

Springwood Surgery

Quality Report

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

Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Springwood Surgery on 13 July 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- 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.
- The practice actively reviewed complaints and how they were managed and responded to, and made improvements as a result.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example, it addressed problems with patient parking.
- 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 there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice acted upon feedback from staff and patients.
- The provider was aware of and complied with the requirements of the duty of candour.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.

There was an area of practice where the provider should make improvements:

Summary of findings

- The practice should ensure that recruitment checks including DBS checks are completed for all relevant staff.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- The practice used every opportunity to learn from internal and external incidents, to support improvement. Learning was based on a thorough analysis and investigation.
- Information about safety was highly valued and was used to promote learning and improvement.
- When things went wrong patients received reasonable support, truthful information, and an apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had mainly clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. However they had not sought Disclosure and Barring checks for two members of staff. These were sought as a result of our inspection.
- The practice used a national reporting system for the notification of significant incidents, where required.

Changes in clinical guidance were conveyed to staff members through daily meetings.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

The practice worked with other local providers to share best practice.

Good



Are services caring?

The practice is rated as good for providing caring services.

Good



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 saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- We saw evidence of reception staff being extremely patient and understanding towards patients needing extra time to communicate.

Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.
- Patients could access appointments and services in a way and at a time that suited them, with appointments ranging from early morning right through to 6pm.
- 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, it was in the process of setting up a Skype facility to offer video consultations to its nursing homes.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Evidence showed the practice responded quickly to complaints and issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held governance meetings.

Good



Summary of findings

- 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 notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice demographic indicated a higher than average percentage of older people within its registered list.
- As part of the unplanned admission scheme the practice offered same day telephone appointments with a GP to patients who were elderly or vulnerable.
- The practice offered proactive, personalised care to meet the needs of the older people in its population.

Good



People with long term conditions

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

- Performance for diabetes related indicators was above the national average.
- 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 usual 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.

Good



Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Uptake rates were high for all standard childhood immunisations.
- The practice had a system of follow up when it had been informed that a child had not attended an appointment with an external agency or alternative care provider.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.

Good



Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice had close, regular links with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

Good



People whose circumstances may make them vulnerable

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

- The practice had a good in depth knowledge of its vulnerable patients.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



People experiencing poor mental health (including people with dementia)

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

- Performance for mental health related indicators was better than the national average.

Good



Summary of findings

The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented in the record, in the preceding 12 months was 97% which was around 7% higher than the CCG average and higher than the national average of 88%.

- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 96% which was higher than the CCG average of 83% and the national average of 84%
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing similar to local and national averages. 236 survey forms were distributed and 105 were returned. This represented 1.3% of the practice's patient list.

- 82% of patients found it easy to get through to this practice by phone compared to the CCG average of 74% and the national average of 73%.
- 81% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 76% and the national average of 76%.
- 85% of patients described the overall experience of this GP practice as good compared to the CCG of 86% and national average of 85%.

- 82% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the CCG average of 78% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 15 comment cards which were all positive about the standard of care received. A recurring theme among the comments was that patients felt all staff were caring and respectful and treated their patients with dignity.

We spoke with seven patients during the inspection. All seven patients said they were satisfied with the care they received at the practice.

Areas for improvement

Action the service SHOULD take to improve

- The practice should ensure that recruitment checks including DBS checks are completed for all relevant staff.

Springwood Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Springwood Surgery

Springwood surgery is located in the market town of Guisborough, North Yorkshire. It is part of the South Tees Clinical Commissioning Group. The total practice patient population is 7883. Housed in a purpose built, modern health centre, the practice is immediately next door to a neighbouring GP practice.

The proportion of the practice population in the 65 years and over age group is larger than the England average. The practice scored seven on the deprivation measurement scale, the deprivation scale goes from one to ten, with one being the most deprived. The overall practice deprivation score is lower than the England average. People living in more deprived areas tend to have a greater need for health services.

The staff team comprises six GP partners, five are female and one is male. There are three practice nurses and a healthcare assistant. The practice is managed and supported by a practice manager, administration, secretarial and reception staff. In total there are 22 staff, in addition to the GPs.

The practice reception is open Monday to Friday 8am until 6pm (excluding bank holidays). Appointment times with a

GP are available between 8.30am until 1pm and 2pm until 6pm. The practice offers pre-bookable appointments where these are booked up to four weeks in advance. Pre-booked Saturday morning appointments are available each weekend. The practice operates a telephone triage system for urgent appointments, through the use of a duty doctor. Face to face urgent appointments are available daily for patients that need them. The practice telephones switch to the out-of-hours provider at 6pm each evening and at weekends and bank holidays. The practice is a training practice and has qualified doctors who wish to train as GPs.

The practice has a General Medical Services contract with NHS England. They also provide some Directed Enhanced Services, for example they offer minor surgery and the childhood vaccination and immunisation scheme.

Why we carried out this inspection

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

How we carried out this inspection

Before attending the practice, 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 13 July 2016. During our visit we:

Detailed findings

- Spoke to a range of staff and spoke to patients who used the service, including the patient participation group.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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 a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, an apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out analyses of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, after a patient requested a home visit it became apparent that the GP had visited the wrong address as two patients had the same name. Staff were reminded of the importance of checking dates of birth and addresses in addition to taking the patient's name, when booking appointments.

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. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies.

Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. We were told that both clinical and non-clinical staff had raised concerns about signs of abuse and these were referred appropriately. The practice had close links with the health visiting team and liaised appropriately with them.

