Glenside Medical Centre

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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Glenside on 8 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.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- 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 area where the provider should make improvements is:

- Improve the availability of non-urgent appointments by improving telephone access, in line with patient feedback. Audit and evaluate the improvement.

- **Professor Steve Field (CBE FRCP FFPH FRCGP) Chief Inspector of General Practice**

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services as there are areas where it should make improvements.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. When things went wrong, reviews and investigations were thorough and lessons learned were communicated widely enough to support improvement.
- Risks to patients who used services were assessed, and systems and processes to address these risks were implemented well enough to ensure patients were kept safe.
- When there are unintended or unexpected safety incidents, patients receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.

Are services effective?

Good

The practice is rated as good for providing effective services.

- 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. Mandatory staff training had been completed such as fire and basic life support. Plans were in place for a new online training programme to be in place within the early part of 2016.
- 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 patient needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice higher than others for several aspects of care.

Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

Requires improvement

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

- It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example extended hours, allowing patients to have early morning appointments.
- Patients said they did not find it easy to make an appointment by telephone and had difficulty getting through, about which the practice scored lower than local and national averages.
- 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.

Are services well-led?

Good

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

- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by 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

Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was well established and were keen to support improvement with the support of the practice manager.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

Good

The practice is rated as good for the care of older patients.

The practice offered proactive, personalised care to meet the needs of the older patients in its population. It was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GPs also undertook twilight visits when required rather than asking patients to use the out of hour's service, this provided continuity of care.

Every patient had their own named GP, however, patients were able to see the GP of their choosing.

The palliative care register was reviewed weekly at a clinical meeting. There was good relationships with other members of the multi-disciplinary team including district nurses, health visitors and with the pharmacy to ensure elderly/frail patient medicines were well managed.

The practice has level access throughout. There were wheelchairs for patients to use if required.

People with long term conditions

Good

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

Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medicine 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.

The practice had GPs with special interests including musculoskeletal medicine skills, chronic pain and dermatology. Patients were referred internally to the specific GP and had treatment within the practice, saving them from having to attend an outpatient's appointment at Derriford Hospital.

Special messages were attached to the computerised patient records that Out of Hours services could see, to ensure consistent care. If a patient was admitted to hospital, the practice sent a written summary to the hospital with details of both the current problem and of past medical history including current medicines and allergies, to help enable consistent and safe of care.

Summary of findings

The practice extended hour's appointments to allow access to working age patients with chronic diseases.

Families, children and young people

Good

The practice is rated as good for the care of families, children and younger 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 patients who had a high number of A&E attendances. Immunisation rates were good for all standard childhood immunisations.

Patients told us that children and young patients were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.

Appointments were available outside of school hours and the premises were suitable for children and babies. The practice always offered same day GP appointments to children when requested. There were after school appointments with a nurse for children and young patients who need immunisations or asthma reviews.

We saw good examples of joint working with midwives, health visitors and school nurses. A community midwife ran a weekly clinic from the practice.

Extra support was given to the needs of the families of service personnel who had unique needs including social isolation and periods of single parenting.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working 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.

Appointments were available at 7am on two mornings a week to support those patients who were working.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the care of patients whose circumstances may make them vulnerable.

Summary of findings

The practice held a register of patients living in vulnerable circumstances including homeless patients, and those with a learning disability. It offered longer appointments for patients with a learning disability. There was a person centred approach, which ensured patients with communication needs received information in a format that was most appropriate for them. The practice had completed 100% of annual health checks for patients with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.

It had told vulnerable patients about how to access various support groups and voluntary organisations.

Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good

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

71.3% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months. For those that refused or did not attend, follow up letters were sent. This recall work was ongoing.

The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015. The results showed the practice was performing below local and national averages. 240 survey forms were distributed and 128 (1.8% of the patient list) were returned. This was a response rate of 53.3%

- 57.6% found it easy to get through to this surgery by phone compared to a CCG average of 84.4% and a national average of 73.3%.
- The practice were actively trying to improve patient telephone access and appointment satisfaction. They were making use of all staff and all telephone lines at busy periods (Monday Mornings), and were planning new IT systems and telephony in the future.
- 86.6% were able to get an appointment to see or speak to someone the last time they tried (CCG average 91%, national average 85.2%).
- 92% said the last appointment they got was convenient (CCG average 95.1%, national average 91.8%).
- 64.6% described their experience of making an appointment as good (CCG average 83.3%, national average 73.3%).
- 45.6% usually waited 15 minutes or less after their appointment time to be seen (CCG average 71.2%, 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 38 comment cards which were all positive about the standard of care received. For example patients said that they were happy with the standard of care they received and thought that staff were friendly, helpful, considerate and accommodating.

