

Malling Health @ Parsonage Street

Quality Report

Parsonage Street
West Bromwich
West Midlands
B71 4DL

Tel: 0121 612 3575

Website: www.mallinghealth.co.uk

Date of inspection visit: 19 June 2015

Date of publication: 17/12/2015

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	8

Detailed findings from this inspection

Our inspection team	9
Background to Malling Health @ Parsonage Street	9
Why we carried out this inspection	9
How we carried out this inspection	9
Detailed findings	11

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Malling Health @ Parsonage Street on 19 June 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. However follow up of actions was not always clearly reported.
- Risks to patients were assessed and generally well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles.
- Patients said they were treated with dignity and respect and they were involved in their care and decisions about their treatment. However, published data from the latest GP national patient survey showed scores that were lower than other practices in the locality and nationally.

- Information about services and how to complain was available and easy to understand.
- There was mixed feedback from patients about access to appointments and satisfaction with consultations. Results from the national GP patient survey were below local and national averages for many indicators. Our feedback from patients during the inspection was more positive.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure. There were opportunities for staff to provide feedback and staff felt listened to and supported by management.

We saw one area of outstanding practice:

- The practice had worked with local businesses and the Big Issue to provide support to some of the most vulnerable people on public holidays such as Christmas Day, providing food and somewhere for them to go. Approximately 100 people had turned up to the last event.

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

Importantly the provider should:

Summary of findings

- Improve record keeping for recording follow up of actions from significant events and complaints.
- Ensure audits complete their full audit cycle in order to demonstrate improvements made to practice.
- Ensure systems are in place for updating patient records following multi-disciplinary team meetings.
- Review patient survey information to identify how patient satisfaction could be improved.

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 although records seen did not always show that actions had been followed up. Risks to patients were assessed and generally well managed although we found some areas for improvement with the COSHH risk assessment and with recruitment records.

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 and used guidance from the National Institute for Health and Care Excellence. Although audits were used to support improvement these were not always repeated to demonstrate improvements had been maintained. Patients' needs were assessed as appropriate and care was planned. Staff understood current legislation when assessing capacity and promoting good health. Staff had received training appropriate to their roles and were supported to meet training needs to enable them to do their job. There was evidence that staff received appraisals. Staff worked with multidisciplinary teams to meet the needs of patients who were most vulnerable.

Good



Are services caring?

The practice is rated as good for providing caring services. Although data showed that patients rated the practice lower than others for several aspects of care feedback from patients during the inspection was mostly positive. Patients said they were treated with 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 was aware of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services. The practice offered a walk in centre service alongside the practice for registered patients. Most patients we received feedback from were happy with the appointment system however this was in contrast with the latest GP National Patient Survey in which many indicators relating to access

Good



Summary of findings

were lower than the CCG and national averages. 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 but reports did not always clearly show actions to mitigate further re-occurrence.

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 sought feedback from staff and patients, which it acted on. Staff felt valued and attended regular staff meetings to share information.

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. The practice had a lower proportion of older patients registered with them than the national average. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. Patients over 75 had an allocated named GP. The uptake of seasonal flu vaccinations for this age group was comparable to other practices. The practice had a range of enhanced services, for example, in dementia and end of life care to support the needs of the older people in its population. Care plans were in place for those with increased risk of hospital admission and multidisciplinary team meetings regularly took place to discuss those with enhance needs including end of life care needs. Home visits were available for those whose health needs made it difficult for them to attend the practice.

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 received appropriate training to support these patients. Patients with long term conditions received at the minimum annual reviews and had access to a named GP. The practice held multi-disciplinary team meetings with other health professionals to discuss care needs of those with the most complex needs. Care plans were also in place to help minimise the risk of hospital admission. Home visits were available for those whose health needs prevented them from attending the practice.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. The practice had a higher proportion of younger patients registered with them than the national average. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. Childhood immunisation rates were comparable with other practices locally. Those that did not attend for immunisations were followed up and the practice worked closely with the health visitors. Appointments were available outside of school hours and urgent appointments for children under five were offered within four hours. The premises were accessible for pushchairs and baby changing facilities were available. The practice offered six to eight week baby health checks.

