Dapdune House 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 Dapdune House Surgery on 7 October 2014. Overall the practice is rated as good.

Specifically, we found the practice to be good for providing safe, effective, caring, responsive and well-led services. It was also good for providing services for the 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 and people experiencing poor mental health (including people with dementia).

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Care was planned and delivered following best practice guidance.
- Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- 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.
- There were active patient participation and patient representation groups.
- The practice proactively sought feedback from patients, which it acted on.

However there was also one area of practice where the provider should make improvements.

The provider should:

Summary of findings

- Ensure that the complaints procedure for patients is more prominent on the practice website.

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. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. There were enough staff to keep patients safe. Equipment was available for use in medical emergencies. There were systems in place to protect patients from the risk of 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 referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals for all staff. Staff worked within a multidisciplinary team.

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

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available. There was evidence of learning from complaints within the team.

Summary of findings

Are services well-led?

Good

The practice is rated as good for being well-led. It had a clear vision and strategy. 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. There were systems in place 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 (PPG) was active. Staff had received inductions, appraisals and attended staff meetings.

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 older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in 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 rapid access appointments for those with enhanced needs.

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 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 medication needs were being met.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working 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 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 that reflects 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. Vulnerable patients had care plans which were followed up every three months. Patients were allocated longer appointments to review their care plans.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. Staff knew how to

Summary of findings

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). The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. The practice was visited by a psychiatric consultant every six weeks to discuss specific cases.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. Staff had received training on how to care for people with mental health needs and dementia.

Summary of findings

What people who use the service say

During the inspection we spoke with ten patients and we received 32 comments cards from patients who had visited the practice in the previous two weeks. We also spoke to two representatives from the Patient Participation Group (PPG) and reviewed feedback from five additional surveys that had been carried out at the practice.

All the patients we spoke with were very positive about the care and support they received at the practice. They told us it was easy to make an appointment and they were seen close to the time of their appointment. Comments cards were extremely positive and described the service as excellent with staff being helpful and polite.

The PPG members told us they had worked with the practice to address issues patients had raised. The results of patient surveys highlighted improvements which had been put into place. This included increasing the numbers of hand sanitizers in the waiting area and redecoration of the first floor waiting area.

We viewed the results for the National GP Survey from January 2015. 101 patients had responded to this survey. We saw that 93% of patients said the last GP they saw or spoke to was good at listening to them. 100% of patients said they had confidence and trust in the last GP they saw or spoke to. 95% of patients saw their overall experience of the practice as good.

Areas for improvement

Action the service SHOULD take to improve

- Ensure that the complaints procedure for patients is more prominent on the practice website.

Dapdune House Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a second CQC inspector and a GP.

Background to Dapdune House Surgery

Dapdune House Surgery is a GP practice which provides a range of primary medical services to around 12,000 patients from a surgery in Guildford. The practice's services are commissioned by NHS England SE. The practice is within the Guildford and Waverley area. A CCG is an organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services. The service is provided by nine GP partners, one salaried GP, two GP registrars, four practice nurses and one healthcare assistant. They are supported by a practice manager and reception and administration staff.

Local community health teams support the GPs in provision of maternity, community nursing and health visitor services.

The practice has one location registered with the Care Quality Commission (CQC) which we inspected at Wharf Road, Guildford, Surrey, GU1 4RP.

The practice is in a two storey building with a car park. Car parking spaces are designated for use by people with a disability near the surgery entrance.

We reviewed information from the CCG which showed that the CCG population had lower deprivation levels compared to the CCG average across England. We reviewed statistics from NHS England from October 2014 which showed that deprivation levels of patients at the practice were lower than the England average. Satisfaction and patient experience scores were higher than the England value.

The practice offers extended hours appointments on Monday and Thursday evenings. The pre-booked appointments run from 6.30pm until 8.00pm. The practice had opted out of the requirement to provide GP consultations to its own patients out of hours and uses the services of a local out of hours provider. The practice website offers information for patients regarding the out of hours service, along with a contact telephone number.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was carried out 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 service. We also reviewed information we had requested from the practice prior to our visit, as well as information from the public domain, including the practice website and NHS choices.

