

Oswald Road Medical Practice

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	
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Are services safe?	Requires improvement	
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Are services effective?	Good	
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Are services caring?	Good	
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Are services responsive to people's needs?	Good	
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Are services well-led?	Good	
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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 Oswald Road Medical Practice on 25 August 2015. Overall the practice is rated as good.

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.

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.

- Prescriptions were not stored or managed securely and out of date emergency medicines were in stock.
- Staff had received training appropriate to their roles and further training was being planned. Staff training records were not up to date.
- Patients said they were treated with compassion, dignity and respect, and they were involved in their care and decisions about their treatments.
- Information about how to make a complaint was in place, although not displayed in the patient waiting area.
- Arrangements were in place to safeguard adults and children from abuse. Staff were trained in safeguarding and understood their responsibilities with regard to reporting concerns.
- The practice offered a variety of pre-bookable appointments, although the practice manager recognised that the system needed updating.
- Overall patients said they found it easy to make an appointment with a named GP with urgent appointments available the same day.

Summary of findings

- The practice shared information appropriately with other providers, such as out of hours care providers, to ensure continuity of care for patients.
- Patients with conditions such as diabetes and asthma attended regular clinics to ensure their conditions were appropriately monitored.
- The infection control audit highlighted a number of areas of concern. Action was being taken to address these issues.
- There was a leadership structure in place and staff felt supported by management. The practice had not proactively sought feedback from patients about their views on the service.

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

Importantly, the provider must:

- Improve the system for managing prescriptions and emergency medicines.

In addition the provider should:

- Provide patients with information about who they should contact if they have a concern about the safety of a child or another adult.
- Inform patients about the chaperone service.
- Provide appropriate staff with training in basic life support skills.
- Improve the appointment system so that patients can access appointments easily.
- Ensure the complaint procedure is easily available to the patients.
- Seek feedback from patients about their views of the service.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Arrangements were in place to safeguard adults and children from abuse. Information was not available to patients about who they should contact if they had a concern about the safety of a child or another adult. Staff were trained in safeguarding and understood their responsibilities with regard to reporting concerns. Prescriptions were not stored or managed securely, and some emergency medicines were out of date. Not all staff were trained in basic life support skills.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were 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 although individual training plans were not in place for the forthcoming year. Staff worked with multidisciplinary teams to ensure information about patients was shared appropriately.

Good



Are services caring?

The practice is rated as good for providing caring services. Patients said they were treated with compassion, dignity and respect, and they were involved in decisions about their care and treatment. We also saw that staff treated patients with kindness and respect and maintained confidentiality. Data showed that patients' views about their involvement in planning and making decisions about their care were below the local and national average.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of the local population and engaged with the Clinical Commissioning Group to secure improvements to services where these were identified. Overall patients said they found it easy

Good



Summary of findings

to make an appointment, with urgent appointments available the same day. Information about how to complain was available although not displayed in the patient waiting area. Learning from complaints was shared with staff.

Are services well-led?

The practice is rated as good for being well-led. Staff were clear about the vision and their responsibilities in relation to this. There was a 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. Staff had received induction training, regular performance reviews took place and staff attended regular meetings to ensure good communication.

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. Staff noticed when older patients visited the practice more often for support. Staff offered them an appointment with a GP as quickly as possible. Housebound patients could order medicines by phone. Care plans for all patients were regularly updated with next of kin details. Late morning appointments are available for older patients. Flu vaccinations were given at home when necessary. Health care reviews were also held at home for patients who were unable to get into the surgery.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Patients with long term conditions were offered regular review appointments with the practice nurse or health care assistant. They were regularly invited to an annual review to check that their health and medication needs were being met. Weekend surgeries were provided during the winter to provide flu vaccination clinics. For those people with the most complex needs, GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care. Longer appointments and home visits were available when needed.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. Regular reminders were sent out to parents / carers to help increase the up-take of vaccinations. Eight-week baby checks were carried out at the surgery, and follow-up appointments were made for further six-week post-natal and eight-week child surveillance checks and vaccinations. All staff, both clinical and non-clinical, have attended domestic violence training. All children and young people will be seen the same day if an urgent appointment is requested. Children's attendance at A&E was monitored to identify patterns of behaviour and establish interventions as necessary. The practice was awarded the Gold Star award for services provided to the Lesbian, Bisexual Gay, and Transgender community.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students). Telephone triage clinics took place each morning, which had improved access to

Good



Summary of findings

telephone consultations with GPs. Extended hours were not available at Oswald Road practice; this service was provided by another provider. Extended hours were provided from 6 pm to 8 pm Monday to Friday and Saturday and Sunday mornings. An early clinic with the health care assistant was available two mornings a week for patients who needed blood tests and other routine health checks.