Good



Summary of findings

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 practice had a higher proportion of working age patients registered with them than the national average. The needs of the working age population, those recently retired and students were recognised. The practice provided accessible and flexible services for those with working commitments who were unable to attend during the day. This included on-line services for appointments and prescriptions, the availability of telephone appointments and a walk in service. Text messaging was used to remind patients of their appointments. The practice offered a range of health promotion and screening that reflected 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 registers of patients living in vulnerable circumstances including those with a learning disability, poor mental health and palliative care needs and had carried out an annual health check for the majority of their vulnerable patients. The practice had signed up for the learning disability enhanced service and had a trained member of staff in this area. It offered longer appointments for people who needed them and walk in appointments. The practice had worked with local organisations to provide a drop in service during public holidays.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. 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). Nationally reported data showed that outcomes for patients experiencing poor mental health were better than those for other practices locally and nationally. Those on the mental health register received annual reviews. The practice regularly worked with multi-disciplinary teams in the case management of this population group. The practice shared a building with the mental health team. The practice participated in the enhanced service to support the early diagnosis and treatment of patients with dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was performing below local and national averages in most areas. There were 65 responses and a response rate of 14.4%.

- 63% found it easy to get through to this surgery by phone compared with a CCG average of 64% and a national average of 73%.
- 82% found the receptionists at this surgery helpful compared with a CCG average of 82% and a national average of 87%.
- 59% with a preferred GP usually got to see or speak to that GP compared with a CCG average of 51% and a national average of 60%.
- 62% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 77% and a national average of 85%.
- 76% said the last appointment they got was convenient compared with a CCG average of 89% and a national average of 92%.

- 56% described their experience of making an appointment as good compared with a CCG average of 64% and a national average of 73%.
- 36% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 54% and a national average of 65%.
- 22% feel they did not normally have to wait too long to be seen compared with a CCG average of 47% and a national average of 58%.

As part of our inspection we also spoke with 10 patients who used the service and asked for CQC comment cards to be completed by patients prior to our inspection. The feedback we received was from patients registered with the practice and those using the walk in centre. Patients were generally satisfied with the service they received and said they were treated with respect. We received 36 comment cards; the majority of these were positive about the care received. Patients described staff as helpful and friendly.

Malling Health @ Parsonage Street

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, practice manager and practice nurse specialist advisors.

Background to Malling Health @ Parsonage Street

Malling Health @ Parsonage Street is part of the Sandwell and West Birmingham Cross City Clinical Commissioning Group (CCG). CCGs are groups of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services.

Malling Health @ Parsonage Street is registered with the Care Quality Commission to provide primary medical services. The service has a personal medical service (PMS) contract with NHS England. Under this contract it is required to provide essential services to patients who are ill and includes chronic disease management and end of life care. The service is both a general practice and walk in centre.

The service is located in a porta cabin style premises built for the purpose of a health centre. Based on data available from Public Health England, deprivation in the area served is among the highest nationally. The practice side of the

service has a registered list size of approximately 4,500 patients. Both registered and non-registered patients can attend the walk in centre. The practice sees approximately 100 patients per day as a walk in.

The practice is open 8am to 8pm seven days a week including bank holidays. When the practice is closed patients receive primary medical services through another provider (Primecare).

The service is part of Malling Health (UK) Limited which provides services across the country. The service is staffed with four salaried GPs, three advanced nurse practitioners, a practice nurse and health care assistant. There is also a team of administrative staff led by a practice manager.

The practice has not previously been inspected by CQC.