We carried out an announced inspection on 7 October 2014. During and subsequent to our visit we spoke with a

Detailed findings

range of staff including GPs, practice nurses, receptionists and administration staff. We also spoke with patients who used the service. We reviewed 32 comments cards where patients shared their views and experiences of the service. We spoke to two representatives from the Patient Participation Group (PPG) to gain their views on the quality of the service provided at the practice. We reviewed a further five patient surveys which had been carried out at the practice.

As part of the inspection we observed how staff cared for patients. We reviewed the personal care records of patients and examined practice policies and other relevant documents.

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 the report, for example any reference to the National GP Survey, this relates to the most recent information available to the CQC at the time.

Good

Are services safe?

Our findings

Safe track record

The practice used a range of information to identify risks and improve patient safety. This included reported incidents and national patient safety alerts as well as comments and complaints received from patients. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses. We reviewed incident reports and minutes of significant events.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. We reviewed records of significant events between September 2013 and September 2014. We found they had been completed by GPs regarding a range of incidents such as breach of confidentiality and results reporting. The reports included reviews and actions taken in response to the incidents to reduce future recurrence and improve patient safety. We examined minutes of meetings where significant incidents and complaints had been discussed between September 2013 and July 2014. The minutes clearly identified learning points and actions required. For example, one learning point highlighted the need to ensure that staff should be extra vigilant when recording patient's phone numbers and email addresses. This showed the practice had managed incidents consistently over time and so could show evidence of a safe track record over the long term.

There was evidence that the practice had learned from safety incidents and that the findings were shared with relevant staff. Staff, including receptionists, administrators and nursing staff, knew how to raise an issue for consideration at the meetings and they felt encouraged to do so.

National patient safety alerts for medication were disseminated by the GP prescribing lead to practice staff. Staff we spoke with were able to give examples of recent alerts that were relevant to the care they were responsible for. They also told us alerts were emailed the GPs or brought to staff meetings to ensure all staff were aware and where they needed to take action.

Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. We looked at training records which showed that all staff had received relevant protected training on safeguarding. We asked members of medical, nursing and administrative staff about their most recent training. Staff knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities and knew how to share information, properly record documentation of safeguarding concerns and how to contact the relevant agencies in working hours and out of normal hours. Contact details were easily accessible.

The practice had a dedicated GP as a lead in safeguarding vulnerable adults and children. They had been trained and could demonstrate they had the necessary training to enable them to fulfil this role. There was information in the staff handbook regarding safeguarding. The safeguarding lead was in the process of writing practical case scenarios of safeguarding concerns for staff to refer to. This was due to be disseminated at the next safeguarding training session. The safeguarding GP met regularly with the health visitor and disseminated email summaries to staff at the practice.

There was a chaperone policy, which was visible in consulting rooms and in the reception area. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). All nursing staff, including health care assistants, had been trained to be a chaperone. Reception staff would act as a chaperone if nursing staff were not available. Receptionists had also undertaken training and understood their responsibilities when acting as chaperones, including where to stand to be able to observe the examination.

Medicines management

We checked emergency medicines stored in the treatment rooms and found they were stored securely and were only accessible to authorised staff. Processes were in place to check emergency medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates.

Cleanliness and infection control

Good

Are services safe?

We observed the premises to be clean and tidy. We saw there were cleaning schedules in place and cleaning records were kept. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control.

The practice had a lead for infection control who had undertaken further training to enable them to provide advice on the practice infection control policy and carry out staff training. All staff received induction training about infection control specific to their role. We saw evidence that the lead had carried out recent audits of infection control. The most recent audit from August 2014 focused on the use of surgery pillows and pillow cases.

An infection control policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement measures to control infection. The infection control lead accessed up to date resources and guidelines to inform infection control policies, such as the National Institute for Health and Care and Excellence (NICE), Royal College of Nursing (RCN) and the Infection Prevention Society.

