

Crown Street 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?

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 Crown Street Surgery on 2 December 2015. 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 although records of actions taken could be improved.
- Risks to patients were assessed and well managed although records of actions taken in response to environmental risk assessments could be improved.
- 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. Training records could be improved to evidence the in-house training provided.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice 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:

- There were some shortfalls in record keeping for example, records were not always completed to evidence actions had been taken to address any learning points from investigations of significant events. Infection prevention and control training provided in-house was not recorded to evidence the

Summary of findings

content of the course and completion date. Records were not always completed to evidence action had been taken to address areas identified for improvement in the environmental risk assessment.

- Systems to communicate with staff could be improved. For example, staff did not feel they had the opportunity, as a team, for sufficient regular discussion about the operation of the practice and any changes being implemented.

Professor Steve Field CBE FRCP FFPH FRCGP Chief Inspector of General Practice

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.

Good



- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events although records of actions taken could be improved.
- Risks to patients were assessed and well managed although records of actions taken in response to environmental risk assessments could be improved.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data showed patient outcomes were 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. Training records could be improved to evidence the in-house training provided.
- 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?

The practice is rated as good for providing caring services.

Good



- Data showed patients felt they were treated with compassion, dignity and respect although the practice was slightly below average for its satisfaction scores on consultations with doctors and nurses. However, information we received from patients on the day of the inspection showed patients were satisfied with the care and treatment they received.
- 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.

Summary of findings

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

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.
- Patients said they found it easy to make an appointment 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 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.

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 partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.
- The practice sought feedback from staff and patients, which it acted on. The patient participation group was active.

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, and offered home visits and urgent appointments for those with enhanced needs.
- The percentage of people aged 65 or over who received a seasonal flu vaccination was comparable to the CCG and national averages. The nursing team visited patients at home, where required, to provide this treatment to ensure consistency and a personal service.

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 the management of long-term conditions and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was 96.5% which was better than the CCG and national averages of 82.7% and 89.2%.
- 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.

- 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.

Good



Summary of findings

- 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.
- The practice uptake for the cervical screening programme was 80.61% which was comparable to the CCG average of 82.5% and the national average of 81.8%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

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.

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 those with a learning disability.
- It offered longer appointments for people with a learning disability.
- The practice nurses 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.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

Good



Summary of findings

- 77.5% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months.
- Performance for mental health related indicators was 96.2% which was better than the CCG and national averages of 90.7% and 92.8%. We saw this was an improvement in this area from the practice 2013/14 results of 72.2%.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support people with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice was performing in line with local and national averages. There were 257 survey forms distributed for Crown Street Surgery and 117 forms were returned. This is a response rate of 45.5% and represents 1.2% of the patient population.

- 87.4% found it easy to get through to this surgery by phone compared to a CCG average of 73.2% and a national average of 73.3%.
- 97.2% found the receptionists at this surgery helpful (CCG average 86.6%, national average 86.8%).
- 83.4% were able to get an appointment to see or speak to someone the last time they tried (CCG average 84.1%, national average 85.2%).
- 91% said the last appointment they got was convenient (CCG average 93.3%, national average 91.8%).
- 69.3% described their experience of making an appointment as good (CCG average 73.1%, national average 73.3%).

- 67.2% usually waited 15 minutes or less after their appointment time to be seen (CCG average 69.4%, national average 64.8%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 15 comment cards which were mostly positive about the standard of care received. Patients told us staff were friendly and helpful. They described the care they received as excellent and said the clinical staff listened to them and explained treatments. We received three less positive comments about different aspects of the appointment system but the majority said they could get an urgent appointment if required and found the triage system worked well. Some patients said the appointment system had improved.

We spoke with 11 patients during the inspection. All patients said that they were happy with the care they received and thought that staff were approachable, committed and caring. The majority said they were satisfied with the appointment system and had seen improvements with the introduction of the triage system.

Crown Street Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist advisor, a practice nurse specialist advisor and an expert by experience.

Background to Crown Street Surgery

Crown Street Surgery is situated within a purpose built surgery in Mexborough, Rotherham.