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. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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

Detailed findings

How we carried out this inspection

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)

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 the 19 June 2015. During our visit we spoke with a range of clinical and non-clinical staff including GPs, nursing staff, a health care assistant, managerial staff, reception and administrative staff and spoke with patients who used the service. We reviewed how people were being cared for. 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

The practice had systems in place for reporting and recording significant events. Staff were encouraged to report significant events and near misses and were aware of the processes to do this. We saw evidence that people affected by significant events were informed and received a timely apology. Significant events were discussed with relevant staff through the various staff meetings and with the CCG.

There had been 13 significant events recorded in the last 12 months. For example, in one incident patient information had been recorded in the incorrect patient notes. The practice had been busy at the time and other clinics were running. Discussions took place to see if non urgent clinics could be run when it was less busy. However it was not always clear from records seen what action had been taken to ensure improvements were implemented.

Staff told us they discussed safety alerts at practice meetings and gave examples of safety alerts relating to medicines that had arisen and been shared.

Overview of safety systems and processes

The practice had 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. Safeguarding policies were in place and accessible to all staff. Staff demonstrated they understood their responsibilities and had received training in safeguarding relevant to their role. They knew who to contact for further guidance if they had concerns about a patient's welfare. These contact details were displayed throughout the practice. There was a lead member of staff for safeguarding that staff could go to for support. Alerts on the patient record ensured staff were aware of patients that were at risk. The GPs we spoke with told us that they had not attended any safeguarding meetings but had provided reports where necessary for other agencies.
- A notice was displayed in the waiting room and clinical rooms, advising patients that they could request a chaperone during their consultation, if required. Nursing staff and health care assistants undertook chaperoning

duties. Training records showed that 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. A health and safety policy was displayed and monthly premises and fire safety checks were undertaken. We saw evidence that issues identified were being acted upon. The practice had a variety of other risk assessments in place to monitor safety at the practice including health and safety of staff, legionella and for the control of substances hazardous to health (although the latter did not incorporate clinical items).
- The practice told us that they had a fire risk assessment but that it was held with their Estates department so we were unable to verify this. However, we saw that regular fire drills were carried out and the practice had a named trained fire marshal to lead in the event of a fire.
- Electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. This included weighing scales, fridge thermometers and pulse oximeters. Asset records were maintained for each room to minimise the risk of items being missed.
- We observed the premises to be visibly clean and tidy with appropriate hand washing facilities and signage in place. Staff had access to appropriate hand washing facilities and personal protective equipment such as gloves and aprons. An infection control audit had been undertaken in May 2015 and we saw evidence that action was being taken to address any improvements identified as a result. Immunisation records were maintained for staff.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe. There were dedicated staff who had been trained to process repeat prescriptions and patients on long term medication received regular medication reviews to ensure that the medicines were working as intended. We saw evidence that patients on high risk medicines were appropriately managed. Vaccines were

Are services safe?

stored appropriately to maintain their effectiveness and staff were aware of processes to follow should these systems fail. Prescription pads were securely stored and there were systems in place to monitor their use.

- We reviewed the recruitment files for five members of staff (including clinical and non-clinical staff). We found recruitment checks had been undertaken prior to employment. For example, proof of identity, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However identity checks were missing from one file and staff were unable to verify whether the check had or had not been done. The practice had a system to check that staff membership with professional bodies remained up to date after recruitment.
- There was a rota system in place to ensure that enough staff were on duty. Staff we spoke with were satisfied that there were enough staff to enable them to do their job. If required staff could be shared across the providers other locations close by. This flexibility was included within staff contracts.

Arrangements to deal with emergencies and major incidents

The practice had an alert system which allowed staff to notify other members of staff at the practice of an emergency. All staff received annual basic life support training and resuscitation guidance was displayed in clinical areas to support them. Staff had access to emergency equipment including a defibrillator and oxygen with adult and children's masks and emergency medicines. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines and equipment we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents that might impact on the running of the service for example, power failure or building damage. The plan included emergency contact numbers for staff and alternative arrangements if premises needed to be vacated.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Staff we spoke with were able to describe how they accessed and used best practice guidance such as National Institute for Health and Care Excellence (NICE) in their work. They told us they received emails and updates on best practice for example on diabetes care. The provider produced regular newsletters that were displayed in staff areas which included clinical updates. For example in one newsletter we saw reference to NICE guidance on vitamin D deficiency and for the care of patients with multiple sclerosis. Staff told us that any new guidelines would be discussed at clinical meetings and a lead would be appointed to support implementation of any changes.