Hand sanitising gel was available for patients in the waiting area. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms.

An external waste management company provided waste collection services. Sharps containers were available in all consulting rooms for the safe disposal of sharp item such as used needles.

Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. All portable electrical equipment was routinely tested and a schedule of testing was in place. We saw evidence of calibration of relevant equipment at the practice.

Medical equipment including a defibrillator (used to attempt to restart a person's heart in an emergency) and oxygen were available for use in the event of a medical emergency.

Staffing and recruitment

We reviewed a sample of three personnel files which confirmed that the required pre-employment information and checks had been obtained. These included or proof of identification, references, qualifications, registration with the appropriate professional body and criminal records checks through the Disclosure and Barring Service (DBS). The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff.

Monitoring safety and responding to risk

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. Records showed that all staff had received training in basic life support.

Emergency medicines were available in a secure area of the practice. Processes were also in place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Risks identified included power failure, loss of medical records, incapacity of staff and fire. The document also contained relevant contact details for staff to refer to. For example, contact details of an electrician in the event of a power failure.

Records showed that nursing staff were up to date with fire training and staff told us that regular fire drills were undertaken every three years.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. The staff we spoke with and the evidence we reviewed confirmed that these actions were designed to ensure that each patient received support to achieve the best health outcome for them.

The GPs told us they lead in specialist clinical areas such as respiratory problems, diabetes, cardiovascular and dermatology. The practice nurses supported this work, which allowed the practice to focus on specific conditions. Clinical staff we spoke with were open about asking for and providing colleagues with advice and support.

Discrimination was avoided when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were cared for and treated based on need and the practice took account of patient's age, gender, race and culture as appropriate.

Management, monitoring and improving outcomes for people

The practice achieved 100% in the Quality and Outcomes Framework (QOF) results 2013/14 in the clinical domain. The QOF is part of the General Medical Services (GMS) contract for general practices. It is a voluntary incentive scheme which rewards practices for how well they care for patients. The practice used QOF to assess its performance. QOF data showed the practice performed well in comparison to the national average. For example, the number of patients with diabetes who had received an influenza immunisation was recorded as 97.3%, which was 3.9 percentage points above the England average.

Staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included data input, scheduling clinical reviews and carrying out clinical audits.

The practice showed us eight clinical audits that had been undertaken in the last year. Following the initial clinical audit, changes to treatment or care were made where needed and the audit was repeated to ensure outcomes for patients had improved. The audit was carried out by a GP who assessed how frequently heart rate and respiratory rate was measured in children who presented with a fever. The audit was based on National Institute for Health and Care Excellence (NICE) guidance and the clinical practice of GPs was observed. After the initial audit, it was found that the standard was not being met. The data showed that only 22% of children had their parameters recorded. The guidelines set a standard of 90%. Actions were put into place, such as designing an electronic recording template and encouraging GPs to use it. Feedback was given to the GPs. The second audit which was carried out three months later showed that the standards had improved. The data showed an overall improvement with 58% of children having the parameters recorded.

Effective staffing

Practice staffing included medical, nursing, managerial and administrative staff. We reviewed staff training records and saw that all staff were up to date with attending mandatory courses such as basic life support.

All staff undertook annual appraisals that identified learning needs from which action plans were documented. Our interviews with staff confirmed that the practice was proactive in providing training and funding for relevant courses, for example infection control.

Practice nurses were expected to perform defined duties and were able to demonstrate that they were trained to fulfil these duties, for example, undertaking smears. One staff member told us they were undertaking a diploma in family planning.

Working with colleagues and other services

The practice worked with other service providers to meet patient's needs and manage those of patients with complex needs. It received blood test results, X ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service both electronically and by post. The practice had a policy outlining the responsibilities of all relevant staff in passing on, reading and acting on any issues arising from communications with other care providers on the day they were received. The GP who saw these documents and results was responsible for the action required. All staff we spoke with understood their roles and felt the system in place worked well.

Good

Are services effective?

