

# Primecare Medical Centre

## 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

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients' responses on our comments cards told us that patients thought staff were caring and helpful, and that they felt listened to by the clinical staff.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

- The patients we spoke with and responses on our comments cards told us that the majority of patients were satisfied with the service received by the practice.
- The practice facilities met the needs of most of its patient population. There was no hearing loop or other equipment to aid those with a hearing deficit.
- 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.
- The culture of the practice was open and honest, and the practice complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Improve the identification of patients who are carers.
- Consider the installation of a hearing loop or other similar equipment.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- The practice assessed risks to patients and staff. There were systems in place to manage these identified risks.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) for 2015 to 2016 showed patient outcomes were in line with or above average compared to the local and national averages. For example, the outcomes for patients with diabetes were above the CCG and national average. The percentage of patients with diabetes with a record of an annual foot examination and risk assessment was higher than the CCG and national averages.
- Staff assessed needs and delivered care in line with evidence based guidance. The practice used nationally available guidelines and alerts to ensure best patient care.
- The practice had completed three clinical audits within the last preceding year which demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. They told us that they had access to further role specific training if appropriate.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care. For example, the percentage of patients who said that the last GP they saw or spoke to was good at treating them with care and concern was higher than the CCG and national average.
- Patients' responses on our comments cards told us that the majority of patients thought staff were caring and helpful, and that they felt listened to by the clinical staff.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect.
- The practice had identified 13 carers which was 0.5% of the patient list. The practice signposted its carers to support services.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The patients we spoke with and responses on our comments cards told us that the majority of patients were satisfied with the service received by the practice. Patients we spoke to during the inspection told us that they felt treated with dignity and respect by staff and that they felt involved in decisions about their care.
- There was no hearing loop available.
- The practice was equipped to treat most patients and meet their needs.
- There was ramped access into the premises at one of the entrances.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- There was a clear leadership structure in place and staff felt able to bring forward their thoughts for improvements to the quality of patient care.
- The practice had policies and procedures in place, which were regularly reviewed and updated as required. These provided a governance framework for the practice to provide good quality care and improve outcomes for patients.

Good



# Summary of findings

- There were systems in place for notifying about safety incidents and evidence showed that the practice complied with the duty of candour when investigating and reporting on these incidents.
- Despite the practice and patient participation group (PPG) members attempts at raising interest, the PPG only had two members therefore was limited in its feedback to the practice.

# 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

Good



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

- Patients had a named GP.
- The practice was accessible for those with limited mobility.
- The practice offered personalised care to meet the needs of the older people in its population, they worked with patients and their families to ensure was achieved.
- The practice was responsive to the needs of older people in their practice population. They provided information about community facilities to these patients and worked with multi-disciplinary teams from health and social care to keep patients in their own homes where this was their preference.
- The practice offered planned home visits for patients with enhanced needs, as well as urgent ones.

### People with long term conditions

Good



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

- The main GP had the lead role in long term conditions management, although the practice nurse was responsible for the reviews of patients with COPD and asthma.
- The practice performance for diabetes indicators was above the CCG and national average. For example, the percentage of patients with diabetes with a record of an annual foot examination and risk assessment was higher than the CCG and national averages.
- Longer appointments and home visits were available when needed.
- The practice told us that patients were reviewed on a nine monthly basis if stable and six monthly otherwise.
- Practice staff worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice had links to information and support on the main types of long term conditions on its website.

### Families, children and young people

Good



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

# Summary of findings

- There were systems and processes in place to enable staff to identify and take appropriate action to monitor and safeguard children and young people living in disadvantaged situations. For example, children with a large number of A&E attendances.
- Immunisation rates were in line with or slightly lower than CCG and national averages for standard childhood immunisations. However low numbers of children on the practice list may skew the data.
- Patients told us that children and young people were treated appropriately.
- Pre-bookable appointments were available at the GP 'hub' at the weekend. Weekday appointments were available at the end of school hours.

## Working age people (including those recently retired and students)

Good



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

- Pre-bookable appointments were available at the GP 'hub' at the weekend.
- Later appointments were available on Wednesdays from 6.30pm to 7.30pm.
- The practice had available online access to register with the practice, book and cancel appointments and request repeat medicines.
- The percentage of women aged 25-64 who have had a cervical screening test in the past 5 years was in line with the CCG and national average.

