

The Apples Medical Centre

Quality Report

East Mill Lane

Sherborne

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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?

Requires improvement



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 The Apples Medical Centre on 27 August 2015.

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 to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned for.
- 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.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

However there were areas of practice where the provider needs to make improvements.

Importantly the provider must:

Ensure that risk assessments in relation to Legionella have been completed.

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 requires improvement for providing safe services as there are areas where it should make improvements. Staff understood their responsibilities to raise concerns, and to report incidents and near misses.

Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed.

Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. The practice had not carried out a risk assessment for the control and prevention of legionella.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Good



Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. Patients said they found it easy to make an appointment with a

Good



Summary of findings

named GP and that there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active. Staff had received inductions, regular performance reviews and attended staff meetings and events.

Good



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. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

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. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people 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 accident and emergency 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. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses.

Good



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

Good



Summary of findings

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.

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 homeless people, travellers and those with a learning disability. It had carried out annual health checks for patients with a learning disability and these patients had received a follow-up. It offered longer appointments for patients with a learning disability.

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

- 85.71% of patients experiencing poor mental health had received an annual physical health check.
- 94.12% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the preceding 12 months.

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

The practice had told patients experiencing poor mental health how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency when they may have been experiencing poor mental health. Staff had received training on how to care for patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on 4 July 2015 showed that the practice was performing in line with local and national averages for patient satisfaction. Of the 251 survey forms distributed to patients, between July to September 2014 and January to March 2015, 141 forms were returned completed. This was a response rate of 56.2% which represented approximately 2.7% of the practice population.

- 96.4% found it easy to get through to this practice by phone compared with the clinical commissioning group (CCG) average of 85.3% and a national average of 74.4%.
 - 92.8% found the receptionists at this practice helpful compared with a CCG average of 89.8% and a national average of 86.9%.
 - 93.5% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 89.2% and a national average of 85.4%.
 - 99.4% said the last appointment they got was convenient compared with a CCG average of 94.2% and a national average of 91.8%.
 - 91% described their experience of making an appointment as good compared with a CCG average of 82.3% and a national average of 73.8%.
- 62.3% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 68.3% and a national average of 65.2%
 - 60.4% felt they did not normally have to wait too long to be seen compared with a CCG average of 63.5% and a national average of 57.8%.

As part of our inspection we also asked for Care Quality Commission comment cards to be completed by patients prior to our inspection. We received 19 comment cards 17 were all positive about the standard of care received. Two were less positive and commented about the phone service not being as good and the length of time to wait for an appointment. Positive comments included feedback about staff being caring, friendly respectful and patient focused.

The practice had an active patient participation group which improved communication between the practice and its patients. This group was a way for patients and the practice to listen to each other and work together to improve services, promote health and improve the quality of care.

Results of patient surveys were available to patients on the practice website alongside the actions agreed as a result of the patient feedback.

Areas for improvement

Action the service MUST take to improve

Ensure that risk assessments in relation to Legionella have been completed.

The Apples Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to The Apples Medical Centre

The Apples Medical Centre is located at East Mill Lane, Sherborne, Dorset, DT9 3DG.

The practice has an NHS Personal Medical Services contract to provide health services to approximately 5,200 patients.

The practice reception is open between 08.00am until 6.30pm Monday to Friday except on bank holidays. Routine appointments are available daily and urgent appointments are made available on the day of the patient's request. The practice also offers later appointments for patients from 6.30pm until 7.10pm on Monday and Tuesday evenings. Once a month there is a Saturday practice from 08.30am until 11.10am.

There was a small dispensary which catered for patients who needed medication, appliances

and dressings who lived more than one mile from their nearest pharmacy.

The practice has opted out of providing out-of-hours services to their own patients and refers them to South Western Ambulance Service NHS Foundation Trust via the NHS 111 service.

The practice has four GPs who together work an equivalent of 3.4 full time staff. In total there are one female and three male GPs. The practice has two practice nurses and two health care assistants. The GPs and the nursing staff are supported by a practice manager and team of eight administration staff who carry out administration, reception, scanning and secretarial duties.

This practice was visited by the Care Quality Commission in June 2014 and inspected as part of the pilot for our new way of inspecting primary medical services. At that time we did not give the practice a rating. This inspection was made to rate the practice and ensure that it continued to keep patients safe, was effective, responsive and caring and was well led.

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. This 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.

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.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we held about the practice and asked other organisations to share what they knew about the practice. Organisations included the local Healthwatch, NHS England, and the clinical commissioning group.

We asked the practice to send us some information before the inspection took place to enable us to prioritise our areas for inspection. This information included practice policies, procedures and some audits. We also reviewed the practice website and looked at information posted on the NHS Choices website.

This was an announced inspection which took place on 27 August 2015.

During our visit we spoke with a range of staff including GPs, nursing and other clinical staff, receptionists, administrators and the practice manager. We also spoke with patients who used the practice and representatives of the patient participation group.

