

# Birchwood 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 Birchwood Surgery on 15 July 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.
- Risks to patients were assessed and well managed.
- 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.
- 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 there was sometimes difficulty in getting through to the practice by telephone.
- 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 should:

- Carry out regular fire drills.
- Ensure blank prescriptions are stored securely at all times.

**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 to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. There were enough staff to keep patients safe. Staff had received appropriate training in relation to safeguarding children and vulnerable adults.

Good



### Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were comparable to other local and national practices. 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 staff. Staff worked with multidisciplinary teams. Clinical audits were carried out to demonstrate quality improvement.

Good



### Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice similar to 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 (CCG) to secure improvements to services where these were identified. Patients said urgent appointments were available on the same day. The practice had responded to suggestions from the patient participation group (PPG) to make changes to the premises. The practice had good facilities and was well equipped to treat patients

Good



# Summary of findings

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. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings and events. Staff were involved in the future planning of the practice.

**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. The practice provided weekly visits to two local care homes and additional visits as required. 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. Patients with more than one long term condition had their conditions reviewed in one appointment to avoid multiple visits to the practice. 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.

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. Appointments were available outside of school hours and the premises were suitable for children and babies. The practice had regular meetings with the health visitors.

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 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 reflects the

Good



# Summary of findings

needs for this age group. Telephone consultations were available. Students at home from university were offered temporary registration if they needed to see a GP. The practice had extended opening hours one evening and one morning a week.

## **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. It had carried out annual health checks for people with a learning disability and offered longer appointments. All these patients had a named GP and the practice had a nominated carer's champion.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told 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). They carried out annual physical health checks and dementia reviews. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia. Patients with poor mental health had a named GP.

**Good**



# Summary of findings

## What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice was performing in line with local and national averages in some areas but they were below in others. There were 128 responses and a response rate of 43%.

- 79% find the receptionists at this surgery helpful compared with a CCG average of 83% and a national average of 87%.
- 51% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 55% and a national average of 60%.
- 74% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 83% and a national average of 85%.
- 84% say the last appointment they got was convenient compared with a CCG average of 90% and a national average of 92%.
- 40% describe their experience of making an appointment as good compared with a CCG average of 65% and a national average of 73%.
- 75% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 64% and a national average of 65%.

- 63% feel they don't normally have to wait too long to be seen compared with a CCG average of 56% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 21 completed CQC comment cards, with 20 of these containing positive comments about the practice and the service experienced. One of the cards was less positive stating they had experienced difficulty booking an appointment. Patients said they felt the practice offered an excellent service and staff were professional, polite and helpful. They also said they were treated with dignity and respect.

We spoke with seven patients on the day of the inspection and they were generally satisfied with the service they received. They confirmed that there is sometimes difficulty getting through to the practice by telephone but they were happy with the care from the GPs and nursing staff.

We also spoke with a member of the patient participation group (PPG) on the day of our inspection. They told us they were satisfied with the care provided by the practice.

## Areas for improvement

### Action the service SHOULD take to improve

- Carry out regular fire drills.
- Ensure blank prescriptions are stored securely at all times.

# Birchwood 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 and a practice manager specialist adviser.

### Background to Birchwood Surgery

Birchwood Surgery provides a range of primary medical services to the residents of Letchworth. The practice has been at its current purpose built location since 1989.

The practice population is of mixed ethnic background and national data indicates that the area is one of lower deprivation. The practice has approximately 14,000 patients and provides services under a general medical services contract (GMS).

There are eight GP partners who run the practice, three male and five female and they employ two salaried GPs both female. The nursing team consists of three nurses and two health care assistants. There are a number of reception and administration staff led by a practice manager and deputy practice manager. The practice is a training practice and currently has two trainee GPs.

The practice is open between 8am and 6.30pm Monday to Friday with appointments available from 8.30am to 6pm. The practice offers extended opening hours until 8pm on a Tuesday and from 7am on a Wednesday.

When the practice is closed out-of-hours services are provided by Herts Urgent Care and can be accessed via NHS 111.

### 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 (Regulated Activities) Regulations 2014, 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.