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 worked closely with local case managers and district nurses. A monthly disciplinary team meeting took place to discuss patients whose care needs were of concern. A flexible appointment system was in place for patients who were deemed vulnerable and called into the practice. Vulnerable patients were informed about how to access various support groups and voluntary organisations. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working 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). All patients receiving anti-depressant medicines or anti-psychotic medicines had to speak to or see a GP face to face before a repeat prescription was given. This regular contact allowed GPs to assess patients' mental health regularly and respond earlier to any deterioration. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. Patients experiencing poor mental health had been informed about how to access various support groups and voluntary organisations. There was a system in place to follow up patients who had attended A&E.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on 4 July 2015 showed the practice was performing in line with or below the local and national averages. There were 370 survey forms distributed for Oswald Road Medical Practice and 104 forms were returned. This is a response rate of 2.3%. The survey indicated the following:

- 68% find it easy to get through to this surgery by phone compared with a CCG average of 74.2% and a national average of 74.4%.
- 78.7% find the receptionists at this surgery helpful compared with a CCG average of 86% and a national average of 86.9%.
- 35% usually get to see or speak with a preferred GP compared with a CCG average of 54.6% and a national average of 60.5%.
- 81.7% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 82.8% and a national average of 85.4%.
- 80.2% say the last appointment they got was convenient compared with a CCG average of 88.1% and a national average of 91.8%.
- 47.4% describe their experience of making an appointment as good compared with a CCG average of 70.9% and a national average of 73.8%.
- 40.8% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 57.3% and a national average of 65.2%.
- 37.9% feel they don't normally have to wait too long to be seen compared with a CCG average of 50.5% 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 24 comment cards which were all positive about the standard of care received. Patients described the reception staff as helpful and friendly. They said the GPs provided an excellent service and described the practice nurse and health care assistant as caring and compassionate. Patients commented they were always treated with dignity and respect.

Areas for improvement

Action the service **MUST** take to improve

Action the service **SHOULD** take to improve

- Improve the system for managing prescriptions.
- Ensure emergency medicines are checked regularly and carry out a risk assessment about the continued stocking of controlled medicines.
- Provide patients with information about who they should contact if they have a concern about the safety of a child or another adult.
- Inform patients about the chaperone service.
- Provide appropriate staff with training in basic life support skills.
- Improve the appointment system so that patients can access appointments easily.
- Ensure the complaint procedure is easily available to the patients.
- Seek feedback from patients about their views of the service.

Oswald Road Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice nurse specialist adviser, and an Expert by Experience.

Background to Oswald Road Medical Practice

Oswald Road Medical Practice is based in Chorlton, Manchester. The practice provides a range of medical services including asthma, diabetic, and health screening clinics. The practice also offers an alcohol clinic, a drug clinic, a counselling service and a full range of family planning.

The staff team comprises of two female GP partners, one part-time practice nurse, a part-time health care assistant, and a part-time phlebotomist. There is a supporting administrative team which includes a full-time practice manager and a reception manager, a secretary, and four administrative staff. With the exception of the practice manager, all administrative staff work part time.

Patients can book appointments online, in person or by telephone. The practice provides telephone consultations, pre-bookable consultations and home visits to patients who are housebound or too ill to attend the practice.

The practice is part of Central Manchester Clinical Commissioning Group. It is responsible for providing primary care services to approximately 4500 patients. The practice has a General Medical Services contract. Oswald Road Medical Practice is a GP teaching practice.