We reviewed comment cards and feedback where patients and members of the public shared their views and experiences of the practice before and during our visit.

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

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

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

The population groups are:

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

People experiencing poor mental health (including people with dementia)

Are services safe?

Our findings

Safe track record and learning.

There was an open and transparent approach and a system in place for reporting and recording significant events. Patients affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.

We reviewed safety records, incident reports and alerts, and minutes of meetings where these, and complaints, were discussed by clinical and non-clinical staff. Lessons were shared at these meetings to make sure action was taken to improve safety in the practice.

Safety was monitored using information from a range of sources, including the National Institute for Health and Care Excellence guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

Overview of safety systems and processes.

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse which reflected relevant legislation and local requirements. Policies were also 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 who had received training to level three in children and young people's safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A notice was displayed in the waiting room, on the reception desk and on the practice website advising patients that nurses would act as chaperones to both male and female patients, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). 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.

- 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 staff office. The practice had up to date fire risk assessments and regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises. Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. The practice had not carried out a risk assessment for the control and prevention of legionella.
- Appropriate standards of cleanliness and hygiene were followed. 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. We were shown the most recent annual infection control audit undertaken and we saw evidence that action had been taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security).
- Regular medicines audits were carried out with the support of the local clinical commissioning group pharmacy team to ensure that the practice was prescribing in line with best practice guidelines for safe prescribing. For example the dispensary manager had completed yearly dispensing review of use of medicines (DRUMS). DRUMS are an opportunity for dispensers in dispensing GP practices to review the patient's in a similar way. They are an opportunity to check the patients' understanding of their medicines, and their ability to obtain and use them. They are intended to compliment not replace the clinical medication review

Are services safe?

carried out by the healthcare professional. The results of these audits were reviewed at the monthly GP meetings. Prescription pads were securely stored and there were systems in place to monitor their use.

- Recruitment checks were carried out and the seven files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- Arrangements were in place for planning and monitoring the number of staff, and mix of staff, needed to meet patients' needs. Administration staff tended to be multi skilled and covered other departments in the event of sickness or annual leave. GPs planned their leave in September for the following year so arrangements could be made for business continuity.

Arrangements to deal with 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. There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment.

The practice carried out assessments and treatment 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 ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet 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 participated in the Quality and Outcomes Framework (QOF). QOF is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for QOF and performance against national screening programmes to monitor outcomes for patients. The 2013-2014 results were 98.2% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets.

Data from QOF showed:

- Performance for diabetes related indicators was at 92.9%. This was 2.7% below the clinical commissioning group (CCG) average and 2.8 % above the England average.
- Performance for hypertension related indicators was at 95.4%. This was 3% above the CCG average and 7% above the England average.
- Performance for mental health related indicators was at 92.2%. This was 3.8% below the CCG average and 1.7% above the England average.
- Performance for cancer related indicators was 100%. This was 0.5% above the CCG average and 4.5% above the England average.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment, and patient outcomes. We were shown two completed clinical audits carried out in the past two years. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to

improve services. For example, the practice had carried annual chronic obstructive pulmonary disease (COPD) and rescue pack review in 2014 there were 68 patients registered with COPD of which nine had a rescue pack documented in the notes. In 2015 the audit showed that the practice had 79 patients with COPD of which 48 had a rescue pack documented in their notes. A COPD Rescue Pack contains a supply of standby medications for the patient to start if their COPD deteriorates before they were able to see their GP.

Effective staffing.

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- 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 these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff we spoke with had taken part in 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 test results.

Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together, and with other health and social care services, to understand and meet the range and

Are services effective?

(for example, treatment is effective)

complexity of people's needs, and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team (MDT) meetings took place on a monthly basis and that care plans were routinely reviewed and updated. The practice had bi-monthly meetings with the health visitor, locality meetings with nine other practices and federation meetings with the seven practices that The Apples Medical Centre had federated with. There were quarterly meetings with the patient participation group and away days at which consultants from the local hospital joined to give GPs an informal presentation. There was also protected learning time for either in house training or locally based training.

Consent to care and treatment.

Patients' consent to care and treatment was always sought 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, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

The process for seeking consent was monitored through patient records audits to ensure it met the practice's responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention.

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. For example In 2014-2014, 94.5% of patients on the diabetes register had a foot examination and risk classification with the preceding 12 months.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 75.75%, which was similar to expected and the national average of 81.8%.

There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to the CCG average. For example, childhood immunisation rates for the vaccinations given to two year olds ranged from 93.3% to 97.8% and for five year olds from 93.0% to 100%.

Flu vaccination rates for the over 65s were 72.5%, and at risk groups 47.55%. These were similar to expected to national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy.

