

Dr. C.P.M. Lewis & Partners

Quality Report

57 Eastwood Road
Rayleigh, Essex
SS6 7JF
Tel: 01268 209309
Website: www.audleymills.co.uk

Date of inspection visit: 19 January 2016
Date of publication: This is auto-populated when the report is published

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

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10
Outstanding practice	0

Detailed findings from this inspection

Our inspection team	11
Background to Dr. C.P.M. Lewis & Partners	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13
Action we have told the provider to take	0

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr C.P.M. Lewis & Partners on 19 January 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. Not all non-clinical staff understood how to recognise and report significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand, however verbal complaints were not always recorded.
- Most 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.
- Staff had an understanding of consent and the Mental Capacity Act, however there was not a consent policy in place to support staff in making or documenting decisions about consent.
- 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.

Summary of findings

- There was a range of staff meetings which were recorded. There was limited sharing of information across the whole practice, as a result of this some non-clinical staff lacked an understanding of the practice performance and vision.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider should make improvement are:

- Update all staff on the recognition and recording of significant events.
- Ensure verbal complaints are always recorded.
- Introduce a consent policy.

Ensure the practice performance and vision is shared with all 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.

- There was a system in place for reporting and recording significant events. Not all non-clinical staff understood recognising and reportin significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse.

Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average. Areas where the practice fell below average had been addressed by the GPs.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- A range of 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 multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey published in January 2016, showed 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 for patients about the services available was easy to understand and accessible.

Good



Summary of findings

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

Are services responsive to people's needs?

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.
- Most 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.

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. Clinical staff were clear about the values of the practice, although non-clinical staff were unsure about the practice performance and vision.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active and had been able to suggest and implement improvement.

Good



Summary of findings

- There was a strong focus on continuous learning and improvement at all levels, the practice was a training practice and all clinical staff had roles in this.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had 86 patients in care homes and carried out weekly visits to ensure patients received continuity of care.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Data showed the practice was comparable to national averages for diabetes care, with one exception. An audit had since been carried out to address this variation.
- The practice had started a virtual diabetes clinic where patients would receive test results and follow up advice via email.
- Longer appointments and home visits were available when needed.
- 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.

Good



Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- 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

- Cervical screening rates were above average; 96.16% of women aged 25 to 64 years old had a cervical screening test performed in the preceding five years (01/04/2014 to 31/03/2015) compared to 81.83% nationally.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.
- The practice were running a monthly family planning clinic which had received very positive feedback.

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 open from 7am daily and open until 8pm twice a week for patients who worked during the day.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability upon request.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- 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



Summary of findings

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).

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. There were counselling services available within the practice.
- 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia; we saw evidence of very good care provided to patients with poor mental health.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing in line with local and national averages. 241 survey forms were distributed and 119 were returned. This represented a 49% response rate.

- 89% were able to get an appointment to see or speak to someone the last time they tried (CCG average 85%, national average 85%).
- 93% described the overall experience of their GP surgery as good (CCG average 84%, national average 85%).
- 80% said they would recommend their GP surgery to someone who has just moved to the local area (CCG average 75%, 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 25 comment cards of which 20 were positive about the standard of care received. These commended staff on caring attitudes, good facilities and access to services. The five negative comment cards were mainly regarding access to appointments and getting through on the phone.

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

Areas for improvement

Action the service SHOULD take to improve

- Update all staff on the recognition and recording of significant events.
- Ensure verbal complaints are always recorded.
- Introduce a consent policy.
- Ensure the practice performance and vision is shared with all staff.

Dr. C.P.M. Lewis & Partners

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 and a practice manager specialist adviser.

Background to Dr. C.P.M. Lewis & Partners

Dr C.P.M.Lewis & Partners, also known as Audley Mills Surgery, is located in the town centre of Rayleigh, Essex. The practice operates out of two buildings in very close proximity, both of which have reception staff and waiting rooms. There is no parking available for patients, although there is a pay and display car park nearby and good transport links. At the time of our inspection, the practice list size was approximately 20,000 patients and this list was open to new patients.

The practice has 10 partner GPs, three salaried GPs and at the time of the inspection there were four trainee GPs. There are five nurses, two healthcare assistants (HCA) and three phlebotomists. There is a practice manager, a practice business manager and a large team of receptionists and administrative staff. This practice is a training practice for GPs and nurses. All GPs took key roles in the provision of this training.