The practice is open between 8 am and 6.30pm Monday to Friday. The practice is closed at the weekend. Appointments are from 9 am to 11.00am and 3.30pm to 6.00pm every weekday. The surgery is closed at the weekend. Extended hours are not provided at the practice. This service is provided by another local practice who releases a number of appointments at the beginning of the week. The extended hours are provided from 6.00pm to 8.00pm Monday to Friday and from 10.00am to 12.00 on a Saturday and Sunday. Gotodoc provides the out of hour's service.

The practice does not have its own website. Information about the practice can be viewed via the NH choices website.

Why we carried out this inspection

We carried out the inspection 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.

Detailed findings

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

How we carried out this inspection

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

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

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

- Older people
- People with long-term conditions

- 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 25 August 2015. During our visit, we spoke with a range of staff including GP partners, the practice manager, the practice nurse, the health care assistant, and a member of the reception staff. We spoke with eight patients who used the service. We reviewed the operation of the practice, both clinical and non-clinical. We observed how the staff handled patient information. We reviewed a range of documents used by the practice to run the service and discussed how GPs made clinical decisions. We looked at survey results and reviewed CQC comment cards left for us on the day of our inspection.

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. Adverse events and incidents were reported to the practice manager who we were informed kept a log of this information for reference. Incidents and events were discussed and a significant event report completed. Significant events were discussed at a monthly practice meeting. We looked at two significant event reports. While the appropriate action was taken in relation to a staff member involved in one of these events, there was no detail of the mechanisms to prevent this happening again or the sharing of knowledge. The other event referred to a secondary care referral being missed due to a misunderstanding in record keeping. This issue was discussed with staff with information shared appropriately.

Clinical and non-clinical staff told us they felt able to report significant events and that these incidents were discussed with learning points identified, and changes to practice made. Alerts and safety notifications from national safety bodies were managed by the practice manager who disseminated this information to clinical staff regularly.

Overview of safety systems and processes

The practice had systems in place to keep patients safe.

- Arrangements were in place for the safeguarding of adults and children from abuse. These arrangements 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. The lead GP for safeguarding was trained to Level 3. Both GPs have recently completed training on grooming and trafficking. Multi-disciplinary safeguarding meetings took place to ensure good communication. Staff demonstrated they understood their responsibilities and all staff had received training relevant to their role with further training being organised. There was no information provided in the patient waiting area about

what patients should do if they had a concern about the safety of a child or another adult. For example, the contact details of the social services or the police safeguarding team.

- Staff who acted as chaperones were not formally trained for the role, although one of the clinical staff we spoke with had a good knowledge and understanding of their responsibilities. They had completed 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). Information about the chaperone service was not available in the patient waiting area. Patients spoken with on the day of the visit said they were not asked whether they would like a chaperone as it was not necessary for their consultation.
- Procedures were in place for monitoring and managing risks to patients and staff safety. There was a health and safety policy available and other supporting policies and procedures which staff could access at any time. Fire safety tests were carried out along regular fire drills. Small electrical appliances were checked to ensure they were working properly.
- The practice was clean and tidy although was quite outdated and in need of some refurbishment. The practice nurse and practice manager took responsibility for managing infection control. There was an infection control protocol in place, and staff had received up to date training. A cleaning schedule was in place, and there was a policy to deal with the spillage of body fluids. Staff were aware of the waste disposal policy, and there was a clear process in place to describe what staff should do in the event of a needle stick injury. An annual infection control audit took place in August 2015. The assessment highlighted a large number of issues that needed addressing and rated the practice as 'red', indicating that issues needed addressing as a matter of priority. We saw evidence that action was being taken to address the improvements identified.
- The arrangements for managing medicines and vaccinations in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Emergency medicines were kept by GPs. The medicines kept by one of the GPs were out of date. They confirmed these medicines would be disposed of

Are services safe?

immediately. Regular medicine audits were carried out to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. A system was in place for staff to follow for the safe storage of prescription pads. However, on the day of the inspection, they were not stored securely. We were informed that a record was kept of the prescription numbers to monitor any missing or duplicated prescriptions. Only minimal information had been recorded on the record sheets which meant prescriptions could not be audited properly. A new policy about auditing prescriptions had been developed. However, staff were not following this guidance which was basic and needed to be developed. We were later provided with more detailed information about the management of prescriptions. Medicine alerts were regularly distributed to staff to ensure they were kept up to date with changes to practice. In the light of the issues raised, the practice must improve the way they manage medicines within the practice.