- A notice in the waiting room advised patients that chaperones were available if required, although some patients commented that they were unaware of the chaperone system. Non-clinical staff who acted as chaperones were trained to do so and had disclosure and barring checks (DBS). Risk assessments had been completed on the day of inspection for two nurses who did not have DBS checks in place.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy.
- The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Infection control audits were undertaken and had action plans.
- The arrangements for managing medicines, including emergency medicines and vaccines in the practice kept patients safe and oxygen cylinders were checked regularly. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed four personnel files and found that DBS

Monitoring risks to patients

Risks to patients were assessed and well managed.

Are services safe?

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

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. A copy was also kept off site. The plan had recently been put into action when telephone lines became defective in the next door practice. Staff reflected on the event and felt they worked well together to continue to provide good care to both practices.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

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% of the total number of points available. There was a 9% exception rate to this figure. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from January 2016 showed:

- Performance for diabetes related indicators was better than the national average. The percentage of patients with diabetes, on the register, in whom the last blood test (IFCC-HbA1c) was 64 mmol or less in the preceding 12 months, was 87% which was 10% above the national average and 9% above the CCG average.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the national average. For example, the percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 82% which was similar to the CCG and national averages of 78%.
- Performance for mental health related indicators was better than the national average.

The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a

comprehensive care plan documented in the record, in the preceding 12 months was 97% which was around 7% higher than the CCG average and higher than the national average of 88%.

- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 96% which was higher than the CCG average of 83% and the national average of 84%

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits undertaken in the last two years where the improvements made were implemented and monitored. Findings were used by the practice to improve services. For example, an audit of patients with kidney disease was undertaken to identify those at risk of complications or disease progression. The findings allowed clinicians to closely monitor the management of this group of patients and try to prevent complications.
- The practice previously participated in local audits and benchmarking. Links between the practice, the local medical committee and the local federation helped to achieve this.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence.
- 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,

Are services effective?

(for example, treatment is effective)

one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- There was a stable workforce, with good retention of staff. An informal meeting of all available staff took place on a daily basis.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- 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 moved between services, including when they were referred, or after they were discharged from hospital.

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.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. An example of this included patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service. It also signposted its vulnerable patients to support groups in the local area.

The practice's uptake for the cervical screening programme was 97%, which was higher than the CCG and national averages of 82%. There was a policy to offer three written reminders for patients who did not attend for their cervical screening test. The practice ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to the CCG average. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96% to 100% (CCG averages range from 95% to 97%) and five year olds from 94% to 99% (CCG averages range from 93% to 97%).

Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- We were told about examples where staff had offered extra time to patients and carers, because the patient and clinical staff felt this was needed.

All of the 15 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

We were able to speak to members of the patient participation group (PPG) and we invited their views and comments via email. They told us they were highly 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 did reflect that patients felt they were treated with compassion, dignity and respect. The practice was around or slightly above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 90% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 84% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.

- 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%.
- 99% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 94% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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 average or slightly above local and national averages. For example:

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 81% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 82%.
- 95% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and the national average of 85%.

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

Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language, although there were few patients who required this. We saw notices in the reception areas informing patients this service was available.
- We were told that patients with a hearing loss were offered help with their understanding about their care and treatment. The practice supported them by providing a texting facility when booking an appointment.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 89 patients as carers (approximately 1% of the practice list) as well as 194 patients who had people caring for them. Carers were offered a flu vaccination in winter time. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them to offer support and make a visit.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were disabled facilities, a hearing loop and translation services available.
- The building was equipped with a lift to improve access.

Access to the service

The practice was open between 8am and 6pm Monday to Friday. Appointments were from 8.30am to 6pm daily. Pre-booked appointments were available on a Saturday morning. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

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

- 86% of patients were satisfied with the practice's opening hours compared to the CCG average of 82% and the national average of 78%.
- 82% of patients said they could get through easily to the practice by phone compared to the CCG average of 75% and the national average of 73%.

The practice recognised some problems with its telephone system, where patients were kept on hold for long periods. There were plans to change the system, increasing phone line accessibility in the near future.

People told us on the day of the inspection that they were able to get appointments when they needed them, and we saw evidence that the appointment system was accessible.

The practice had a system in place to assess:

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

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

Listening and learning from concerns and complaints

The practice had a 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.
- There was a designated responsible person who handled all complaints in the practice.

We looked at two complaints received in the last 12 months and found that these were dealt with in an open and transparent way. Lessons were learnt from individual concerns and complaints and also, from analysis of trends, action was taken as a result to improve the quality of care. For example, when a patient was given a maternity booking appointment in a 30-minute slot instead of the required 90 minutes, non-clinical staff were given some extra training about appointment requirements and how to handle such errors in a way that least inconveniences the patient.

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 and staff knew and understood the values.
- The practice felt strongly about its core values of team work, patient focus, commitment and dedication.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of clinical and internal audit 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 told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff. Staff met daily for lunch which was an opportunity for clinical and non-clinical staff to share ideas, concerns and liaise with the GPs and practice manager.

Non-clinical staff rotas operated on a duty system allowing staff to rotate into a leadership role for part of the day each week. The impact of this was that staff developed skills of leadership, pulled together as a whole team and clearly understood each other's roles, making them more cohesive as a team.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice 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 the practice held regular meetings. All meetings were minuted.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff 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 and had received thank you cards over the preceding months.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met at six-weekly intervals. They shared ideas on suggestions and improvements.
- The practice had gathered feedback from staff through regular discussions. Staff told us they would not hesitate

Are services well-led?

Good 

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

to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. It was

proactively planning for the future in terms of GP recruitment, even though it had no difficulties with retention or recruitment. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. It had a level of recognition about its challenges but was continually striving to improve, in line with its core values.