Park View 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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Park View Surgery on 4 November 2015. Overall the practice is rated as good.

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

- Information about safety was recorded, monitored, reviewed and any issues were addressed in a timely way. There was an effective system in place for reporting and recording significant events and complaints.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP.
- Urgent appointments were available on 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.

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.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- Risks to patients and staff were assessed and well managed.
- When there were unexpected safety incidents, patients received support, information, and a verbal and written apology. They were told about any action taken 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 from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average for the locality and compared to national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence that the practice had a systematic approach to staff development and training with regular meetings and appraisal to identify training and development needs for all staff.
- Staff worked with other healthcare professionals to understand the range and complexity of patients' needs and help meet them.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey published in July 2015 showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with care, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Information for patients about the services available was easy to understand and accessible.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff 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, the practice was involved with the local federation with a view to working with a number of other practices to improve weekend access to GP services.
- 46% of patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed 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.

- The practice had a clear vision and strategy to provide the best possible health care and advice to 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 a 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 practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning, reflective practice and improvement at all levels.

Summary of findings

- There was a high level of constructive engagement with staff both formally and informally, with low staff turnover and a high level of staff satisfaction
- 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 to monitor any notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- The practice offered proactive, personalised care to meet the needs of older people in its population.
- The practice had identified patients most at risk of hospital admission. Each patient had a personalised care plan and an alert was put on the patient record. Any admissions were reviewed to identify avoidable factors.
- The practice also referred frail, elderly patients to a regional older persons unit staffed by a geriatrician and multi-disciplinary team where they were usually seen with 48hours for a review of medication and for other health and social needs to be addressed.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those who needed them.
- The practice provided care for the residents of two nearby care homes for elderly people, providing twice weekly visits to the larger one. They also requested visits form a paramedic led Acute Visiting Service over weekends when they had concerns about a patient.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and worked closely with visiting specialist nurses.
- The practices' performance for diabetes management was higher than the national average, for example, 93% of diabetic patients had had a recent foot examination compared to the national average of 88%
- Patients were referred to local services for lifestyle advice related to their conditions.
- Patients at risk of hospital admission were identified as a priority and had a personalised care plan. An alert on their record ensured that receptionists were aware that these patients should be offered same-day contact preferably with their usual doctor.

Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Where patients had a number of long-term conditions the practice took a holistic approach and offered them synchronised appointments so that where possible all their conditions could be reviewed during one visit to the surgery.
- Home visits were available when needed.

Families, children and young people

Good

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

- There were systems in place to identify 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 (97-99%)
- The practice offered a wide range of contraceptive services.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals. Chlamydia screening packs were available in different areas of the practice and the practice sent results by text message.
- Data showed 82% of eligible women had received a cervical screening test.
- Appointments were available outside of school hours and the premises were suitable for children and babies. The practice offered 24 hour and six week baby checks.
- Staff told us they had good working relationships with midwives and health visitors.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice offered services that were accessible, flexible and, where possible, offered continuity of care.

Summary of findings

- Pre-bookable appointments were available from 8.40am to 6pm Monday to Friday Early (from 7am) and late (until 8pm) were available on alternate Wednesday and Tuesdays and advertised on the practice web site)
- Pre-bookable telephone consultations were also available.
- Urgent same-day appointments and telephone consultations were available.
- Nursing staff offered a travel vaccination service.
- The practice provided medical examinations for taxi and HGV drivers.
- The practice offered a range of online services as well as a full range of health promotion and screening that reflected the needs for this age group.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including those who were homeless, had alcohol or substance misuse problems, and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability and staff were aware of individual patient needs such as what time of day a patient might prefer their appointment.
- Patients with learning disabilities were offered annual health checks. 50% had attended half way through the year.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. Some were referred to a community matron to ensure that their health and social care needs were identified.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice supported homeless patients who were trying to find housing and support.
- The practice worked closely with a local charity which provided support for a number of refugees. The practice offered longer appointments using interpreting services when needed.
- The practice worked with the drug and alcohol abuse service counsellor to provide a shared care scheme for substance misuse patients.

Summary of findings

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

People experiencing poor mental health (including people with dementia)

Good

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

- 73% of patients living with dementia had a face-to-face care review in the previous 12 months
- The practice regularly worked with multi-disciplinary teams in the case management of the people experiencing poor mental health, including those with dementia. Patients were also referred to the local Memory Clinic.
- The practice carried out advance care planning for patients with dementia.
- The primary mental health facilitator was based in the practice building. This helped with smooth and prompt referral of patients who needed access to psychological therapies.
- 92% of patients with mental health problems had a comprehensive agreed care plan on their records which comparable with national figures.
- The practice had also provided patients experiencing poor mental health with information about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency when they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was performing in line with local and national averages. 336 survey forms were distributed and 132 were returned, a response rate of 39%.