- Recruitment checks were carried out by the practice manager. The staff files we reviewed showed that appropriate recruitment checks had been undertaken

prior to employment. For example, proof of identification, references, qualifications, and the appropriate checks through the Disclosure and Barring Service.

Arrangements to deal with emergencies and major incidents

Potential risks to the service were anticipated and planned for in advance. There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency, along with panic alarms in clinical rooms. Some staff were trained in basic life support training, and there were emergency medicines available. There was a first aid kit and accident book available to record and monitor incidents. The practice had a business continuity plan in place for major incidents such as power failure or building damage. Some emergency contact numbers needed updating. Not all staff were trained on how to deal with an emergency. For example, they did not know what to do if a patient collapsed or how to manage a patient who became aggressive. We were informed that medical emergency incidents were discussed during team meetings for the purpose of learning. The practice held oxygen to use in the event of an emergency.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment and consent

The practice carried out assessments and treatment in line with the National Institute of Health and Clinical Excellence (NICE) best practice guidelines, and had systems in place to ensure clinical staff were kept up to date with these guidelines. The practice used this information to develop how care and treatment was delivered to meet patients' needs. For example, for patients with a diagnosis of cancer. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

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. Patients spoken with said the clinicians always asked for their consent to treatments before they were given. Clinical staff understood the Gillick competencies. The Gillick competencies help clinicians to identify young people (aged under 16) who have the legal capacity to consent to medical examination and treatment. They knew how to support patients who were unable to consent to treatments themselves. Multi-disciplinary meetings were held to ensure decision were made in patients best interests.

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. Data from 2013/2014 showed:

- Performance for diabetes related indicators was similar to the CCG and national average. 77.68% of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less. The national average is 78.53%.

- A & E admissions were monitored for patients under five years of age. Parents / carers were contacted to establish the reason for the admission and to establish whether care could be provided by the practice.
- Performance for mental health related and hypertension indicators were similar to the CCG and national average. 86.44% of patients at the practice fall into this category. The national average is 83.11%.
- The dementia diagnosis rate was comparable to the national average.
- Reception staff were observant of vulnerable patients who visited the practice. Integrated care plans were monitored in a monthly meeting and referrals made to the intensive case managers. Carers were identified and included in patient reviews. The staff liaised with health visitors and social workers by phone or fax to ensure continuity of care.
- Patients with long term conditions were monitored through regular follow-up appointments and a regular review of their health and medicines.
- There was a system of GP peer review. This was recently undertaken in relation to cancer referrals. GPs referred to the National Institute of Health and Clinical Excellence guidelines. No changes were made to the current systems which findings established worked well.
- The practice manager acted as a cancer champion to support patients with a diagnosis of cancer.
- There was a palliative care register. The practice work to the Gold Standard Framework. Meetings were held with MacMillan nurses and the district nurses. Information was shared with the out of hour's provider to ensure a patient's wishes were respected at the end of their life, and they received the care and support they needed.

Clinical audits were carried out to improve outcomes for patients. We looked at two recent clinical audits. These were completed audits where the improvements made were implemented and monitored. The audits related to physical health monitoring in patients with mental health diagnoses and an audit into the uptake of bowel cancer screening as the practice noticed locally a higher rate of advanced bowel cancer being picked up due to low screening levels. Findings were used to improve services.

Are services effective?

(for example, treatment is effective)

For example, improved documentation for re-auditing patients' physical health care and additional phone calls and letters sent to patients to encourage them to take up bowel cancer screening.