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

We received 19 patient Care Quality Commission comment cards, 17 were positive about the service experienced. Patients said they felt the practice offered an excellent service and that staff were caring, respectful and treated them with dignity and respect. We also asked nine patients for their feedback and spoke with two members of the patient participation group (PPG) on the day of our inspection. Both the patients we asked, and the PPG members, told us their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when patients needed help, and provided support when required.

Results from the national GP patient survey showed that patients were happy with how they were treated including being treated with compassion, dignity and respect.

The practice was above average for its satisfaction scores on consultations with doctors and nurses.

For example:

- 94.4% said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91.9% and national average of 88.6%.
- 94.1% said the GP gave them enough time compared to the CCG average of 89.9% and national average of 86.8%.
- 99.2% said they had confidence and trust in the last GP they saw compared to the CCG average of 96.9% and national average of 95.3%.

- 92.8% said the last GP they spoke with was good at treating them with care and concern compared to the CCG average of 89.2% and national average of 85.1%.
- 96.5% said the last nurse they spoke with was good at treating them with care and concern compared to the CCG average of 92.3% and national average of 90.4%.
- 92.8% patients said they found the receptionists at the practice helpful compared to the CCG average of 89.8% and national average of 86.9 %.

Care planning and involvement in decisions about care and treatment.

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

Results from the national GP patient survey which we reviewed, also showed that patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and these results were in line with local and national averages.

For example:

- 93.4% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89.1% and national average of 86.3%.
- 85.6% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 86.1% and national average of 81.5%

Staff told us that translation services were available for patients who did not have English as a first language.

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.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers and those people were supported, for example,

Are services caring?

by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP would send a letter of condolence and invite the

family member/spouse to a consultation. Advice on how to find support service was available to GPs and patients in the waiting area. This advice included local counselling and bereavement support services.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs.

The practice worked with the local clinical commissioning group (CCG) to plan services and to improve outcomes for patients in the area. A GP partner was the practice lead on CCG meetings and fed back information to improve services.

Services were planned and delivered to take into account the needs of different patient groups and to ensure flexibility, choice and continuity of care. For example;

- The practice offered extended hours appointments on Monday and Tuesday evenings and Saturday mornings, once a month, for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients or patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities and a hearing loop and translation services were also available.

Access to the service.

The practice reception was open between 08.00am until 6.30pm Monday to Friday except on bank holidays. Routine appointments were available daily and urgent appointments were made available on the day of the patient's request. The practice also offered later appointments for patients from 6.30pm until 7.10pm on Monday and Tuesday evenings. Once a month the practice was open a Saturday from 08.30am until 11.10am.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages, and people we spoke to on the day were able to get appointments when they needed them. For example:

- 88.2% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group (CCG) average of 78.8% and the national average of 75.7%.
- 96.4% patients said they could get through easily to the practice by phone compared to the CCG average of 85.3% and the national average of 74.4%.
- 91% patients described their experience of making an appointment as good compared to the CCG average of 82.3% and the national average of 73.8%.
- 62.3% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 68.3% and the national average of 65.2%.

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 in the waiting area, the practice leaflet and on the practice website. Seven out of the nine patients we asked were aware of the process to follow if they wished to make a complaint, but two were not aware of the process.

We looked at five complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely, open and transparent way. Complaints were a standing item on bi-monthly practice meeting agendas and were reviewed annually.

Lessons were learnt from concerns and complaints, and action was taken as a result to improve the quality of care. For example, a complaint was made about the appointment system being unclear and difficulty in obtaining a routine appointment within a reasonable time frame. As a result the practice updated its appointment system to make it easier to obtain an appointment which in turn reduced waiting times for appointments.

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 quality medical care to patients. The practice had a practice charter which was displayed in the practice leaflet and on its website, and staff knew and understood the values. The practice had a robust strategy and supporting business plans which reflected the vision and values.

Staff knew and understood the vision and values and were able to tell us about the values and philosophy of the practice which encompassed key concepts such as compassion, dignity and respect and equality and diversity which placed the patient at the centre of decision making.

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
- There was a comprehensive understanding of the performance of the practice
- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership, openness and transparency.

The partners in the practice demonstrated that they had the experience, capacity and capability to run the practice and to 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 would always take the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

Staff told us that regular team meetings were held and that there was an open culture within the practice to the extent that they had the opportunity to raise any issues at team meetings, were confident in doing so, and felt supported if they did. Staff said they felt respected, valued and supported, particularly by the partners in the practice.

All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, proactively gaining patient feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG), and through surveys and complaints received. The PPG was active and had a membership of about 168 patients, carrying out patient surveys and submitting proposals for improvements to the practice management team.

An example where the PPG have recommended improvements that the practice have adopted was the introduction of a quarterly newsletter to improve communications with patients. Patients have found this positive and the practice website had a link to the newsletter.

The practice had also 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.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The practice had not conducted a risk assessment for Legionella.</p> <p>The provider must assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.</p> <p>Regulation 17(2) (b) Health and Social Care Act 2008(Regulated Activities) Regulations 2014.</p>