The practice is open from 7am Monday to Friday. The practice is open until 8pm on Mondays and Thursdays and until 6.30pm on Tuesdays, Wednesdays and Fridays. Appointments are available all day throughout the practice opening hours. When the practice is closed, out of hours care is provided by IC24.

The practice has a Personal Medical Services (PMS) contract and offers enhanced services such as childhood immunisations, extended hours access, learning difficulties and minor surgery.

Why we carried out this inspection

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

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice. We carried out an announced visit on 19 January 2016. During our visit we:

- Spoke with a range of staff including GPs, nurses, an HCA, the practice manager, the business manager and administrative staff. We also spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.

Detailed findings

- 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 a system in place for reporting and recording significant events.

- Clinical 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. Non-clinical staff were not all aware of significant events, how to recognise them or how to report them. Significant events were only discussed at clinical meetings.
- The practice carried out an annual analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice.

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

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs discuss safeguarding concerns and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were appropriately trained in safeguarding procedures.
- A notice in the waiting room 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

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). Chaperones we spoke to had a good understanding of what was expected of them.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice manager was the infection control lead and one of the practice nurses was the clinical infection control link 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 lead staff had received up to date training, the remaining staff were due infection control training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.
- We reviewed eight personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- 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 those patients who were referred as a result of abnormal results.

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 which identified local health and safety representatives. The practice had up to date fire risk assessments and had recently carried out a fire drill. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular 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 system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- 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 were available.
- Emergency medicines were easily accessible to staff in both buildings and all clinical staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line 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 peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for 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 for the year 2014-2015 were 92.1% of the total number of points available, with 5.3% exception reporting. (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). Data from 2014/15 showed;

- Performance for diabetes related indicators was mixed in comparison to the national average. Most indicators were comparable to other practices however the percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2014 to 31/03/2015) was 62.69% compared to the national average of 78.03%.
- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2014 to 31/03/2015) was 89.89% which was comparable to the national average of 89.9%.

- Performance for mental health related indicators was comparable to the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 83.05% which was comparable to the national average of 88.47%.

Staff were aware of this data and had carried out audits to specifically target the areas that were below average.

Clinical audits demonstrated quality improvement.

- There had been 11 clinical audits completed in the last year, six of these were completed audits where the improvements made were implemented and monitored. For example, an audit assessing the management of patients with gout resulted in changes to the recall and reminder system to improve the monitoring of patients on medication. Another five of these audits had an initial cycle completed. There had also been a further nine mini audits carried out.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

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. It covered such topics as fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line 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

Are services effective?

(for example, treatment is effective)

during sessions, appraisals, mentoring, clinical supervision and facilitation and support for revalidating GPs. We saw evidence of all staff having received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

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

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Clinical staff understood the basic consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- The practice did not have a consent policy in place and staff had not received training on the Mental Capacity Act 2005, although they were able to demonstrate a basic knowledge of the guidelines including Gillick competency

- 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.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on smoking and alcohol cessation. Patients were then signposted to the relevant service.
- Smoking cessation advice was available from both HCAs, one of whom had achieved the highest success rate in the region in April 2015.

The practice's uptake for the cervical screening programme was 96.16%, which was better than the CCG average of 86.5% and the national average of 81.83%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Due to a reduction in local services, the practice had started their own monthly family planning clinic for their patients. This had received very positive feedback from patients and also offered a training facility for GP registrars in the practice. The practice hoped to open up this opportunity to trainee GPs from elsewhere in the future.

The practice had also started a virtual diabetes clinic, patients would be reminded about their diabetes review by email. Patients then received their results and recommendations by email to help prevent them having to call or attend the surgery.

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. Last year's performance was comparable to Clinical Commissioning Group (CCG) data for the majority of immunisations where comparative data was available. For example:

Are services effective?

(for example, treatment is effective)

- Flu vaccination rates for the over 65s was 75.04% which was slightly above the national average of 73.24%. The flu vaccination rate for at risk groups was 46.48% which was slightly below the national average of 48.66%.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example:

- The percentage of childhood Pneumococcal Conjugate Vaccine (PCV) vaccinations given to under one year olds was 98% compared to the CCG percentage of 97.1%.

- The percentage of childhood Meningitis C Booster vaccinations given to under two year olds was 99.1% compared to the CCG percentage of 98%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40 to 74 years old which were carried out by the health care assistants. 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.

Of the 25 patient Care Quality Commission comment cards we received, 20 were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Five of the comment cards gave negative feedback regarding access to appointments and getting through to the practice on the phone.