### How we carried out this inspection

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



# Detailed findings

- 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)

Before inspecting, we reviewed a range of information that we hold about the practice and asked other organisations

to share what they knew. We carried out an announced inspection on 15 July 2015. During our inspection we spoke with a range of staff including the practice manager, GPs, nurses, reception and administration staff. We spoke with patients who used the service and we observed how staff interacted with patients during their visit to the practice. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

# 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. Staff told us they would complete a recording form and inform the practice manager of any incidents. All complaints received by the practice were logged and reviewed at the GP partners meetings. Significant events were documented and investigated as they occurred. The practice carried out an annual review of significant events and complaints to identify any trends.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example the disposal of clinical waste was discussed at a team meeting following a significant incident that had identified the incorrect process had been followed. We also saw an error in prescribing had been documented, investigated and identified learning recorded and shared with the relevant clinical staff.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) 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 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 were notices in the consulting rooms, reception and administration areas with information on safeguarding and contact numbers for external agencies for making a referral. There was a GP identified as the lead member of staff for safeguarding and all staff knew who this was. The practice held multi-disciplinary team meetings where safeguarding was discussed, these were attended by community nurses and health visitors. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A notice was displayed in the waiting room and consulting rooms, advising patients that nurses would act as chaperones, 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 patients and staff safety. There was a health and safety policy available with a poster in the administration area. The practice had up to date fire risk assessments but had not carried out regular fire drills. All electrical equipment was checked annually to ensure the equipment was safe to use this had been done in January 2015. Clinical equipment had been checked and calibrated in December 2014 to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as infection control and legionella.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be visibly clean and tidy. One of the GPs was the infection control 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 were able to demonstrate an understanding of infection control relevant to their role for example hand washing techniques and the use of personal protective equipment such as gloves and aprons. We saw there was evidence that the practice was implementing good infection control practice, for example elbow taps, pedestal bins and laminate flooring were in use in the clinical areas.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe. One of the GPs was the prescribing lead and attended quarterly meetings held by the clinical commissioning group (CCG). They cascaded information from these meetings to the other GPs in the practice. Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the

## Are services safe?

practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. There were some blank prescriptions kept in printers in the consulting and treatment rooms. These rooms did not have locks on the doors so were accessible when the clinician was not in the room.

- Recruitment checks were carried out and the four 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. The nurses planned their own rotas to ensure there were enough staff on duty and the deputy practice manager planned the reception and administration staff rotas. There was also an arrangement in place for members of staff, including

nursing and administrative staff, to cover each other's annual leave. There was a buddy system in operation among the GPs to cover each other's workload when on leave.

### **Arrangements to deal with emergencies and major incidents**

The practice had arrangements in place to manage emergencies. Records showed that all staff had received annual basic life support training. Emergency equipment was available including access to oxygen and an automated external defibrillator (used in cardiac emergencies). When we asked members of staff, they all knew the location of this equipment and records confirmed that it was checked regularly. 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. Risks were identified and rated. 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 the National Institute for Health and Care Excellence (NICE) best practice guidelines. 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 manager circulated all new guidelines to the clinical staff.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 93% of the total number of points available, with 6% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets, although some of the areas were below the CCG and national averages. Data from 2013/14 showed;

- Performance for diabetes related indicators was similar to the CCG and national average. The practice achieved 91% of available points compared to the CCG average of 89% and the national average of 90%.
- Performance for hypertension related indicators was below the CCG and national average. The practice achieved 70% of available points compared to the CCG average of 84% and the national average of 88%.
- Performance for mental health related indicators was below the CCG and national average the practice achieved 82% of available points compared to the CCG average of 91% and the national average of 90%.
- Performance for dementia related indicators was above the CCG and national average. The practice achieved 100% of available points compared to the CCG average of 92% and the national average of 93%.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. We saw six clinical audits that had been completed in the last two years, three of these were completed audits where the

improvements made were implemented and monitored. One of these audits looked at the prescribing of certain antibiotics to see if guidelines were being followed. The practice could demonstrate that improvements had been made and learning points had been documented to ensure continued adherence to the guidelines.

### 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 and meetings. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. The clinical staff had ongoing support through clinical supervision and support for the revalidation of doctors. All staff with the exception of the practice manager had had an appraisal within the last 12 months. The practice manager informed us they had the support of the GP partners and they were aware that an appraisal needed to be arranged.
- 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. This included care and risk assessments, care plans, medical records and test results. The practice received blood test results, X ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the NHS 111 service both electronically and by post. Staff informed us that letters received by post were scanned onto the electronic system on the day they were received. There was a buddy system in operation among the GPs. If a GP was on leave their buddy would review and act on any communications received.