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 98% of the total number of points available with 12.5% exception reporting (both these figures were higher than the CCG and national averages). Exception reporting is used 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.

Data from 2013/14 showed;

- Performance for diabetes related indicators was at 99% which was better than both the CCG average 89% and national average 90%.
- The percentage of patients with hypertension having regular blood pressure tests was at 88% which was better than the CCG average 84% and the national average 83%.
- Performance for mental health related indicators was at 87% which was lower than the CCG average 91% and the national average 90%.
- The percentage of patients with dementia diagnosis was 0.2% which was below the CCG average 0.5% and national averages of 0.6%.

Nationally available data from 2013/14 showed this practice as an outlier for antibiotic prescribing and reported versus expected prevalence for Coronary Heart Disease.

Clinical audits were carried out to support quality improvement. We were shown four audits that had been undertaken in the last year. We saw that the results of audits had been discussed at the clinical meetings. For example, following an antibiotic audit, discussions took place as to when antibiotic prescribing may or may not have been appropriate. Other audits included a review of wound dressings and prescribing of food supplements. The audits had not completed a full audit cycle to demonstrate any improvement since the initial audit or that any changes which might have been implemented had been maintained.

Effective staffing

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

- New staff received an induction which had included regular supervision. Staff had also received training in areas such as basic life support, safeguarding, fire safety and information governance.
- Staff told us they had received annual appraisals which enabled them to discuss their learning needs. Staff had access to appropriate training to enable them to carry out their roles and responsibilities. They were very positive about the opportunities received for learning and were able to provide examples of these.
- Records showed that the GPs were up to date with their revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).
- Staff had access to and made use of e-learning training modules and in-house training available to maintain and update their knowledge.
- Nursing staff supported the management and review of patients with long term conditions and had received relevant training for this. We also saw evidence of staff training certificates for other roles performed for example, the administration of vaccinations.

Coordinating patient care and information sharing

Are services effective?

(for example, treatment is effective)

The information needed to plan and deliver care and treatment was available to relevant staff. Systems in place ensured patient records were up to date and information available to clinical staff when needed. This enabled any actions required in response to information received for example, hospital discharge letters to be actioned in a timely way.

Relevant information was also shared with other services, for example when people were referred to hospital as an emergency the practice would print of a summary for the patient to take with them.

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. The practice regularly held multi-disciplinary team meetings with the palliative care team, community health teams and health visitors to discuss those with complex health and end of life needs and for those at risk of harm. Although minutes of these meetings were maintained there were no systems in place for ensuring what was discussed was input into the patients' notes.

Consent to care and treatment

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 (MCA) and Gillick and Fraser guidelines when assessing a young person's capacity to consent. Training records showed that clinical staff had received training in consent and the MCA.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. There were systems in place to recall and review patients with long term conditions. The nursing team were involved and trained to undertake these reviews.

A range of information about health promotion and prevention services was available to patients in the waiting area and practice leaflet. These referred to local services available including weight management, smoking cessation, sexual health, family planning and support for managing a variety of health conditions.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 85%, which was comparable to the CCG average of 82%.

A range of travel vaccinations was available with the exception of yellow fever. Patients requiring the yellow fever vaccinations were signposted to another practice where it could be obtained.

Childhood immunisation rates for the vaccinations given to under two year olds ranged from 90% to 94% and five year olds from 84% to 96%. Flu vaccination rates for the over 65s were 66%, and at risk groups 42%. These rates were comparable to CCG and national averages. Systems were in place to follow up those that did not attend childhood immunisation.