(for example, treatment is effective)

The practice held multidisciplinary team meetings to discuss the needs of complex patients, for example those with end of life care needs or children on the at risk register. These meetings were attended by district nurses, social workers, palliative care nurses and decisions about care planning were documented in a shared care record. Staff felt this system worked well and remarked on the usefulness of the forum as a means of sharing important information.

Information sharing

The practice used electronic systems to communicate with other providers. For example, there was a shared system with the local GP out-of-hours provider to enable patient data to be shared in a secure and timely manner. Electronic systems were also in place for making referrals, and the practice made some referrals through the Choose and Book system. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital). Staff reported that this system was easy to use.

The practice had systems to provide staff with the information they needed. Staff used an electronic patient record system to coordinate, document and manage patients' care. All staff were fully trained on the system. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

Consent to care and treatment

We found that staff were aware of the Mental Capacity Act 2005, the Children Acts 1989 and 2004 and their duties in fulfilling it. All the clinical staff we spoke with understood the key parts of the legislation and were able to describe how they implemented it in their practice.

Patients with a learning disability and those with dementia were supported to make decisions through the use of care plans. The care plans were reviewed annually (or more frequently if changes in clinical circumstances dictated it). When interviewed, staff gave examples of how a patient's best interests were taken into account if a patient did not have capacity to make a decision.

Health promotion and prevention

We noted a culture among the GPs to use their contact with patients to help maintain or improve mental, physical health and wellbeing. For example, by offering opportunistic offering smoking cessation advice to smokers and reminding patients who were overdue cervical screenings.

The practice had numerous ways of identifying patients who needed additional support, and it was pro-active in offering additional help. For example, the practice kept a register of patients with a mental health problem.

The practice had identified the smoking status of 85% of patients over the age of 16 and we noted that 77% of those patients recorded as current smokers had a record of an offer of support and treatment within the preceding 24 months.

The practice offered a full range of immunisations for children, and flu vaccinations in line with current national guidance. We reviewed our data and noted that 82% of children aged below 24 months had received their mumps, measles and rubella vaccination. The practice's performance for cervical smear uptake was 94%, which was higher than other practices nationally. There was a mechanism in place to follow up patients who did not attend screening programmes.

Health information was made available during consultation and GPs used materials available from online services to support the advice they gave patients. There was a variety of information available for health promotion and prevention in the waiting area and the practice website referenced websites for patients looking for further information about medical conditions.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national GP survey (January 2015), a survey of 515 patients undertaken by the practice's patient participation group (PPG) and an extended hours patient survey (June 2014). The evidence from all these sources showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. For example, data from the national GP survey showed that 93% of patients said the last GP they saw or spoke to was good at listening to them. 100% of patients said they had confidence and trust in the last GP they saw or spoke to. 95% of patients saw their overall experience of the practice as good.

Patients completed CQC comment cards to tell us what they thought about the practice. We received 32 completed cards and they were all positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were efficient, helpful and caring. They said staff treated them with dignity and respect. We also spoke with ten patients on the day of our inspection. All told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. A mix of material and disposable curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation / treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

We saw that staff were careful to follow the practice's confidentiality policy when discussing patients' treatments so that confidential information was kept private.

Care planning and involvement in decisions about care and treatment

The patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and generally rated the practice well in these areas. For example, data from the national GP survey showed 78% of practice respondents said the GP involved them in care decisions and 84% felt the GP was good at explaining treatment and results. The results from the practice's own satisfaction survey showed that 99.6% of patients said they were sufficiently involved in making decisions about their care.

Patients we spoke with on the day of our inspection 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 they wished to receive. Patient feedback on the comment cards we received was also positive and aligned with these views.

Patient/carer support to cope emotionally with care and treatment

Notices in the patient waiting room, on the TV screen and patient website also told patients how to access a number of support groups and organisations. We saw the written information that was available for carers to ensure they understood the various avenues of support available to them.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice was responsive to patient's needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs in the way services were delivered.