The practice provides General Medical Services (GMS) for 9,400 patients in the NHS Rotherham Clinical Commissioning Group (CCG) area.

There are two male GP partners in addition to one male and three female salaried GPs. There are two advanced nurse practitioners, a practice nurse, three trainee practice nurses and two health care assistants. There is an administration team led by a practice manager.

The practice is open at the following times:

- Reception opening times are 8am to 6.30pm Monday to Friday.
- GP and Nurse team surgeries are 7am to 11.20 am and 1pm to 5.50pm Monday to Friday.

Out of hours services are provided by Care UK, (the company providing out-of-hours care for NHS Rotherham's patients). Calls are diverted to this service when the practice is closed. NHS Rotherham also provides a Walk-in Centre to deal with minor ailments, illnesses and injuries. It is open from 8am to 9pm every day including Bank Holidays (excluding Christmas Day).

The practice is registered to provide the following regulated activities; maternity and midwifery services; family planning, surgical procedures, diagnostic and screening procedures and treatment of disease, disorder or injury.

We had been notified the practice partnership had changed. A new partner is in the initial stages of registering with the CQC.

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 registered 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 2 December 2015. During our visit we:

- Spoke with a range of staff including three GPs, an advanced nurse practitioner, four practice nurses, health care assistant the practice manager, assistant practice manager, receptionist and a member of administration staff.

Detailed findings

- We spoke with 11 patients who used the service including three members of the patient participation group.
- Observed interactions between patients and staff and talked with carers and/or family members.
- Reviewed the 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 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.

- The practice manager told us there were members of staff with lead roles in this area for the administration team and nursing teams to support staff in 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 an analysis of individual significant events and discussed incidents and agreed action plans at meetings.
- We saw that a log of incidents was maintained and the practice manager told us they used this for ongoing analysis of patterns and trends. The log did not include the actions taken to address any learning points from investigations.

We reviewed 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 and a log of actions taken in response to patient safety alerts was maintained.

When there were unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology and were 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 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 provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities. Staff had received

training, via Clinical Commissioning Group (CCG) training events, relevant to their role and they also had access to an on line learning package. We were told GPs were trained to safeguarding level three through the CCG training events although evidence of this was not held at the practice. In response to local challenges, staff had also completed training in matters relating to child sexual exploitation.

- A notice in the waiting room advised patients that a chaperone was available if required. Practice nurses or the health care assistants would act as chaperones. 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. An experienced practice nurse was the infection prevention and control (IPC) clinical lead and had received training in this role. There was an IPC protocol in place although this did not clearly identify persons responsible for IPC matters. An IPC risk assessment had been completed. IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. Staff told us they had received IPC training from the lead nurse. However, there were no records to evidence completion of this and the practice manager told us there was no schedule for IPC training to take place currently. They told us that a new training provider had been arranged to provide staff training for the practice, including IPC, as from March 2016.
- 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 practice nurses to administer medicines in line with legislation.
- We reviewed four personnel files and found that appropriate recruitment checks had been undertaken

Are services safe?

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. One newly recruited practice nurse had made an application for indemnity insurance but the certificate had not been received. The practice manager followed this up with the insurance company during the inspection to ensure it was processed.

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. The practice fire policy and procedure had been reviewed in November 2015. There was also a fire risk assessment dated 2008. The practice manager told us she reviewed this but there had been no changes to the building or systems which had required the risk assessment to be changed. The review dates were not recorded. The practice carried out periodic fire drills and regular tests of the equipment. 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 also had an environmental risk assessment although this did not record the actions taken to address any shortfalls identified. We saw one minor area which had been identified for action in both the 2014 and 2015 audit but action to address this had not been completed at the time of the inspection.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff required to meet patients' needs. After a long period of stability, the practice had experienced a number of staff changes to the GP and nursing teams over the previous 12

months due to staff retirement and emigration. They had used locum staff to provide cover during this period but had recruited new staff and felt they now had a stable staff team.

- There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. Reception staff told us that at times they felt there was insufficient staff to cover this area. We noted the reception to have one receptionist on duty on the front desk. We observed sometimes the queue for reception grew to five patients although this was exacerbated by the electronic patient self-check-in system being out of order on the day. Only one person commented that it was sometimes difficult to get through to the practice by telephone.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on 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.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- 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 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.