- 63% found it easy to get through to this surgery by phone compared to a CCG average of 71% and a national average of 74%.
- 83% were able to get an appointment to see or speak to someone the last time they tried (CCG average 86%, national average 85%).
- 87% described the overall experience of their GP surgery as fairly good or very good (CCG and national average 85%).
- 72% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG and national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received nine comment cards which were all positive about the standard of care received. Several patients described the surgery as excellent saying that urgent same day appointments were very helpful especially for children. Staff were described as caring, polite and supportive.

All the patients we spoke with on the day told us that reception staff were polite, friendly and helpful to patients when they telephoned or attended the practice. Patients told us that it could be more difficult to see their choice of doctor but sometimes they were able to have a useful telephone consultation with them. Patients said that that they were treated with dignity and respect and they knew they could request a chaperone to be present during an examination.

Park View Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Park View Surgery

Park View Surgery is located in the centre of Loughborough in north west Leicestershire. The practice is housed in 2 adjoining converted Victorian houses. There is disabled access to the ground floor only. It has a General Medical Services (GMS) contract and is a training practice providing placements for trainee GPs.

- The practice has one full-time and four part-time GPs, three of whom are female.There are two practice nurses, a nurse practitioner who is also the nurse manager, and a health care assistant who are all female. There are also administrative staff including a business manager, practice manager and reception team.
- The practice is open between 8.30am and 6.00pm Monday to Friday. Appointments are generally available from 8.40am to 10.40am and from 11.20am to 11.50pm and from 3.30pm to 6pm Monday to Friday. There are also some pre-bookable appointments from 7am to 8.30am on alternate Tuesdays and from 6pm to 8pm on alternate Wednesdays. The practice also provides minor surgery.
- Out of hours services are provided by CNCS (Central Nottinghamshire Clinical Services). Patients are directed to the correct numbers if they phone the surgery when it is closed.
- The practice has 7740 patients registered with it.
- Although Loughborough is a thriving market and university town it does have some pockets of deprivation.

Why we carried out this inspection

We carried out a planned 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 4 November 2015. During our visit we:

- Spoke with a range of staff, including GPs, nurses, reception, and administrative staff and we spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.

Detailed findings

- Reviewed comment cards where patients shared their views and experiences of the service.
- Reviewed some aspects of anonymised patient records.

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

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

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

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

Please note that when referring to information throughout this report, for example, any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at the 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 received training to help them identify and report any potentially significant event.
- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. This supported the recording of incidents under the duty of candour (the duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care or treatment patients were informed of the incident received reasonable support, information and apology and were told about any actions to improve processes prevent the same thing happening again.
- The practice carried out a thorough analysis of significant events which included actions or changes to prevent similar events occurring again.

We reviewed safety records, incident reports, and minutes of meetings where these were regularly discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a patient had collapsed in the surgery and been treated until emergency services arrived. This had highlighted the importance of teamwork, life support training and of ensuring emergency equipment and medicines were checked regularly according to policies.

Overview of safety systems and processes

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

- There were arrangements in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation. Policies and information were accessible to all staff and included 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 where possible and provided reports for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- Notices in the waiting areas advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service 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).
- We observed that the premises were clean and tidy and that appropriate standards of cleanliness and hygiene were maintained. A practice nurse was the infection prevention and control lead for the practice. She had received additional training and was in contact with local infection control teams to keep up to date with best practice. Other staff were trained and updated on a regular basis. There was an infection control policy which included annual infection control audits. We saw evidence that action was taken to address any improvements needed.
- There were arrangements in the practice for managing medicines, including emergency drugs and vaccinations which kept patients safe. This included obtaining, prescribing, recording, storing, security and disposal. There were processes for handling repeat prescriptions which included the reviews of high risk medicines. The practice carried out regular audits to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow appropriately trained nurses to administer medicines in line with legislation.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identity, 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.

Good

Are services safe?

- The practice had a range of policies and procedures to ensure it monitored and managed risks to patients and staff safety. There was a health and safety policy available on the practice's computer system which was regularly reviewed. Any risks identified had action plans with timescales and completion dates. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure it was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection prevention and control and legionella (Legionella is a bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. Staff were flexible and helped cover sickness and holiday absences.

