrangements for managing medicines, including emergency medicines and vaccines to ensure that they kept patients safe. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. 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. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted, which allowed practice nurses to administer medicines in line with

Are services safe?

legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.

We noted that the practice was recording vaccines fridge temperatures using the fridge's thermometer but (in the absence of monthly thermometer calibration) was not using a second thermometer as a method of cross checking the accuracy of the temperature. The recorded temperatures were within the required range of 2-8°C.

- We reviewed five personnel files and found 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 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 had been checked within the last 12 months to ensure the equipment was safe to use and clinical equipment had also been checked to ensure it was working properly. The practice had risk assessments in place to monitor safety of the premises such as infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

We looked at arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks although the practice did not have a system in place for undertaking regular checks. A first aid kit and accident book were 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 stored securely.

The practice had a comprehensive 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 with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. For example, we saw that GPs prescribed medicines for patients with diabetes in accordance with NICE guidance.

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 patients' needs. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice 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 (2014/15) were 97% of the total number of points available compared with the respective CCG and national averages of 94% and 95%.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was 98% which was above the respective CCG and national averages of 94% and 95%. GPs spoke positively about the practice's patient recall systems and we were told that the practice's emergency admission rates for diabetic related conditions were amongst the lowest in the CCG.
- Performance for mental health related indicators was 100% (relating to 37 patients as at 21 April 2016) which was above the respective rounded CCG and national averages of 93%.

There was evidence of quality improvement including clinical audit.

- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

- There had been three clinical audits completed since January 2015 all of which were completed audits where the improvements made were implemented and monitored; and findings used by the practice to improve services.

For example, In February 2016, the practice undertook an audit to find out if patients with an absent or reduced spleen function (and who were therefore more susceptible to infection) had had a vaccine to protect against pneumococcal infection. The first cycle of the audit identified three patients with a reduced spleen function. They were invited for an appointment and a follow up audit later that month highlighted that two of the patients had received their vaccination and that the third was being contacted to rebook their failed appointment.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This 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. For example, for those reviewing patients with long-term conditions and undertaking cervical screening.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

Are services effective?

(for example, treatment is effective)

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

One record we looked at did not record that consent had been given. We noted that the practice was not monitoring consent through routine audits of patient records.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 81%, which was above the CCG average of 71% and the national average of 74%. The senior partner GP told us that they personally telephoned patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, latest published childhood immunisation rates for the vaccinations given to under two year olds ranged from 62% to 95% and five year olds from 61% to 88%. Data made available on the day of the inspection (21 April 2016) showed that the practice had achieved the Department of Health's 90% target for both age groups.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very 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.

All of the 47 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with eight members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was comparable to others regarding patients' satisfaction on consultations with GPs and nurses. For example:

- 77% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 75% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.

- 70% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%).
- 77% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%).
- 68% of patients said they found the receptionists at the practice helpful compared to the CCG average of 78% and the national average of 87%).

Care planning and involvement in decisions about care and treatment

Patients told us 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 from 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 below local and national averages. For example:

- 68% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 86%.
- 67% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 80% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice was aware of where national GP patient survey performance was significantly below CCG and national averages. Staff explained that that the six month time frame of the patient survey (January-March 2015 and July-September 2015) included three months (January-March 2015) when the practice had extensively used locum GPs. Staff told us they were confident that the appointment of two GP partners in April 2015 would improve patient feedback on how GPs explained tests and treatments, on how they involved patients in decisions about their care and in other areas of care.

Are services caring?

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that interpreting services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access

a number of support groups and organisations.

Information about support groups was available at the practice but we noted that the practice did not have a website where this information could also be shared.

The practice had identified 19 patients as carers (less than 1% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

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 local Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered a 'Commuter's Clinic' on a Tuesday and Wednesday evening until up to 8pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and interpreting services available.

Access to the service

- Monday –Friday 9am-1pm and 4pm-6:30pm (half day Thursday)

Appointments are available at the following times:

- Monday to Friday: 9am-12.30pm, 1:30pm to 6:30pm (half day Thursday)

The practice offers extended hours opening at the following times:

- Tuesday 6:30pm-7:30pm
- Wednesday 6:30pm-8pm

Outside of these times, cover is provided by an out of hours provider.

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 variable compared to local and national averages.

- 68% of patients were satisfied with the practice's opening hours compared to the national average of 75%.
- 43% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

We met with a group of eight members of the practice's patient participation group and discussed (amongst other matters) appointments access. They told us that they were able to get appointments when they needed them including same day appointments but expressed some concerns regarding phone access.

The practice had acted on these concerns for example by increasing the number of reception staff to cover the phones during peak periods, by setting aside a pre-determined number of on-line urgent appointments (via NHS choices) and also by raising awareness about on line booking. However, the practice did not have a website which might improve patients' access to on-line services and therefore reduce demand on phone lines.

On the day of our inspection (21 April 2016) we noted that the next urgent appointment was available that day and the next routine appointment was in two weeks.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

This entailed telephoning the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

We looked at the practice's system for handling complaints and concerns.

Are services responsive to people's needs?

(for example, to feedback?)

- Its complaints policy was 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.
- Information was available to help patients understand the complaints system including posters, reception TV information and a patient information leaflet.

A practice spreadsheet indicated that six complaints had been received since April 2015 but on the day of the inspection, the original complaints correspondence could not be located. The practice could show how lessons had been learned from complaints received, to improve the

service. For example, the wording on the standard letter inviting patients to call the practice regarding blood test results had been amended, following a complaint that the tone of the letter made patients anxious.

However, one complaint did not have an acknowledgement or formal response from the practice (which was not in accordance with legislation or its own complaints policy). Shortly after our inspection, we were advised that the complainant had been contacted.

We also noted that the practice was not analysing complaints trends and actions taken as a result to improve the quality of care. We were told that learning from complaints took place at staff team meetings but we noted that these meetings were not routinely minuted. We noted that the operation of the practice's complaints policy did not facilitate opportunities for learning.

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's stated vision was to strive for excellence and deliver high quality care. Its values were stated as team work, listening to patients and addressing their needs.
- The practice had a statement of purpose and staff knew and understood the values.

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. For example, a newly appointed partner GP led the sharing of learning from significant events.
- Practice specific policies were available to all staff.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

However, we noted that some governance arrangements did not always operate effectively (for example regarding complaints management).

Leadership and culture

The partners in the practice told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things

went wrong with care and treatment affected people were given reasonable support, truthful information and a verbal or written apology, although we noted concerns regarding complaints management.

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

- 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 and supported in doing so.
- Staff told us the practice held regular team meetings although these were not routinely minuted.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. 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.
- The practice had taken on two new partners within the last 12 months. The senior partner GP spoke positively about how this had increased her capacity to focus on delivering the practice's vision for excellent and high quality care (including improving GP national survey patient satisfaction scores).

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. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, regarding improvements to appointments access.
- The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff told us they felt involved and engaged to improve how the practice was run.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints</p> <p>How the regulation was not being met:</p> <p>Failing to operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other persons.</p> <p>This was in breach of regulation 16(1) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>