## People whose circumstances may make them vulnerable

Good



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 such as those with a learning disability.
- The practice offered longer appointments for those patients who needed them.
- The practice worked with other health care professionals as needed in the case management of vulnerable patients.
- The practice sign-posted vulnerable patients to various support groups and voluntary organisations.
- Staff had received training in identifying and reporting possible signs of abuse and the practice kept registers of different groups of people whose circumstances make them vulnerable.

# Summary of findings

- The practice had identified 13 carers which was 0.5% of the patient list. The practice signposted its carers to support services.
- The practice did not have a hearing loop for patients who had a hearing deficit.

## People experiencing poor mental health (including people with dementia)

Good



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

- The percentage of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months was in line with the CCG and national average.
- Performance data for the number of patients with a mental health diagnosis with an agreed care plan recorded in their record in the last 12 months was higher than CCG and national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice sign-posted patients experiencing poor mental health to various support groups and voluntary organisations.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016 and the results showed the practice was performing in line or above local and national averages. 309 survey forms were distributed and 99 were returned. This represented a 32% response rate.

- 86% of patients found it easy to get through to this practice by phone compared to the CCG and national average of 73%.
- 73% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 70% and the national average of 76%.
- 88% of patients described the overall experience of this GP practice as good compared to the CCG average of 80% and the national average of 85%.
- 85% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 71% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 44 comment cards which were all positive about the standard of care received. Four commented negatively on appointment availability but other cards expressed no difficulties in making an appointment. Comments cards said that staff were helpful and friendly, that the practice was clean and that the care was good.

We spoke with two patients and two members of the patient participation group during the inspection. All four patients said they were satisfied with the care they received and thought staff were friendly, treated them with dignity and respect and involved them in decisions about their care.

## Areas for improvement

### Action the service SHOULD take to improve

- Improve the identification of parents who are carers.
- Consider the installation of a hearing loop or other similar equipment.

# Primecare Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist adviser.

## Background to Primecare Medical Centre

This practice is based in a residential style house at the end of a road there is limited car parking available. The practice has a general medical services contract (GMS).

The current list size of the practice is under 2000 patients. There is one female GP who covers seven sessions and one male GP who covers one session a week for those patients who prefer a male doctor. There is one female practice nurses and a number of other staff carrying out administrative duties.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 9am to 11am and 3.45pm to 6pm Monday to Friday. There is extended hours every Wednesday from 6.30pm to 7.30pm.

Thurrock Clinical Commissioning Group (CCG) has recently launched a weekend system called 'Thurrock Health Hubs'. Patients are able to book through the practice to see either a doctor or a nurse between 9.15am and 12.30pm at the weekend, at one of four 'hubs'. The practice premises houses the local weekend 'hub'.

When the practice is closed patients are advised to call 111 if they require medical assistance and it cannot wait until the surgery reopens. The out of hour's service is provided by IC24.

There are slightly higher than local and national average levels of income deprivation affecting older people in the practice population. The patient population age profile is similar to the local and national average with the highest number of patients in the 14-18 years old age bracket.

## Why we carried out this inspection

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice. We carried out an announced visit on 28 September 2016.

During our visit we:

- Spoke with a range of staff including GPs, nursing and administration staff.
- Observed reception staff speaking with patients.
- Spoke with patients and members of the patient participation group (PPG).
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed an anonymised sample of the treatment records of patients.

# 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 were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people

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

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

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- We asked staff to explain the process of reporting significant events to us. They told us that they would inform one of the management staff, either the practice manager or the GP, and a significant incident form would be completed. All significant events were discussed at practice meetings and learning shared.
- Significant incident forms and the evidence of the analysis showed that when a significant incident directly affected a patient: a thorough investigation was completed, the patient was informed of the incident, given information and appropriate support. A verbal or written apology was given, depending on the patient's preference which would outline any actions taken to prevent the same thing happening again.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, there was a significant event involving the test mechanism for a monitoring machine. The incident was discussed, and all staff were then aware of the correct storage policy for this mechanism.