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 with the Health Care Assistant.

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 attending at the reception desk and that people were treated with dignity and respect. To improve privacy at reception we heard music playing and a sign was in place to encourage patients to stand back from reception. However, the sign was not positioned so that it was obvious to patients. Reception staff told us that there was a room they could use if patients wanted to discuss sensitive issues or appeared distressed. 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.

We received 36 CQC comment cards that had been completed by patients using the service. These were mostly positive about the service experienced. Patients said they felt the staff were helpful and those who were using the walk in facility appreciated that they could get care when other GP practices were closed. We also spoke with two members of the patient participation group (PPG) on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said they were treated dignity and privacy was respected.

However, results from the national GP patient survey showed the satisfaction scores on consultations with doctors and nurses were lower than those of other practices locally and nationally. These results were published shortly after our inspection in July 2015. For example:

- 81% said the GP was good at listening to them compared to the CCG average of 84% and national average of 89%.
- 67% said the GP gave them enough time compared to the CCG average of 82% and national average of 87%.
- 81% said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and national average of 95%
- 71% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and national average of 85%.

- 66% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 90%.
- 82% patients said they found the receptionists at the practice helpful compared to the CCG average of 82% and national average of 87%.

Staff told us how when they were open on public holidays including Christmas day they had worked with other organisations such as the Big Issue and local businesses to raise money. This had enabled them to put on food and somewhere for those who were most vulnerable to go. We were told that approximately 100 people had turned up to the last event.

Care planning and involvement in decisions about care and treatment

Patients we spoke with during the inspection told us that they felt involved in decisions about their health care and that things were explained to them in a way they could understand to support this. The practice told us that 3% of patients had care plans in place which related to some of the most vulnerable patients.

During the presentation the practice told us that it was their aim to work in partnership with patients and to involve in decision making about their care and treatment. However, results from the national GP patient survey we reviewed showed patient responses to questions about their involvement in planning and making decisions about their care and treatment were lower than local and national averages. For example:

- 70% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and national average of 86%.
- 73% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and national average of 81%.

Information to enable staff to contact translation services was readily available. Staff told us that they had several patients who did not speak English who they had arranged a translator for. Information in the practice newsletter informed patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Information was readily available to carers which gave information about support services available to them. This included a carers board and information displayed on the television screen in the waiting area.

Staff told us that if families had suffered bereavement, there was a bereavement book available so that staff were aware. Although the family members were not contacted

directly after bereavement staff told us that they would signpost patients to support services if they contacted the practice. This included counsellors and a chaplain. Information was also displayed in the waiting areas about bereavement support available for example CRUSE bereavement support.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice engaged with the local CCG and NHS England in the delivery of services. Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility and choice. For example;

- The practice also operated as a walk in centre which offered patients registered at the practice flexibility if they wanted to come in and wait to be seen.
- The practice was open in the evening until 8pm Monday to Friday and at weekends. Telephone appointments were also bookable for patient convenience. This enabled those with working or other commitments during the day to have some flexibility.
- Longer appointments were available for people who needed one.
- Home visits were available for patients whose health problems made it difficult to attend the practice.
- Urgent access appointments were available on the same day and patients could also use the walk in centre. Priority was given to see children.
- The practice was accessible to patients with mobility difficulties. The service was located in a single storey building with automatic doors. There were disabled toilet facilities and a low reception desk so that patients who used a wheelchair could easily speak with reception staff.
- The practice recognised there was a high proportion of patients who did not speak English as their first language and regularly used translation services. A language identification sheet was available to help identify the translation service required. A hearing loop was also available for those who needed it.
- Baby changing facilities were available for children and young people.
- The practice provided services such as phlebotomy (blood taking) and Electrocardiograms (ECG) (a test to record electrical activity of the heart to detect abnormal rhythms and the cause of chest pain) for the convenience of patients.