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

Areas for improvement

Action the service SHOULD take to improve

- Improve the availability of non-urgent appointments by improving telephone access, in line with patient feedback.Audit and evaluate the improvement.

Glenside Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist advisor, and a practice manager specialist advisor.

Background to Glenside Medical Centre

Glenside Medical practice was inspected on Tuesday 8th December 2015. This was a comprehensive inspection.

The practice is situated in the Devon town of Plympton which is approximately four miles from the city of Plymouth. The practice provides a general medical service to approximately 6950 patients of a diverse age group.

There were three GP partners who held managerial and financial responsibility for running the practice, one female and two male. They were supported by two salaried GPs. The team were supported by a nurse prescriber, a health care assistant, a phlebotomist and additional administration staff. Patients also had access to community nurses, health visitors and midwives.

The practice was a training practice for under graduates and post graduates.

The practice is routinely open from Monday to Friday – 8am to 6pm. There are two early morning appointment sessions for patients who work full-time - these are on Monday and Friday starting at 7am.

Outside of these times there is a local agreement that directs patients to contact the out of hours service (Devon Doctors) by using the NHS 111 number.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 8 December 2015. During our visit we:

- Spoke with a range of staff including, administration and reception staff, nurses, GPs and the practice manager.
- Observed how patients were being cared for 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:

Detailed findings

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to patient needs?
- Is it well-led?

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

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

Good

Are services safe?

Our findings

Safe track record and learning

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

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

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. We reviewed the summary of incident reports from August 2015 which were sent to us before the inspection. The summary gave a description of the event and any immediate actions taken. There was evidence of analysis of these events, what had been learned and what action had been taken to improve safety in the practice. Staff told us they were kept informed about any action taken and there were minutes to show how the learning had been shared with the team. For example we saw records that showed when a patient had received the wrong medicines in error. Learning was shared from this and all staff were made aware.

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

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were working towards or were at Safeguarding level three..
- A notice in the consultation rooms advised patients that some staff would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of patients 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. There was an infection control protocol in place. An infection control check was completed every three months, with the last being in November 2015. The nurse who had been the infection control clinical lead had left and no one had taken their place although a new nurse was starting work the following week and it was planned that they would take up this role. Clinical waste was managed well by staff, but storage was difficult due to limited space within the practice, waste had been stored in a cleaning cupboard, which held the electrical fuse box and cleaning supplies and equipment. The practice had risk assessed this and knew the storage was unsatisfactory. They agreed they needed a clinical waste bin kept outside and were in the process of arranging this.
- The arrangements for managing medicines, including emergency medicines and vaccines, 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 good systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- The practice had appropriate written procedures in place for the production of prescriptions that were regularly reviewed and accurately reflected current practice.

Good

Are services safe?

- Emergency medicines were available in the practice, and those held on the emergency trolley were found to be in date and checked regularly. GPs were responsible for any medicines in their bags and were reminded to check contents and expiry dates monthly.
- We reviewed four personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

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

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patient 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 patients

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 90%of the total number of points available, with 7.8% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- The percentage of patients with hypertension having regular blood pressure tests was 81.4% which was higher than the national average of 78.53%.
- The percentage of patients with diabetes, on the register, with a record of a foot examination within the past 12 months was 92.83% this was higher than the national average of 88.35%.
- Performance for mental health related indicators were comparable to other practices. For example indicators for patients with mental health who had a written care plan in place were 87.1% which was better than the national average of 86.04 and the percentage of patients with dementia who had had a face to face review was 71.43% compared to the national average of 83.2%.

  Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and patient outcomes. We saw a number of clinical audits had recently been carried out. This included an audit of patients with suffering with atrial fibrillation (AF).With this condition there is a known higher risk of having a stroke. An audit was carried out in May 2014 to identify if any of these patients would benefit from receiving anticoagulant therapy and the risks/benefits of this. Those patients eligible (once assessed) were commenced on anti-coagulation therapy. A re audit was undertaken the following June 2015 which showed 76% of patients with AF were being treated appropriately with anti-coagulants and therefore the risk of having a stroke was being reduced.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff had previously been identified through a system of appraisals, meetings and reviews of practice development needs.
- Staff received training that included: safeguarding, fire procedures and basic life support, although further enhanced training such as MCA training and customer care had not yet been undertaken. The practice closed for a half day training twice yearly, during this time all staff had training together and also within separate groups to update on various topics. New e-learning was set to commence in the spring of 2016. This would give access to all staff for further 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.

Good

Are services effective?

(for example, treatment is effective)

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

Staff worked together and with other health and social care services to understand and meet the range and complexity of patient 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 are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. Clinical meetings within the practice took place on a weekly basis.