The practice had also implemented suggestions for improvements and made changes to the way it delivered services in response to feedback from the patient participation group (PPG). This included increasing the numbers of hand sanitizers in the waiting area and redecoration of the first floor waiting area.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services, such as homeless people and those with a learning disability.

The practice provided equality and diversity training on an annual basis. Training records demonstrated that staff had completed the equality and diversity training in the last 12 months.

The premises and services had been adapted to meet the needs of patient with disabilities (set out what had been put in place).

Accessible toilet facilities were available for all patients attending the practice including baby changing facilities.

Access to the service

Appointments were available from 8.30am to 6.30pm on weekdays. Telephone lines were closed between 1.00pm and 2.05pm. The surgery offered extended hours appointments on Monday and Thursday evenings. These appointments (pre-booked only) ran from 6.30pm until 8.00pm.

Comprehensive information was available to patients about appointments on the practice website. This included how to book appointments through the website. There were also 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 also available for patients who needed them and those with long-term conditions. This also included appointments with a named GP or nurse. Home visits were made to local care homes on a specific day each week, by a named GP and to those patients who needed one.

Patients were generally satisfied with the appointments system. They confirmed that they could see a doctor on the same day if they needed to. They also said they could see another doctor if there was a wait to see the doctor of their choice. Comments received from patients showed that patients in urgent need of treatment had often been able to make appointments on the same day of contacting the practice. For example, one patient we spoke with told us how they had phoned this morning and had been offered an appointment on the same day.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. 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 in the form of a complaints leaflet which was seen in the main reception area. However, it was not clear how a complaint could be made on the practice website. None of the patients we spoke with had ever needed to make a complaint about the practice.

Minutes of significant events and complaints showed that complaints were discussed to ensure all staff were able to learn and contribute to determining any improvement action that might be required.

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. One member of staff discussed the importance of collaborative practice, respecting each staff member's role and working as a team. They told us that a mission statement and management plan had been developed and strategy meetings were scheduled every four months.

Governance arrangements

The practice had a number of policies and procedures in place to govern activity. Policies and procedures we looked at had been reviewed annually and were up to date.

There was a clear leadership structure with named members of staff in lead roles. For example, there was a lead nurse for infection control and one of the GPs was the lead for child safeguarding. We spoke with thirteen members of staff and they were all clear about their own roles and responsibilities. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns.

The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for this practice showed it was performing in line with national standards.

The practice had an on-going programme of clinical audits which it used to monitor quality and systems to identify where action should be taken. The practice had undertaken eight clinical audits within the last year.

Leadership, openness and transparency

Staff told us that they attended team meetings regularly, for example practice nurses meetings were held each Thursday and there were half hourly team meetings on Fridays. Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings.

Seeking and acting on feedback from patients, public and staff

The practice had gathered feedback from patients through patient surveys, comment cards and complaints. We looked at the results of the annual patient survey and 81% of patients preferred to see their regular GP and that 70% were successful in doing so. We saw as a result of this the practice had discussed working towards increases the percentages in order to support continuity of care at the practice. Through an integrated action plan involving GPs, nursing staff and receptionists, the practice website was advertised actively for the first six months after previous feedback had been received. As a result, website awareness almost doubled in the next period under report.

The practice had an active patient participation group (PPG) which has steadily increased in size. The PPG were actively advertising and recruiting PPG members to ensure that the group was fully representative of the practice population. The PPG was engaged in regular surveys and met every two months. The practice manager showed us the analysis of the last patient survey, which was considered in conjunction with the PPG. The PPG meeting minutes were available on the practice website.

Management lead through learning and improvement

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. Staff told us they had regular appraisals and that the practice was supportive of training. GPs and staff within the practice emphasised a strong focus on education and learning.

The practice had completed reviews of significant events and other incidents and shared them with staff at meetings to ensure the practice improved outcomes for patients. We saw records showing that significant events had been discussed at quarterly team meetings.

Systems were in place for recording and monitoring staff training needs. We reviewed staff training records and saw that all staff were up to date with mandatory training such as basic life support, information governance and safeguarding. Staff told us they had opportunities for individual training such as diabetes, infection control and family planning.