We reviewed safety records, incident reports, MHRA (Medicines and Healthcare Products Regulatory Agency) alerts, patient safety and found that any required action had been taken, for example, we found that a medication that required the patient to have regular monitoring had been taken off the list for repeat prescribing to ensure appropriate monitoring had taken place.

### Overview of safety systems and processes

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

- There were established systems and processes in place to ensure patient safety and enable staff to identify and take appropriate action to safeguard patients from abuse. These systems took into account the latest relevant legislation and local council requirements. Staff were aware of their responsibilities regarding this. For example, one of the receptionists identified a new born child who had not been registered or those who were

not attending for childhood immunisations and referred them to the health visitor. The GP took the lead role for safeguarding. The GPs supplied reports as required for safeguarding meetings. Safeguarding concerns were discussed at regular multi-disciplinary safeguarding meetings which a variety of health and social care staff attended.

- Staff had received training on safeguarding children and vulnerable adults that was relevant to their role and at an appropriate level. We found that GPs were trained to child protection or child safeguarding level 3.
- There was a notice near the clinical rooms advising patients that a chaperone was available for intimate examinations if required. Only staff that were trained for the role and had received a Disclosure and Barring Service (DBS) check were used as chaperones. Staff were aware of their responsibilities with regard to this role. (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). Patients were offered chaperones for intimate examinations.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The lead GP was the infection control lead. There was an infection control protocol in place and staff had received up to date training. Infection control audits were undertaken; the last audit was comprehensive and showed no areas for concern.
- Arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). There was a process in place for reviewing patients prescribed medicines requiring monitoring, including high risk medicines. For example, the medicine Methotrexate was not available as a repeat prescription so patients' would have to be reviewed prior to being prescribed more. General prescriptions were reviewed and prescribed in line with latest guidance.
- The practice monitored their performance using benchmarking data, with the support of the local medicines management team to ensure prescribing was in line with best practice guidelines for safe prescribing. Patient Group Directions had been adopted by the

## Are services safe?

practice to allow practice nurses to administer medicines in line with legislation and patient specific prescriptions or directions from a prescriber were also used.

- We reviewed five personnel files and found 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. The practice had a system to ensure ongoing checks related to registration with professional bodies and immunisation status of staff.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- The practice had systems in place to assess and monitor risks to staff and patients. There was a contract in place with an external company to check that all clinical and electrical equipment was safe to use and working properly. There were also risk assessments in place for infection control, health and safety, control of substances hazardous to health (COSHH), fire and Legionella testing, as well as fire drills. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). There were also specific risk assessments for staff, for example pregnancy risk assessments.

- The practice had agreements with other local practices to ensure there were sufficient staff with an appropriate skill mix. Where locum staff were employed these were one used regularly by the practice.

### Arrangements to deal with emergencies and major incidents

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

- There was an alert button on the computers in all of the consultation and treatment rooms which staff could press to summon other staff in an emergency situation.
- Staff had received training on basic life support and use of a defibrillator. There was a defibrillator available on the premises. Oxygen was in an accessible place.
- We spoke with staff regarding emergency medicines and found that they were kept in a secure area of the practice that was easily accessible to staff in the case of an emergency. We checked the medicines and found them to be appropriate, stored securely and within their expiry date, with a system for checking the dates in place.
- The practice had a business continuity plan in place for major incidents such as IT failure or flooding. The plan included emergency contact telephone numbers for relevant utilities and contact details for staff members.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Staff had access to guidelines from National Institute for Health and Care (NICE) and other online resources and used this information to deliver care and treatment that met patients' needs. Clinical staff also had discussions relating to the latest guidelines.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice).

- The most recent published results, from 2015 to 2016, indicated the practice achieved 99% of the total number of points available compared with the CCG average of 90% and the national average of 95%.