We spoke with two members of the patient participation group. They also told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected. Most of the comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We also spoke with a patient who was a carer, this patient told us their family was treated exceptionally well by their named GP who catered for their specific needs very well.

Results from the national GP patient survey published in January 2016, showed patients felt they were treated with compassion, dignity and respect. The practice was above average for most of its satisfaction scores on consultations with GPs and nurses. For example:

- 96% said the GP was good at listening to them compared to the CCG average of 84% and national average of 89%.
- 93% said the GP gave them enough time (CCG average 84%, national average 87%).

- 98% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%)
- 92% said the last GP they spoke to was good at treating them with care and concern (CCG average 81%, national average 85%).
- 92% said the last nurse they spoke to was good at treating them with care and concern (CCG average 93, national average 91%).
- 85% said they found the receptionists at the practice helpful (CCG average 87%, national average 87%)

Care planning and involvement in decisions about care and treatment

Patients we spoke to 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 on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey published in January 2016, showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above local and national averages. For example:

- 93% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and national average of 86%.
- 87% said the last GP they saw was good at involving them in decisions about their care (CCG average 77%, national average 82%)
- 91% said the last nurse they saw was good at involving them in decisions about their care (CCG average 87%, national average 85%)

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

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 0.4% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

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.

- The practice offered a 'Commuter's Clinic' daily from 7am and on a Monday and Wednesday evening until 8pm for working patients who could not attend during normal opening hours.
- There were longer appointments available upon request for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities, baby changing facilities, a hearing loop and translation services available.
- The practice had a lift for access to clinical rooms.

Access to the service

The practice was open from 7am Monday to Friday. The practice was open until 8pm on Mondays and Thursdays and until 6.30pm Tuesdays, Wednesdays and Fridays.

Appointments were available all day between these hours. 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.

The practice also offered telephone consultation's as well as offering services via WebGP, where patients would get a response to a medical enquiry via email. The practice told us that this often resolved the patient's concern by giving advice or signposting them to a pharmacist, if this was not suitable, the on-call GP would respond within one working day.

Results from the national GP patient survey published in January 2016, showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages, with the exception of access to the surgery by phone.

- 85% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 60% patients said they could get through easily to the surgery by phone (CCG average 69%, national average 73%).
- 64% patients said they always or almost always see or speak to the GP they prefer (CCG average 65%, national average 59%).

People told us on the day of the inspection that they were normally able to get appointments when they needed them. We did receive several comments regarding the difficulty of getting through to the surgery by phone. The practice had acknowledged this problem, they had recently changed their phone number to a local rate number and made some changes to the phone system to try and improve this.

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 saw that information was available to help patients understand the complaints system on the practice website, on posters in the waiting room and in the practice leaflet.
- We were told by staff that not all verbal complaints were recorded if they felt they were able to satisfy the patient.

We looked at 30 complaints received between April 2014 and April 2015 and found these were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint etc. These complaints were analysed and shared at clinical meetings and with the staff directly involved but not always shared or learnt from practice-wide.

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 vision to deliver high quality care and promote good outcomes for patients.

- The practice held annual strategy meetings to discuss the future of the practice.
- Staff we spoke to understood the values of the practice but did not fully understand the vision for the future as not all staff attended the strategy meetings and the findings were not always shared.

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
- An understanding of the performance of the practice was maintained by clinical staff, this was not always shared with non-clinical staff
- 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

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

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- They did not always keep written records of verbal complaints made to staff if they felt they were able to deal with the patient's concerns.
- There was a clear leadership structure in place and staff felt supported by management.
- Staff told us the practice held practice meetings and clinical meetings. Non-clinical staff had the opportunity to meet during Time to Learn sessions. There were four opportunities throughout the year for the whole practice to meet.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at meetings and felt confident in doing so and felt supported if they did. We noted team away days for the GPs were held once a year.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- 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 twice a year, monitored patient surveys, complaints and submitted proposals for improvements to the practice management team. For example, suggestions such as changing the practice phone number back to a local number were made and acted on by the practice. The two members of the PPG we spoke to gave very positive feedback regarding the proactive engagement from the practice with them.

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 staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

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

was a training practice and all clinical staff were involved in this. The practice team was forward thinking and keen to continuously improve services provided. The practice had started a family planning clinic and a training program for the diploma of sexual and reproductive health care. The practice had also started a virtual diabetes clinic where patients received the results of their tests and advice via email.