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 all the computers in the premises which alerted staff to any emergency.
- All staff had received basic life support training with annual updates. The practice had a defibrillator (used in cardiac arrest) and oxygen available. We saw there had been a significant event when a patient had collapsed and staff had responded in line with their training.
- Emergency medicines were accessible to staff in secure areas of the practice and staff knew of their location. All the medicines we checked were in date and fit for use. There was also a first aid kit and an accident book.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and could be accessed securely outside of the premises.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- There were systems in place to ensure all clinical staff kept up-to-date with regular clinical education meetings, covering topics such as diagnosing coeliac disease. When staff attended training they shared what they had learnt at these meetings and with all staff. Staff had access to guidelines from NICE and also used local guidelines to develop how care and treatment were delivered to meet patients' needs.
- The practice monitored that these guidelines were followed using audits, risk assessments, and checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99.3% of the total number of points available. Data from 2014/5 showed:

- Performance for diabetes related indicators was similar or higher than the national average.
- The practice scored 85% for the QOF indicator relating to blood sugar control management for diabetic patients, compared with a national average of 78%
- The practice scored 80% for the QOF indicator relating to blood pressure management in diabetic patients (national average 78%)
- The percentage of patients with diabetes, who had influenza immunisation from 1 August 2014 to 31 March 2015, was 99% (national average 94%).
- The practice scored 90% for the QOF indicator related to cholesterol management in diabetic patients (national average 81%)
- The percentage of diabetic patients with a record of a foot examination and risk classification within the preceding 12 months was 93% (national average 88%)
- Performance for mental health related indicators, for example, relating to agreed care plans documented in the patient record was 92% (national average, 88%)

The practice could evidence quality improvement with a number of clinical audits across a range of areas.

- The practice had completed a number of clinical audits and reviews. We looked at two of these which were completed audits where the improvements made were implemented and monitored. For example, the practice looked at infections following minor surgical procedures and how to prevent some of these. It was decided that anti-biotics would be prescribed for procedures identified as having a higher risk of infection such as ingrowing toe nails. This led to a substantial reduction in wound infections.
- The practice also participated in local audits, (such as antibiotic prescribing) national benchmarking, accreditation, and peer review.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered topics such as health and safety, safeguarding, infection prevention and control, fire safety, and confidentiality.
- The practice could demonstrate how staff received role specific training and updating. For example, nurses involved in caring for patients with long-term conditions attended regular training such as in anticoagulant management.
- Staff who administered vaccines and took samples for the cervical screening programme had received training which included an assessment of competence. They were able to demonstrate how they kept up to date with any changes, for example, by access to online resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the

scope of their work. This included ongoing support, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidating GPs. All GPs attended an annual training update funded by the practice. Not all administrative staff had had an appraisal within the last 12 months due to a number of staff changes but the practice had identified this as a priority.

- There was also ongoing training to ensure staff kept up-to-date. This included safeguarding, fire safety procedures, and basic life support and information governance awareness. Staff made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The practice's patient record and intranet system ensured information needed to plan and deliver care and treatment was available to all staff.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- 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 professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients were referred to other services or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were regularly reviewed and updated. GPs also told us that that reception and nursing staff had got to know many patients well over a number of years and would refer to the GP if they had any concerns about a patient, for example, if the patient seemed to be confused or particularly unwell.

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.
- The practice carried out minor surgery and joint injections and obtained the patient's consent after providing information about the procedure and likely outcomes.
- The process for seeking consent was monitored through records audits for minor surgery.

Supporting patients to live healthier lives

The practice identified patients who were potentially 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 such as diabetes, and those requiring advice on their diet, alcohol and smoking cessation. Patients were offered appropriate checks or signposted to relevant services.
- The practice's uptake for the cervical screening programme was 82% which was comparable to the national average of 82%. The practice wrote to patients who had not attended for screening and where there was no response an alert was put on the patient record so that the patient could be encouraged to arrange this if they contacted the practice.
- The practice also encouraged patients to attend national screening programs for bowel and breast cancer. There was information in the waiting area to promote these programs.
- Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96% to 99% and five year olds from 88% to 97%.
- 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. Where risk factors or abnormalities were identified there was appropriate follow-up.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During the inspection we observed that members of staff were polite and very helpful to patients and treated them with dignity and respect.

- There were curtains in treatment and consulting rooms to ensure a patient's privacy and dignity during examinations, investigations and treatments.
- When patients wished to discuss sensitive issues or appeared distressed receptionists could take them to a private room near the reception area to talk privately.

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

We spoke with five patients and two members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. One patient told us that in addition to their own very positive experience of the practice they had seen through their work how caring and professional the practice was. The comment cards highlighted that staff responded sympathetically when patients needed help and provided support when required.

Results from the national GP patient survey from July 2015 showed patients felt they were treated with compassion, dignity and respect. The practice's satisfaction scores on consultations with GPs and nurses were similar to or above national averages. For example:

- 90% said the GP was good at listening to them compared to the CCG average of 88% and national average of 87%.
- 92% said the GP gave them enough time (CCG average 86%, national average 87%).
- 97% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%)
- 90% said the last GP they spoke to was good at treating them with care and concern (CCG average 84%, national average 85%).
- 95 % said the last nurse they spoke to was good at treating them with care and concern (CCG average 89%, national average 90%).
- 93% said they found the receptionists at the practice helpful (CCG average 86%, national average 87%)

Care planning and involvement in decisions about care and treatment

We spoke with patients who told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive.

