

The Grange 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 The Grange Surgery on 8 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.
- The practice also set up and ran a Health Zone confidential drop in service for young people age 12 to 19 years of age on Wednesdays during term time from 2.30pm to 4.30pm
- The practice had amended the clinic times for older patients to fit in with new bus timetables which operated in the surrounding villages.
- Patients who attended for dressing changes were routinely screened for other health and social needs whilst their dressings were changed.
- On occasion reception staff had ensured that medicines had been delivered to housebound patients.
- 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.

Summary of findings

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.

Good



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. 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.

Good



Summary of findings

Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs.

Information about how to complain was available 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.

The practice had amended the clinic times for older patients to fit in with new bus timetables which operated in the surrounding villages.

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 who attended for dressing changes were routinely screen for other health and social needs whilst their dressings were changed. 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 (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. Appointments were available outside of school hours and the premises were suitable for children and babies.

Good



Summary of findings

We saw good examples of joint working with midwives, health visitors and school nurses. The practice had a separate entrance to the Health Zone clinic which was used by young people, so they would not have to present themselves at reception and their attendance would remain confidential.

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 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 homeless people and those with a learning disability. It had carried out annual health checks for people with a learning disability and 95% of these patients had received a follow-up. It offered longer appointments for people with a learning disability.

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). 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.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary

Good



Summary of findings

organisations. It had a system in place to follow up patients who had attended A&E where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published on January 2015 showed the practice was performing in line or above local and national averages. There were 104 responses out of 256 survey forms distributed, a return rate of 40.6%, which equates to approximately 1.5% of the whole patient population.

- 98.5% find it easy to get through to this practice by phone compared with a CCG average of 84.3% and a national average of 74.4%.
- 95.8% find the receptionists at this practice helpful compared with a CCG average of 89.7% and a national average of 86.9%.
- 86.3% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 71.6% and a national average of 60.5%.
- 97.2% 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%.

- 98% say the last appointment they got was convenient compared with a CCG average of 94.1% and a national average of 91.8%.
- 91.5% describe their experience of making an appointment as good compared with a CCG average of 79.8% and a national average of 73.8%.
- 73.3% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 61.5% and a national average of 65.2%.
- 64.6% feel they don't normally have to wait too long to be seen compared with a CCG average of 57.6% and a national average of 57.8%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received nine comment cards which were all positive about the standard of care received. We also spoke with four patients. Patients told us that they were able to get a same day appointment and they were offered regular health screening checks. They considered all staff were professional, friendly and caring.

The Grange 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 advisor, a practice manager specialist advisor and an expert by experience. Experts by experience are members of the inspection team who have received care and experienced treatments from a similar service.

Background to The Grange Surgery

The Grange Surgery is situated in Petersfield and provides a service to surrounding rural villages. The practice is a training practice for doctors training to be GPs. The practice has approximately 7500 patients registered with it.

The Grange Surgery had five GP partners, three of whom are female and two are male. There are three practice nurses and two health care assistants. The clinical team are supported by a practice manager, a deputy practice manager and a team of reception and administration staff.

The practice holds a primary medical services contract, which includes providing a range of enhanced services such as, a childhood vaccination and immunisation scheme, extended hours access and minor surgery.

The practice is open between 8am to 7pm on Mondays; 8am to 6.30pm on Tuesday; Wednesday and Thursdays; and 7.30am to 6.30pm on Fridays, appointments are available between these times and information is on the practice leaflet and on their website. There is also a pre bookable surgery on Saturdays from 9am to 10.30am. The practice also facilitates a Health Zone confidential drop in

service for young people age 12 to 19 years of age on Wednesdays during term time from 2.30pm to 4.30pm. The practice had a separate entrance to the Health Zone clinic which was used by young people, so they would not have to present themselves at reception and their attendance would remain confidential.

Out of hours services are provided by Hants Doc which can be access via the NHS 111 service.

The Grange Surgery is situated at: The Causeway, Petersfield, Hampshire GU31 4JR.

Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services under the Care Act 2014.

How we carried out this inspection

Before visiting, 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 visit on 8 July 2015. During our visit we spoke with a range of staff which included the practice manager, GPs and nursing staff. We spoke with patients who used the service. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Detailed findings

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

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.

The practice prioritised safety and used a range of information to identify risks and improve patient safety. For example, reported incidents and national patient safety alerts as well as comments and complaints received from patients. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses. For example, an incident occurred where there was an external pharmacy error in dispensing double the required amount of a medicine. The patient concerned alerted the GP who contacted the pharmacy to inform them of the error, who then corrected the situation.