Access to the service

The practice was open 8am to 8pm seven days a week including bank holidays. Patients registered with the

practice could book an appointment Monday to Friday 8am to 8pm or be seen as a walk in patient. The walk in service was also open to patients from other practices. In addition to pre-bookable appointments that could be booked up to two weeks in advance, same day urgent appointments were also available for people that needed them. Patients received a text message to remind them of their appointment to help reduce non-attendance. Registered patients were also able to see their preferred GP if they were willing to wait. When the practice was closed information on how to contact the out of hours service was available on the telephone answerphone message and at the entrance to the practice.

Results from the national GP patient survey (published July 2015) showed that although patients were satisfied with opening hours they were less satisfied with their experience of making an appointment compared to local and national averages. These results were published shortly after our inspection in July 2015 and some responses are likely to be reflected by the presence of the walk in centre. For example:

- 90% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and national average of 75%.
- 63% of patients said they could get through easily to the surgery by phone compared to the CCG average of 64% and national average of 73%.
- 56% of patients described their experience of making an appointment as good compared to the CCG average of 64% and national average of 73%.
- 36% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 54% and national average of 65%.

However, we saw that the practice had reviewed and tried to improve the range of appointment times as part of the PPG priority areas during 2013/14.

Most patients who provided feedback as part of the inspection told us they were able to get appointments when they needed them.

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.

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

We saw that information was available to help patients understand the complaints system this included information displayed in the waiting area and practice leaflet. A complaints form was available from reception.

The practice had reported 17 complaints received in the last 12 months, these were a mixture of written, verbal and

email complaints. We found that complaints were appropriately handled in a timely way. Responses seen ensured patients were made aware of who to contact if they were unhappy with the response they had received.

Complaints were discussed at staff meetings to ensure any learning was shared. However it was not always clear from records how actions to minimise the risk of reoccurrence were followed up.

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 which they shared with us during the presentation. The practice told us their aims were to provide high quality care, focus on prevention of disease, work in partnership with the patients and health professionals and treat patients as individuals.

The practice's mission statement, to improve the health and well-being and lives of those they cared for, was displayed in staff meeting room. Staff were aware of the practice's vision and values.

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. Staff were aware of their own roles and responsibilities and clinical staff took on lead roles. Staff spoke of opportunities they had to continue their professional development.
- Practice specific policies were implemented and were available to all staff via their computers. Staff received a staff handbook when appointed.
- We saw evidence of QOF performance being discussed through staff meetings. There was a dedicated QOF lead at provider level who identified patients who needed to be seen.
- Risks were generally well managed and mitigating actions implemented.
- Various internal meetings were held for all staff groups to ensure relevant information was shared. This included a quarterly whole team meeting, reception and admin meetings.

Leadership, openness and transparency

Staff told us that they found management approachable and described an open culture where they were encouraged to report incidents and near misses. Staff told us that they felt valued. Regular team meetings provided opportunities for staff to raise issues with management. The practice had a whistle blowing policy in place and staff were aware of this.

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

The practice gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met on a quarterly basis. Staff told us that there were seven members of the PPG and we spoke with two of them. They said that they found the staff approachable but were unable to fully comment on actions the practice had taken in response to patient feedback as they had not been members long. Results from the latest GP national patient survey had identified satisfaction levels with access to appointments that were lower than both the CCG and national averages and an area for improvement.

Information about the PPG was displayed in waiting area. The practice recognised that the PPG was not fully representative of the population served and was trying via the new patient registration form to recruit patients to a virtual patient participation group. Minutes of the PPG meetings showed that the PPG input had been sought around patient noticeboards, the appointment systems and general environment.

The practice had also gathered feedback from staff through staff meetings, appraisals and informally. A staff comment form was available in for staff to raise any issues they wanted to for discussion. Staff told us that they found senior staff approachable if they needed to discuss anything and that they worked well as a team. For example the rubbish in the car park was addressed.