- Staff had access to guidelines from NICE and the local CCG and used this information to deliver care and treatment that met peoples' needs. The lead GP told us that these guidelines and any changes were not routinely discussed within the practice and clinical staff were expected to keep up to date.
- The practice nurses were able show us how they accessed the guidelines and gave examples of new guidelines relevant to their practice.
- We saw the practice had monitored these guidelines were followed through some of the clinical audits we reviewed.

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 showed the practice had achieved 95.5% of the total number of points available, with 11.1% exception reporting. 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 96.5% which was better than the CCG and national averages of 82.7% and 89.2%.
- The percentage of patients with hypertension having regular blood pressure tests was 79.8% similar to the CCG and national average of 83.6%.
- Performance for mental health related indicators was 96.2% which was better than the CCG and national averages of 90.7% and 92.8%. We saw this was an improvement in this area from the 2013/14 result of 72.2%. One area related to this result showed that in 2013/14, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the

record, in the preceding 12 months was low, at 52.17%, compared to the National average of 86.04%. The 2014/15 results showed this figure had increased to 87% and was similar to the national average of 88.3%.

Clinical audits demonstrated quality improvement.

- 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 an audit included a reduction in the number of patients living with dementia prescribed anti psychotics and an increase in the number of patients with atrial fibrillation being prescribed an anti-coagulant. Another audit showed patients with rheumatoid arthritis had been assessed as to their cardio vascular risk, 19 patients had been identified as at risk and had been prescribed relevant medicines.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality. Infection prevention and control (IPC) was not included on the induction records but staff told us this was provided in-house by the lead nurse in this area. The practice manager advised us that from March 2016 they would be using an external training provider for all the training to improve this area.
- 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, 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. Staff had received an appraisal within the last 12 months.

Are services effective?

(for example, treatment is effective)

- Staff received training which 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.

- 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 patients 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. The advanced nurse practitioners attended monthly multi-disciplinary team meetings with social workers where patients requiring palliative care or those with social care issues were discussed.

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.

Health promotion and prevention

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

- These included those with palliative care needs, 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.
- A joint weekly Substance Misuse Clinic was held at the practice by a GP and primary care liaison nurse.

The practice had a system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice uptake for the cervical screening programme was 80.61% which was comparable to the CCG average of 82.5% and the national average of 81.83%. 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.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97.2% to 100% and five year olds from 95.8% to 98.9%. Flu vaccination rates for the over 65s were 72.7% and at risk groups 68.6%. These were also comparable to 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 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 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. We observed good practice by one member of staff when assisting a distressed patient.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect although the practice was slightly below average for its satisfaction scores on consultations with doctors and nurses. For example:

- 85.8% said the GP was good at listening to them compared to the CCG average of 89.4% and national average of 88.6%.
- 80.1% said the GP gave them enough time (CCG average 88.2%, national average 86.6%).
- 92% said they had confidence and trust in the last GP they saw (CCG average 95.7%, national average 95.2%)
- 80% said the last GP they spoke to was good at treating them with care and concern (CCG average 86.1%, national average 85.1%).
- 89.4% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90.7%, national average 90.4%).
- 97.2% said they found the receptionists at the practice helpful (CCG average 86.6%, national average 86.8%).

All of the 15 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. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We also spoke with 11 patients including three 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.

Care planning and involvement in decisions about care and treatment

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 although the practice scored slightly below local and national averages in this area. Results were in line with local and national averages. For example:

- 81.1% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86.7% and national average of 86.0%.
- 72.3% said the last GP they saw was good at involving them in decisions about their care (CCG average 82.6%, national average 81.4%).

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. Patients were able to clearly describe the instructions and advice they had been given about their medicines. Patient feedback on the comment cards we received was also positive and aligned with these views.

Staff told us that interpretation services were available for patients who did not have English as a first language.

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. 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, the practice sent them a sympathy card. Three counsellors, including a bereavement counsellor, held regular clinics in the building for the patients of the practice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice manager and one of the GPs attended a CCG commissioning meeting every month where the needs of its local population were discussed with the NHS England Area Team and Clinical Commissioning Group (CCG). The practice nurses attended the CCG nurses forum.