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 patients, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

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

These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet and alcohol cessation.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 82.64%, which was comparable to the national average of 81.88%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 87.3% to 98.5% and five year olds from 94.6% to 97.8%. Flu vaccination rates for the over 65s were 74.36%, and at risk groups 44.8%. These were also comparable to CCG and national averages.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that patients were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 38 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

The patient participation group sent us information prior to the inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 96.3% said the GP was good at listening to them compared to the CCG average of 92% and national average of 88.6%.
- 91% said the GP gave them enough time (CCG average 90.9%, national average 86.6%).
- 99.5% said they had confidence and trust in the last GP they saw (CCG average 97.2%, national average 95.2%)
- 93% said the last GP they spoke to was good at treating them with care and concern (CCG average 89.7, national average 85.1%).
- 98.1% said the last nurse they spoke to was good at treating them with care and concern (CCG average 93.4%, national average 90.4%).

Care planning and involvement in decisions about care and treatment

Patients told us that they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 93.3% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90.4% and national average of 86%.
- 86.1% said the last GP they saw was good at involving them in decisions about their care (CCG average 87.3%, national average 81.4%)

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

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.

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.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patient needs

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

- The practice offered extended hours on a Monday and Friday morning from 7am 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 / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services available.
- There was level access from outside and throughout the practice.
- There were baby changing facilities available.

Access to the service

The practice was open from Monday to Friday 8am to 6pm. Appointments were available between 8am and 5.45pm Monday to Friday. Outside of these times there was a local agreement that the out of hours service (Devon Doctors Out of Hours Service) took phone calls and provided an out-of-hours service. Extended hours were offered twice a week on a Monday and Friday with appointments being available from 7am.

Same day appointments were available and routine appointments were bookable in advance. The practice fell below CCG and national averages (GP national patient survey) for patients being able to get through on the telephone when they tried and their experience of making an appointment was unsatisfactory.

There were arrangements to ensure patients received urgent medical assistance when the

practice was closed. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances. Information on the out-of-hours service was provided to patients. Longer appointments were available for older patients, those experiencing poor mental health, patients with learning disabilities and those with long-term conditions. This also included appointments with a named GP or nurse. The patient survey information we reviewed showed patients responded negatively to questions about access to appointments and rated the practice below CCG and national averages in these areas. For example:

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

- 70.4% of patients were satisfied with the practice's opening hours compared to the CCG average of 77.6% and national average of 74.9%.
- 57.6% patients said they could get through easily to the surgery by phone (CCG average 84.4%, national average 73.3%).
- 64.6% patients described their experience of making an appointment as good (CCG average 83.3%, national average 73.3%.

Same day appointments were available and routine appointments were bookable in advance.

The practice was aware of the problems patients were experiencing, and their overall dissatisfaction when telephoning to make an appointment. They were actively trying to improve this and had received feedback from the patient participation group (PPG). All staff were being utilised at busy periods, making full use of the six telephone lines and the introduction of a new computer and telephone systems had been planned for the coming year.

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.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, for example there was a poster displayed in the foyer explaining the complaints procedure and there were details on the practice website.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

We looked at 20 complaints received in the last six months and found these were satisfactorily handled and dealt with in a timely way, showing openness and transparency in dealing with the complaint. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a patient complained that their prescription had been missed and delayed them receiving their medicines. This was immediately dealt with and the prescription was delivered to the patient within an hour.

Are services well-led?

Good

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

Our findings

Vision and strategy

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

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

Governance arrangements

The practice had a governance framework which supported good quality care. This outlined the structures and procedures in place and ensured that:

• There was a clear staffing structure and staff were aware of their own roles and responsibilities.

• Practice specific policies had been implemented and were available to all staff on the intranet. Staff explained that any changes, alerts or updates were communicated by a weekly email and discussed at clinical meetings.

• There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, annual environmental risk assessments had been performed.

Staff said communication was good at the practice. Staff explained any messages, alerts or notices were passed on by a message system on the computer system.

Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure good quality care. The partners were visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The 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 gives affected patients reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.

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

- Staff told us that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The Glenside Medical Centre PPG were established in February 2012 with a core membership of 12 members. The PPG were a group of patients who worked with the practice to provide practical support to help patients take more responsibility for their own health and to provide strategic input and advice. They undertook a patient survey in July 2014 which asked what patients thought of the service they were receiving from the practice. The replies showed they were satisfied with service delivery, although there were concerns around the appointments system. This was fed back to the management and improvements were on-going.

The PPG met quarterly and the practice manager always attended and gave the group an update on the practice. The PPG were very involved in the running of the practice. For example, one member was part of the interview process in appointing the new practice manager.

Are services well-led?

Good

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

Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.