Results from the national GP patient survey published in July 2015 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:

- 84% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 80% said the last GP they saw was good at involving them in decisions about their care (CCG average 80%, national average 81%)
- 87% said the last nurse they saw was good at involving them in decisions about their care (CCG average 82%, national average 85%)

Staff told us that interpretation 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. There were also alerts on patient records to remind staff to arrange interpretation usually via Language Line.

Patient and carer support to cope emotionally with care and treatment

There were posters and leaflets in the waiting area which gave information about support groups and organisations.

Patients who were carers were encouraged, for example, by information in the waiting area to inform the practice of this so that appropriate support could be offered. The

Good

Are services caring?

practice's computer system alerted GPs if a patient was also a carer. The practice had identified that 21% of patients had a caring responsibility. Written information was available to direct carers to the various kinds of support available to them.

Staff told us that if families were bereaved, their usual GP contacted them or sent them a sympathy card. Advice was offered about how to access appropriate support services if needed.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to ensure the needs of its patients were met wherever possible.

- Pre-bookable early and late appointments were available on three days a fortnight.
- Telephone consultations were available for patients.
- There were longer appointments available for patients with complex needs, for example, with a learning disability.
- Home visits were available for patients whose clinical needs made it difficult to attend the surgery.
- Same day appointments were available for those who needed to see a doctor urgently, especially children.
- There were disabled facilities including a hearing loop and toilets.
- The surgery's treatment rooms were on the ground floor and wheelchair accessible. A consulting room on the ground floor was left free so that patients who could not use the stairs could be seen there.
- Interpretation services were available.

Access to the service

- The practice was open between 8.30am and 6.00pm Monday to Friday.Appointments were generally available from 8.40am to 10.40am and from 11.20am to 11.50am and from 3.30pm to 6pm. The practice had some extended hours with pre-bookable appointments available from 7am to 8.30am on alternate Tuesdays and from 6pm to 8pm on alternate Wednesdays.

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

- 77% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and the national average of 74%.
- 63% of patients said they could get through easily to the surgery by phone (CCG average 71%, national average 73%).
- 46% of patients said they always or almost always see or speak to the GP they prefer (CCG average 59%, national average 60%).

The practice was aware of these issues and for example, realised that not all patients were aware that their preferred GP had retired. They were also hoping to have an improved telephone system when the current contract expired.

Patients told us on the day of the inspection that they were able to get appointments when they needed them but sometimes had to wait if they wished to see a particular doctor.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- The complaints policy and procedures were in line with guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that leaflets were available in the waiting area and information was available on the practice website to help patients understand the complaints system.

We looked at a summary of complaints and at two complaints in detail. We found they were handled in accordance with the policy. They were acknowledged and dealt with in a timely way. There was evidence of a full investigation and the patient was given a full explanation and apology. 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 had not been referred for physiotherapy as had been agreed. The GP had changed his practice so that referral letters were dictated while the patient was with them.

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 the highest standards of health care and advice and promote good outcomes for patients. It was committed to a team approach with well-trained staff.

- The practice communicated these aims through its website and patient information leaflet.
- 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 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 staff were aware of their own roles and responsibilities
- The practice had its own policies which were implemented and kept up to date. They were available to all staff on the practice intranet.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They were committed to providing the best possible health care for patients that ensured their safety and well-being. Staff told us they were approachable and always took the time to listen to all members of staff. GPs met between morning surgeries to discuss referrals, interesting or difficult cases, hospital admissions and discharges, and significant events. This helped support an open culture and robust peer review.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements the providers of services must follow when things go wrong with care treatment). The partners encouraged a culture of openness and honesty. Complaints and significant events were investigated and explanations and apologies given to patients.

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

- Staff told us the practice held regular team meetings and we saw minutes of these meetings.
- Staff told us there was an open culture within the practice. They felt able to raise issues at team meetings or directly with management and felt confident in doing so. They felt their suggestions and input were welcomed.
- 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.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and made suggestions for improvements to the practice management team. For example, the PPG had encouraged the practice to ensure that information provided in the waiting area and on notice boards was kept up-to-date and uncluttered. There are

Are services well-led?

Good

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

- The practice had gathered feedback from staff through team meetings, discussion and appraisals. Staff told us they felt comfortable making suggestions for improvement or change.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and was involved with locality and Federation meetings with a view to improve outcomes for patients in the area. Several GPs took lead roles, for example, for cancer. The practice was involved in a local pilot scheme with other practices to increase access to a GP at weekends.