- The practice offered early morning GP and nurse appointments from 7am five days a week for patients who could not attend during normal opening hours.
- There were longer appointments available for people who required these.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and interpretation services available.
- Services were provided flexibly. For example, if a patient attended the surgery and it was identified the patients long term condition review was due the review would be completed if possible to save the patient returning to the surgery.
- The nursing team told us they visited patients at home to provide flu vaccines, when required, to ensure continuity and a more personal service for the patient.
- The nursing team had introduced a home monitoring system for patients prescribed warfarin. When the patients had initially been prescribed warfarin they were then followed up at home by the practice nursing team rather than transferring them to the community team to provide consistency for the patient.

Access to the service

The practice reception was open between 8am and 6.30pm Monday to Friday. Appointments for GP and nursing team surgeries were available 7am to 11.20am and 1pm to 5.50pm Monday to Friday. Additionally clinics were held on Saturdays during the flu vaccination season. Home visits were undertaken by nurses and GPs as required.

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

- 67.1% of patients were satisfied with the practice's opening hours compared to the CCG average of 75.5% and national average of 74.9%.
- 87.4% patients said they could get through easily to the surgery by phone (CCG average 73.2%, national average 73.3%).
- 69.3% patients described their experience of making an appointment as good (CCG average 73.1%, national average 73.3%).
- 67.2% patients said they usually waited 15 minutes or less after their appointment time (CCG average 69.4%, national average 64.8%).

The practice had reviewed and changed the appointment booking system to address long waits for appointments, reduce the high numbers of patients who failed to attend and to improve the service for patients. Since April 2015, the appointment booking system had been managed via a triage system undertaken by the GPs. The practice told us the number of patients failing to attend for their appointments and waiting times for appointments had been significantly reduced.

The practice recognised that this system may not always meet the needs of working people due to the need to be called by the GP to discuss their health issue in the work place. A small number of pre-bookable appointments were available every day via the online service. The practice was also planning to write to local employers and had drafted a letter to explain and promote the benefits of its system.

We received positive comments from the patients who said they found the new system much improved. They said waiting times had been reduced and said they had been seen on the same day they had contacted the practice or their problem had been addressed over the phone. One person felt the triage system was not appropriate for them. The majority of patients said they could get through easily to the practice by phone but one person said they found it difficult. Comments on the CQC comment cards were mainly positive about the appointment system and people said they could see the improvements.

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.

Are services responsive to people's needs? (for example, to feedback?)

- 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.

We looked at complaints received in the last 12 months and found these were satisfactorily handled. We saw complaints were discussed at meetings and where issues had involved individual staff these had been discussed with the person involved and protocols had been re-enforced.

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 staff knew and understood the values of the practice and staff we spoke with said they worked together as a team to achieve these.
- The practice had identified the challenges to the service in respect of a number of staff changes after a long period of stability. It had reviewed the services and made changes to ensure good quality services could be maintained and improved.

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.
- Staff had a comprehensive understanding of the performance of the practice.
- A programme of clinical and internal audit which was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The practice manager and GPs told us challenges relating to staff changes had impacted on the meetings schedule. The practice was reviewing the way meetings were held as they had found the new appointment and triage system was impacting on staff availability to attend these. The nursing team told us they had clinical meetings every two weeks and practice meetings monthly.

Leadership, openness and transparency

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

The registered 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, 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.

- Some staff told us that the practice had team meetings but these were not very frequent and although staff felt supported they felt there was not enough time for discussion about the operation of the practice and any changes being implemented.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings or with any of the management team and were 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. 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 through the Patient Participation Group (PPG).

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis and submitted proposals for improvements to the practice management team. For example, the PPG members we spoke with told us

Are services well-led?

Good 

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

they were involved in the plans to change the appointment system to meet the challenges of staff changes, long waiting times and high rates of patients not attending appointments.

- The practice had also gathered feedback from staff generally through staff meetings, appraisals and discussion. 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 although they would like more frequent meetings. The practice manager told us a staff survey was scheduled for December 2015.