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 staff and locum GPs. This covered such topics as safeguarding, fire safety, health and safety, and confidentiality. We did not see an induction programme for practice nurses or health care assistants.
- All staff had an appraisal of their work this year. The purpose of this was to review staff performance and identify their development needs for the forthcoming year. Work related issues could be discussed with senior staff at any time and matters of a more important nature were dealt with more formally. For example, through the staff disciplinary procedures.
- We were informed that staff received regular training which included, safeguarding, fire procedures and basic life support. Staff had access to and made use of e-learning training modules and in-house training. An annual training matrix was not in place and staffs individual training needs were not identified. We were informed the staff training records were not up to date, so it was not possible to establish clearly the training staff had completed. The practice nurse attended the practice nurse forum. This is a monthly meeting at which staff discuss clinical issues and offer and receive support from other clinical staff.
- Arrangements were in place to cover changes or an increase in the demand for services. Staff worked additional hours to cover holidays and sickness, and locum GPs were used to cover planned holidays. Additional appointments were provided as needed, and last year the practice stopped closing on a Wednesday to accommodate more appointments.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system. This included care and risk assessments, care

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

Staff worked together to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. We saw evidence that regular multidisciplinary team meetings took place and that care plans were routinely reviewed and updated. Regular meetings took place to share information, look at what was working well and identify where improvements needed to be made. Information was shared with the out of hours provider via the IT system which added notes to patients' records, such as those who had dementia, needed palliative care or frequently called the practice.

Health promotion and prevention

Patients who were 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 81.58 %, which was comparable to the national average of 81.88%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Flu vaccination rates for patients over 65 years of age were 70.66%, and at risk groups 48.33%. These were below the local Clinical Commissioning Group and national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-up appointments were available based on the outcomes of health assessments, and checks were made where abnormalities or risk factors were identified. Information about the clinics provided at the practice was displayed in the patient waiting area along with some information about local community services.

Are services effective?

(for example, treatment is effective)

Patients confirmed that clinicians provided them with information about how they could manage their own conditions in order to stay healthy.

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.

All of the 24 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. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. This was confirmed by the patients we spoke with on the day of the inspection who praised the staff for their kind and caring attitude.

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 below the national and CCG average for its satisfaction scores on consultations with doctors and nurses. For example:

- 71.9% said the GP was good at listening to them compared to the CCG average of 84.8% and national average of 88.6%.
- 65.1% said the GP gave them enough time compared to the CCG average of 82.2% and national average of 86.8%.
- 84.3% said they had confidence and trust in the last GP they saw compared to the CCG average of 92.9% and national average of 95.3%.
- 61.2% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 82.1% and national average of 85.1%.

- 85.3% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 85.7% and national average of 90.4%.
- 78.7% find the receptionists at this surgery helpful compared with a CCG average of 86% and a national average of 86.9%.

There was no information available in the patient waiting area about who patients or carers could contact about local bereavement services, although the contact details of the local MIND organisation was displayed. The patients spoken with who had suffered bereavement told us the staff were very supportive at this time. One patient said they would not seek support from the practice staff. GPs would refer to adult and child bereavement services including bereavement midwives.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that their health issues were discussed with them, and they felt involved in making decisions 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. Patients told us that referrals to other care and treatments were done in a timely manner. Most patients said they had enough time during their consultation to discuss their health care issues. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey we reviewed showed patients responded negatively to questions about their involvement in planning and making decisions about their care and treatment and results were below the local and national averages. For example:

- 67.9% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83.4% and national average of 86.3%.
- 67.5% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79.6% and national average of 81.5%.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local Clinical Commissioning Group to plan services and to improve outcomes for patients in the area. 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:

- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- Translation services were available for patients who did not have English as a first language.

The GPs recognised the building did not lend itself to providing the necessary facilities to support patients who found it difficult to access the service, and in light of this were looking to move the practice to different premises in the future. For example:

- There was a disabled toilet available, although there were no baby changing facilities or a hearing loop.
- There was no ramped access or handrails at the front of the building, although a portable ramp was available at the back of the building. We were told that using the back entrance was sometimes a problem as it meant accessing private land which the owner was unhappy about.
- Consulting rooms were available on the ground floor for patients who could not manage the stairs.
- There was no disabled parking nearby, although there was street parking outside the surgery.
- None of the information in the patient waiting area was in a different language than English.