# Are services effective?

(for example, treatment is effective)

Staff worked together and with other health and social care services to understand and meet the range and 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 to, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place every six weeks and were attended by the GPs, community nurses, the community matron and palliative care nurses. Care plans were in place for the patients discussed and these were routinely reviewed and updated.

## 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.

There was a practice policy for documenting consent for specific interventions. We saw that verbal consent was obtained for minor procedures such as joint injections. Consent forms were used with a copy kept in the patient's electronic record for minor surgical procedures.

## 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. Patients identified as smokers were referred to an external provider who visited the practice once a week to give smoking cessation advice.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG average of 83% and the national average of 82%. 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 CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97% to 99% and five year olds from 94% to 99%. Flu vaccination rates for the over 65s were 62%, and at risk groups 84%. These were above the CCG and national averages.

NHS health checks were carried out for people aged 40-74 by the health care assistants. There were also health checks available for new patients and those over the age of 75. Where abnormalities or risk factors were identified the patient was followed up by their GP.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and helpful to patients both at the reception desk and on the telephone and that people were treated with dignity and respect. There were no curtains in the consulting or treatment rooms but a portable screen was used so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation doors were closed during consultations and that conversations taking place in those rooms could not be overheard. There was a system in place to allow only one patient at a time to approach the reception desk. This prevented patients overhearing potentially private conversations between patients and reception staff. Reception staff used a private room if a patient wanted to discuss sensitive issues.

We received 21 completed CQC comment cards, with 20 of these containing positive comments about the practice and the service experienced. One of the cards was less positive stating they had experienced difficulty booking an appointment. Patients said they felt the practice offered an excellent service and staff were professional, polite and helpful. They also said they were treated with dignity and respect. We also spoke with a member of the patient participation group (PPG) on the day of our inspection. They told us they were satisfied with the care provided by the practice. Comment cards highlighted that staff were very caring and always listened to their concerns.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was average with others both locally and nationally for its satisfaction scores on consultations with doctors and nurses. For example:

- 93% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 90% said the GP gave them enough time compared to the CCG average of 85% and national average of 87%.
- 97% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%

- 83% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and national average of 85%.
- 98% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 90%.

However, they scored slightly lower than average for reception staff as 79% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and national average of 87%.

The practice informed us that they had reviewed the staff induction process and delivered staff training to ensure staff were following the correct administrative procedures.

### 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 we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line with 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 85% and national average of 86%.
- 87% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and national average of 81%

Staff informed us due to the patient demographic there was little need for translation services. If required an interpreter would be arranged via the local CCG.

### Patient and carer support to cope emotionally with care and treatment

There were a number of health information leaflets for patients to take away available at the entrance to the practice. There were also notices that told patients how to access support groups and organisations.

## Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. One of the GPs was identified as a carer's champion and there was written information available for carers to ensure they understood the various avenues of support available to them. Carers were offered health checks and flu vaccinations. The GPs also offered referrals to Social Services for carers to have an assessment for support.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This was followed up with a consultation if required.

# 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 CCG to plan services and to improve outcomes for patients in the area. The practice manager attended monthly meetings with other practice managers from the area where best practice was discussed and shared. One of the GP partners was a CCG board member. They shared information from the CCG at the practice meetings.

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

- The practice offered extended opening hours on Tuesday evenings until 8pm and on Wednesday mornings from 7am. This was especially useful for patients who could not attend during normal hours due to work commitments.
- Telephone consultations were available and the practice offered remote management of stable long-term conditions. For example patients with high blood pressure recorded their own blood pressure readings at home and sent them into the practice. A GP would then contact them by telephone or letter to advise them of any changes required to their treatment.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- The practice visited two local care homes on specific days each week and made additional visits according to need.
- Patients with multiple chronic diseases had them all reviewed in one appointment to avoid multiple visits to the practice.
- Urgent access appointments were available for children and those with serious medical conditions.
- Students were offered temporary registration if they needed to see a GP when they were home from university.
- Disabled facilities including wide doors and access enabled toilets were available. The practice had a wheelchair for patients with mobility issues.
- There was little need for translation services but an interpreter could be arranged via the CCG if required.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 5.20pm daily. Extended hours surgeries were offered until 8pm on Tuesdays and from 7am on Wednesdays. Routine pre-bookable appointments could be booked up to one week in advance. The practice found this reduced the amount of appointments not used by patients who did not attend for appointments booked a number of weeks in advance. Same day urgent appointments were 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 mixed when compared to local and national averages. For example:

- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 70% and national average of 75%.
- 32% patients said they could get through easily to the surgery by phone compared to the CCG average of 63% and national average of 73%.
- 40% patients described their experience of making an appointment as good compared to the CCG average of 65% and national average of 73%.
- 75% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 64% and national average of 65%.

Patients we spoke with on the day of the inspection confirmed these findings with some commenting that it was difficult to get through to the practice by telephone and that they sometimes had to queue outside the practice in the morning to get an appointment.

The practice informed us that they had reviewed their telephone system with the telephone provider and as a result increased the number of incoming call lines to the practice and reduced the length of the introductory message. They had also reviewed the staffing levels of the reception staff and had more available to answer the telephones at peak times.

### 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



## Are services responsive to people's needs? (for example, to feedback?)

line with recognised guidance and contractual obligations for GPs in England. The practice manager was the designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system. This could be found on the practice website, on the television screen in the waiting room and a notice at the reception desk. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at eight complaints received since April 2015 and found they were all satisfactorily handled and dealt with in a timely way. We also looked at the themes that had been identified from the previous year's complaints review. We saw that lessons had been learnt and actions had been implemented to improve the quality of care. For example, the practice had recently started electronic prescribing which simplified the process for patients when they requested a repeat prescription.

# 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 provide the best quality evidence based service for its patients within a safe and confidential environment. They informed us they aimed to ensure all patients were treated with dignity and shown respect and courtesy irrespective of race, religion, sexual orientation, disability or the nature of their health problem. The practice had developed core values that included openness, fairness and respect and staff knew and understood these values. There was also a patients' charter that could be accessed from the website that advised patients what they could expect from the practice.

### 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. While the policies we looked at were all relevant we found some of them required a review.
- A comprehensive understanding of the performance of the practice such as through the monitoring of the QOF.
- A programme of continuous clinical and other audits which is used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks and implementing mitigating actions.

### Leadership, openness and transparency

The partners were visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff.

There were a variety of team meetings held within the practice. These included monthly meetings for the nurses to discuss clinical issues and to provide clinical supervision. The reception and administration staff also had monthly meetings and they informed us they felt able to contribute to the agenda and speak openly at these meetings. The GPs met weekly to discuss clinical issues and review significant events and complaints as they occurred.

The practice informed us they had an away day once a year for all staff to attend. This included team building and education for the staff around issues relating to the practice. For example at the last day information was given on the quality and outcomes framework (QOF) and funding. The day also included an opportunity for staff to contribute ideas and identify opportunities to improve the service delivered by the practice.

Staff said they felt respected, valued and supported, particularly by the partners in the practice.

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

The practice encouraged and valued feedback from patients, and engaged patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and complaints received. There was an active PPG which met with the practice quarterly and they submitted proposals for improvements. For example, the practice had submitted an application for funding to replace the front doors with electronic sliding doors to enable better access for patients with mobility issues in response to the PPG recommendation. The funding had been secured and the practice was waiting for planning permission to make the changes. They also discussed areas of concern such as patients not attending pre-booked appointments. In response to this the practice had reduced the length of time patients could book appointments in advance to one week.

The practice had gathered feedback from staff through away days, staff meetings, discussions and appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. In response to staff feedback uniforms had been provided for reception and administration staff. This made them easily identifiable to patients and visitors to the practice. Staff told us they felt involved and engaged to improve how the practice was run.

### Innovation

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring.

# Are services well-led?

Good 

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

The practice participates in the training programme of newly qualified doctors through which they gain experience about working in the teams that deliver care in the NHS. They currently had two trainers to facilitate this.

The practice was aware of future challenges for example the expanding local population due to increased housing

development in the area. They had looked at ways they could accommodate this which included moving to larger premises that they could share with other practices in the area.

This section is primarily information for the provider

## Enforcement actions

### 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.