This practice was not an outlier for any QOF clinical targets. Data from 2015 to 2016 showed:

- Performance for diabetes related indicators was in line with or higher than the CCG and national average. For example, the percentage of patients with a record of an annual foot examination and risk classification was 97% compared to the CCG and national average of 88%. The practice had a 4% exception reporting rate which was in line with the CCG average of 5% and lower than the national average of 8%. (The QOF includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect.)
- Performance for mental health related indicators was higher than the CCG and national average. For example, the percentage of patient's, with a diagnosis of schizophrenia, bipolar affective disorder and other psychosis, who had had an agreed care plan documented in their records was 100% compared to a CCG average of 80% and national average of 88%. The practice had no exception reporting for this indicator.
- The practice data for the number of antibacterial medicines prescribed was in line with the CCG and national average.

There was evidence of quality improvement including clinical audit:

- We viewed three full cycle (audited and re-audited) clinical audits completed in the last two years. One of the clinical audits related to osteoporosis and was completed to ensure that patients were being treated according to the latest national guidance.
- We found that the practice participated in local and national benchmarking and had systems in place to ensure that their performance was both maintained and improved.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. Core training for staff covered such topics as safeguarding, infection prevention and control, fire safety, health and safety, information governance and confidentiality.
- Staff received role-specific training and updating as relevant. For example, for those reviewing patients with long-term conditions. Staff administering vaccines had received specific training.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. We found that all staff had received an appraisal which included a personal development plan. It was evident that the process was a two way one in which staff were able to contribute their thoughts and aspirations.

### Coordinating patient care and information sharing

Staff had access to information they required to plan and deliver patients' care and treatment through the practice's records system and their intranet system. This included care and risk assessments, care plans, medical records and investigation and test results.

The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan

# Are services effective?

(for example, treatment is effective)

ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a regular basis when care plans and actions were routinely reviewed and updated for patients with complex needs and adult or child safeguarding concerns. Staff liaised with other professionals on outside of these meetings too. Staff had working relationships with school nurses, health visitors, social workers, community matron and other community nurses.

## Consent to care and treatment

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

- Staff we spoke with understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- Staff were able to give us examples that showed that when providing care and treatment for children and young people, they carried out assessments of capacity to consent in line with current relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the clinical staff assessed the patient's capacity and documented this appropriately.

## Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Health promotion advice and blood pressure checks were available from practice staff in both a structure format and opportunistically.
- There was smoking cessation advice/literature available onsite.
- Those with other needs were signposted to the relevant services.

The practice's uptake for the cervical screening programme was 71%, which was in line with the CCG average of 73% and the national average of 74%. There were systems in

place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Data for other national screening programmes such as bowel and breast cancer showed that the practice uptake was in line with CCG and national averages. For example, the uptake of screening for bowel cancer by eligible patients in the last 30 months was 48% for the practice, compared to 54% average for the CCG and 58% national average. The uptake of screening for breast cancer by eligible patients in the last 36 months was 68% for the practice, compared to 66% average for the CCG and 72% national average. If patients do not attend after receiving an invitation to a national screening programme the practice nurse will contact the patient to check the reason and encourage attendance.

The amount of patients with a diagnosis of cancer on the practice register was 0.6% lower than the CCG average and 0.5% lower than the national average.

Childhood immunisation rates for the vaccinations given were higher than CCG and national averages. For example,

- The percentage of childhood 'five in one' Diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenza immunisation vaccinations given to under one year olds was 98% compared to the CCG percentage of 95% and the national average of 93%.
- The percentage of childhood Mumps, Measles and Rubella vaccination (MMR) given to under two year olds was 98% compared to the CCG percentage of 93% and the national average of 91%.
- The percentage of childhood Meningitis C vaccinations given to under five year olds was 97% compared to the CCG percentage of 96% and the national average of 83%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Where abnormalities or risk factors were identified during these health checks, these were followed up appropriately.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were polite to patients, tried to accommodate their preferred requests for appointments and other items and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- We saw a notice advising patients that a private area could be offered if they wanted to discuss issues privately. Staff could also use this if patients appeared distressed.
- For patients who may find it difficult to sit in the waiting area with other people, the practice offered the last appointment of the day.

All of the 44 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt staff were caring and considerate and that the practice offered a good service.

We spoke with a member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice. We spoke with one patient who told us that they felt treated with dignity and respect.

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

- 87% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 91% and the national average of 95%.
- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 78% and the national average of 85%.