We reviewed safety records, incident reports and minutes of meetings where these were discussed for the last year. This showed the practice had managed these consistently over time and so could show evidence of a safe track record over the long term. The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. We reviewed records of significant events that had occurred during the last year and saw this system was followed appropriately. Significant events were a standing item on the practice meeting agenda and a dedicated meeting was held regularly to review actions from past significant events and complaints. There was evidence that the practice had learned from these and that the findings were shared with relevant staff. Staff, including receptionists, administrators and nursing staff, knew how to raise an issue for consideration at the meetings and they felt encouraged to do so.

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 was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. All staff demonstrated they understood their responsibilities and all had received training relevant to their role.

- A notice was displayed in the waiting room, advising 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 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 reception office. The practice had up to date fire risk assessments and regular fire drills were carried out.
- Staff said they had sufficient equipment to enable them to carry out diagnostic examinations, assessments and treatments. We looked at records for equipment testing and calibration. Calibration is where pieces of equipment such as weighing scales and thermometers are tested to ensure they provide accurate measurements. We found that all equipment was tested and maintained. There was an annual maintenance schedule in place for equipment such as emergency lighting, alarms systems and servicing of the gas boiler.
- The practice also 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.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. A 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. 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

Are services safe?

patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medicine audits were carried out with the support of the local CCG pharmacy teams to ensure the 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.

- The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff. Records we looked at contained evidence that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, satisfactory evidence of conduct in previous employment, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. These 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.
- Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw there was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. This included details of the minimum numbers of each staff needed to ensure

the practice could function safely. There was also an arrangement in place for members of staff, including nursing and administrative staff, to cover each other's annual leave.

- Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe. The practice manager showed us records to demonstrate that actual staffing levels and skill mix met planned staffing requirements.

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 regular basic life support training, according to their role 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 relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. Clinical staff we spoke with were open about asking for and providing colleagues with advice and support. GPs told us this supported all staff to review and discuss new best practice guidelines, for example, for the management of respiratory disorders. Our review of the clinical meeting minutes confirmed that this happened.

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 99.6% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets. Data from the year ending March 2014 showed;

- Performance for review of patients with diabetes related indicators was better than the national average. For example the percentage of patient with diabetes, on the register, with a record of a foot examination was 95.26% compared to the national average of 88.35%.
- The percentage of patients with hypertension having regular blood pressure tests was 85.83% which was comparable to the national average 83.11%.
- The percentage of patients living with dementia who had had a face to face review in the preceding 12 months was 89.83% which was above the national average of 83.82%.

Information about patients' outcomes was used to make improvements such as clinical audits.

The practice showed us a sample of clinical audits that had been undertaken in the last four years. Samples of these were completed audits where the practice was able to demonstrate the changes resulting since the initial audit. For example, the practice audited the prescribing of a specific antibiotic. The results of the first cycle showed that

eight patients identified as receiving this particular antibiotic during a one month period, only five of them were receiving it in accordance with prescribing guidance. The second cycle showed a slight improvement of prescribing of this antibiotic and only seven patients had received this. Out of the seven patients there were only two episodes where the particular antibiotic was not recommended for use. Other examples included audits to confirm that the GPs who undertook minor surgical procedures, contraceptive implants and the insertion of intrauterine contraceptive devices were doing so in line with their registration and National Institute for Health and Care Excellence guidance.

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 GPs. All staff had had 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, external training events 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 patients were referred to other services.

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 patient's 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 are 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

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 records audits to ensure it met the practices 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.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 82.43%, which was comparable to the national average of 81.88%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

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 above average for the majority of immunisations where comparative data was available. For example:

- Flu vaccination rates for the over 65s were 68.88%, and at risk groups 84.03%. These were above national averages.

Childhood immunisation rates for the vaccinations given to under twos ranged from 79.8% to 98.8% and five year olds from 84% to 100%. These were comparable to CCG 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 patients' 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 they could offer them a private room to discuss their needs.

All of the nine patient CQC comment cards we received 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. We also spoke with two members of the patient participation group (PPG) on the day of our inspection. Feedback the PPG had received from patients aligned with the views on comment cards and from patients we spoke with. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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 well above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 96.3% said the GP was good at listening to them compared to the CCG average of 90.1% and national average of 88.6%.
- 98% said the GP gave them enough time compared to the CCG average of 89.3% and national average of 86.8%.
- 99.4% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95.3%
- 96.1% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88.4% and national average of 86.3%.

- 93.1% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85.1% and national average of 84.9%.
- 93.7% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88.9% and national average of 85.1%.
- 95.5% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 90.4%.
- 95.8% said they found the receptionists at the practice helpful compared to the CCG average of 89.7% 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 most recent national GP patient survey 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.

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

The practice's computer system alerted GPs if a patient was also a carer. Patients identified as carers or who were cared for were being supported, for example, 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.

Are services caring?