Access to the service

The practice was open Monday to Friday from 8.00am to 6.30pm. Appointments were from 9.00am to 11.00am and from 3.00pm to 6.00pm daily. Extended hours were offered at a different practice from 6.00pm to 8.00pm on weekdays and every Saturday and Sunday morning from 10.00am to

12.00. In addition to pre-bookable appointments, urgent appointments were available for people that needed them. This information was also displayed in the patient waiting area and in the practice leaflet.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was below the local and national averages. For example:

- 60.2% of patients were satisfied with the practice's opening hours compared to the CCG average of 73.7% and national average of 75.7%.
- 68% patients said they could get through easily to the surgery by phone compared to the CCG average of 74.2% and national average of 74.4%.
- 47.4% describe their experience of making an appointment as good compared with a CCG average of 70.9% and a national average of 73.8%.
- 40.8% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 57.3% and national average of 57.8%.
- The patients we spoke to on the day gave a mixed response about how long it took to book an appointment. Some said they could book an appointment within a few days; others said they had to wait a few weeks. None of the patients we spoke with said they experienced a problem booking an urgent appointment. The practice manager recognised that the appointment system needed updating to ensure a more efficient service.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. There was a designated responsible person who handled all complaints in the practice. A copy of the complaint procedure was in place along with information about other support organisations such as the Citizens Advice Bureau and Advocacy services. The contact details for the Ombudsman were available if a patient was unhappy with the outcome of their complaint. Patients we spoke with were aware of the process to follow if they wished to make a complaint, although a copy of the complaint procedure was not displayed in the patient waiting area.

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

A complaints log was kept so that patterns and trends could be identified. Complaints were discussed with staff during weekly meetings. One area identified from patient complaints was access to appointments. Staff knew to report complaints to a senior member of staff. We looked at six complaints received in the last 12 months and found complaints were generally handled satisfactorily and dealt

with in a timely way. However, we saw no evidence of investigations carried out or a record of lessons learned from complaint investigations for the purpose of preventing them from reoccurring.

The practice did not proactively seek patients' feedback about the service. The practice manager recognised the need to develop this area in order to identify and improve the service provision.

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 deliver high quality care and promote good outcomes for patients. The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values. Staff were clear on the practice vision and values and knew how to incorporate these values into their work.

Governance arrangements

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

- There was a clear staffing structure, and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- There was a programme of continuous clinical and internal audit which was used to monitor quality and make improvements

Leadership, openness and transparency

The GP partners have the experience and capability to run the practice and they prioritised safe, good quality and compassionate care. The partners were visible in the practice, and staff told us that they were approachable and always took the time to listen to all members of staff. Staff told us that regular team meetings were held and that there was an open culture within the practice. They said they had the opportunity to raise any issues at team meetings and were confident in doing so. Staff said they felt respected, valued and supported. All staff were involved in discussions about how to develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered. A member of staff spoken with told us there were good communication systems and the staff worked well as a team.

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

The practice manager was in the process of establishing a Patient Participation Group (PPG) in order to gain feedback from patients about the services provided. A PPG is a group of patients who work with the GPs and practice staff to review the services provided and help find ways of improving these services to promote health and improve the quality of care. At present the PPG consisted of six patients who communicated via email. The practice manager wanted to increase the size of the group in order to obtain a broader range of patients' views of the service. Basic information about the PPG was displayed in the patient waiting area. However, none of the patients we spoke with had heard of the PPG before. None of the patients we spoke with had been asked for their views on the service.

Patients had an opportunity to express their views of the service through the Friends and Family Test. The Friends and Family Test is a patient survey which asks patients how likely they are to recommend the surgery and services to friends and family. Patients commented favourably on the service provided and praised the staff team for the high standard of service provision. The practice had also gathered feedback from staff through team meetings and appraisals and discussion. Staff told us they felt comfortable discussing any concerns or issues with colleagues and management. Staff told us they felt involved and engaged in improving how the practice was run.

Innovation

There was a focus on learning and improvement at all levels within the practice. The practice was awarded the Gold Star award for services provided to the Lesbian, Bisexual Gay, and Transgender community. All patients receiving anti-depressant medicines or anti-psychotic medicines had to speak to or see a GP face to face before a repeat prescription was given. This regular contact allowed GPs to assess patients' mental health regularly and respond earlier to any deterioration

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider must ensure the proper and safe management of medicines.</p> <p>How the regulation was not being met:</p> <p>The provider held a stock of out of date medicines.</p> <p>The provider did not ensure prescriptions were stored securely or audited properly for their safe use.</p> <p>This was in breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>