- 89% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 91%.
- 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

The two patients we spoke with told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff to make an informed decision about the choice of treatment available to them.

Patient feedback from the comment cards we received was also positive and aligned with these views. Out of the comments cards where being listened to was specifically mentioned, only one patient said they did not feel listened to and ten did feel listened to.

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

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and the national average of 86%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 74% and the national average of 82%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. They could arrange for leaflets in the appropriate language.
- There was no hearing loop available at the practice.

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

## Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of local and national support groups and organisations. For example, carer support agencies.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 13 patients as carers (0.5% of the practice list). Carers had access to flu vaccinations, receptionists would try to prioritise carers if

they rang for an appointment. Carers were signposted to CARIADS (Carers information Advice and Support Service) as well as various other avenues of support available to them.

Staff told us that if families had suffered bereavement, the GP contacted them or arranged an appointment to see them at a flexible time to meet the family's needs. Advice would also be given on how to find a support service and if necessary bereavement counselling would be arranged.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice were aware of the needs of their patient population:

- Longer appointments were available for those patients that required them.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Patients were able to receive travel vaccinations available on the NHS, and some others only available privately.
- The nurse's room could be made available upon request for parents and carers to change nappies.
- Translation services were available via telephone.
- The practice had ramped access into the practice building from an alternative entrance as the main access was via four steps.
- The practice had no hearing loop.
- The patient facilities were accessible.
- For patients with an alcohol or substance misuse problem, homeless, travelling or transient communities, the lead GP will see the patient as needed and then refer on to the most appropriate service.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 9am to 11am every morning and 3.45 to 6.30pm daily. Extended hours appointments were offered every Wednesday from 6.30pm to 7.30pm.

Patients were able to pre book a weekend for a local 'hub' service through the practice to see either a doctor or a nurse (not from the practice) between 9.15am and 12.30pm at a nearby 'hub'.

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

- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and the national average of 79%.
- 86% of patients said they could get through easily to the practice by phone compared to the CCG average of 73% and the national average of 73%.

The two patients we spoke with on the day of the inspection told us that they were able to get appointments when they needed them. Three of the comments cards we received commented on the long time between asking for an appointment and having the appointment.

The practice had a system in place to assess:

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

The lead GP triaged the requests, rang the patients and then, if appropriate, would arrange a time to conduct the home visit. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

The practice had an effective 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.
- The practice manager handled all complaints in the practice, with clinical input from the GP.
- We saw that information was available to help patients understand the complaints system both on the website and within the practice building.

We looked at the complaints received in the last 12 months and there had only been one verbal complaint. The complaint a misunderstanding regarding an invitation for health screening. The practice discussed it verbally with the complainant and then followed the discussion up with a written response.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a vision to provide good quality healthcare that was cost effective to the local economy. This was evidenced in for example in their approach to medicines management.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy, good quality care and encouraged improvement.

- There was a clear staffing structure and staff we spoke with were aware of their own roles and responsibilities and those of other staff.
- The practice had an effective system in place for monitoring and assessing the quality of services provided through quality improvement. The practice compared local and national data against their own performance and were aware of their ongoing performance against national targets. The practice used a variety of different methods to maintain and improve the standard of care provided to patients, including audits and benchmarking.
- There were practice specific policies which were implemented, updated and were available to all staff.
- There were arrangements in place for identifying, recording, reviewing and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection staff told us the lead GP was approachable. The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, information and a verbal or written apology, depending on the circumstances.
- The practice kept records of written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular meetings these tended to be informal due to the size of the staff group.
- Staff told us they had the opportunity to raise any issues both at meetings and outside of these and felt confident that action would be taken to resolve these concerns.

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

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

- The practice had gathered feedback from patients through surveys, comments and complaints received.
- There was a patient participation group set up, however it was very small following the resignation of its previous chair was trying to recruit new membership at the time of our inspection. The PPG member we spoke with told us they obtain feedback from other patients for the practice.
- The practice gathered feedback from staff through meetings, appraisals and informal conversations.

### Continuous improvement

The lead GP told us that they sought improvement to the services provided and the skills of staff through attendance at learning events, networking and taking part in initiatives, such as extended hours as well as checking through clinical audit.