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

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

- The practice offered a 'Commuter's Clinic' on a Monday evenings and Friday mornings for working patients who could not attend during normal opening hours.
- Longer appointments were also available for older patients, those experiencing poor mental health, patients with learning disabilities and those with long-term conditions. This also included appointments with a named GP or nurse.
- Home visits were available for older patients and patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- The practice had level access and designated disabled parking spaces in its car- park.
- There were automatic doors into the practice and accessible toilet facilities for patients on both floors, which were served by a passenger lift.
- The practice set up and ran a Health Zone confidential drop in service for young people age 12 to 19 years of age on Wednesdays during term time from 2.30pm to 4.30pm.

Access to the service

The practice was open between 8am to 7pm on Mondays, 8am to 6.30pm on Tuesday, Wednesday and Thursdays and 7.30am to 6.30pm on Fridays. There was also a pre bookable surgery on Saturdays from 9am to 10.30am. Same day appointments were offered and telephone advice was provided. Details of when GPs, practice nurses and healthcare assistants were available for appointments or clinics were in the practice leaflet and on the practice website. Information was also available on how to arrange home visits and how to book appointments. There were also arrangements to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances. Information on the out-of-hours service was provided to patients.

The practice had amended the clinic times for older patients to fit in with new bus timetables which operated in the surrounding villages. Patients who attended for dressing changes were routinely screen for other health and social needs whilst their dressings were changed. On occasion reception staff had ensured that medicines have been delivered to housebound patients.

The patient survey information we reviewed showed patients responded positively to questions about access to appointments and generally rated the practice well in these areas. For example:

- 87.3% were satisfied with the practice's opening hours compared to the CCG average of 77.1% and national average of 75.7%.
- 91.5% described their experience of making an appointment as good compared to the CCG average of 79.8% and national average of 73.8%.
- 73.3% said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 61.5% and national average of 65.2%.
- 98.5% said they could get through easily to the practice by phone compared to the CCG average of 84.3% and national average of 74.4%.

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 practice booklet, on the website and in a specific complaints leaflet available in the waiting area. Patients we spoke with were aware of the process to follow if they wished to make a complaint. None of the patients we spoke with had ever needed to make a complaint about the practice.

We looked at 13 complaints received between April 2014 and March 2015 and found that each one was investigated and dealt with in a timely way as far as possible to the complainants' satisfaction. When needed an apology was provided and information what actions the practice was going to take to minimise the possibility of reoccurrence.

The practice reviewed complaints annually to detect themes or trends. We looked at the report for the last

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

review and no themes had been identified. However, lessons learned from individual complaints had been acted on and improvements made to the quality of care as a result. For example, working to clarify processes for online

services, in particular repeat prescriptions and the introduction of a formal cleaning programme of handheld number cards used for the queuing system in the waiting room.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice's statement of purpose stated that they aimed to provide an accessible, safe, effective, and comprehensive general medical services to the local population which is caring, personal and lifelong.

The mission statement was 'Your health in your hands with our help' which was displayed in the practice, on their website and patient information booklet. Staff knew and understood the values. The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The GP and practice manager took an active leadership role for overseeing that the systems in place to monitor the quality of the service were consistently being used and were effective. The included using the Quality and Outcomes Framework to measure its performance (QOF is a voluntary incentive scheme which financially rewards practices for managing some of the most common long-term conditions and for the implementation of preventative measures). The QOF data for this practice showed it was performing in line with national standards. We saw that QOF data was regularly discussed at monthly team meetings and action plans were produced to maintain or improve outcomes.

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice.
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements.

- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

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 that they were approachable and always took time to listen to all members of staff. The partners encouraged a culture of openness and honesty. When GPs carried out their administration work, they used 'hot desks' which were situated behind the reception area, to ensure they were accessible to staff.

Staff told us that regular team meetings were held. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. We also noted that clinical and management team lunches were held weekly. Staff said they felt respected, valued and supported, particularly by the GP partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the GP 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 patients' 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. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the text size on the announcement board which highlighted when a GP was ready for the next patient was enlarged, in order that it could be easily read. Another example concerned the chairs in the waiting area. Plastic chairs in the waiting area were preferred by the practice as they were easier to keep

Are services well-led?

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clean but in response to patients' feedback a small number of fabric chairs were retained, as these were more comfortable for older patients and those with reduced mobility.

The practice gathered feedback from staff through staff away days and generally 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. A member of staff said they were supported to continue their work with a large charitable organisation through having flexible shift patterns and cover being provided when needed. Examples where practices had changed as the result of staff feedback was the introduction of annual reviews being held in the

patient's month of birth and annual electrocardiogram checks of the heart on patients who were on Lithium being carried out yearly. Staff told us they felt involved and engaged to improve how the practice was run.

Innovation

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, a cardiology clinic was held regularly at the practice and the practice provided consultation space for the county wide 'Weigh Ahead' programme for weight loss.