

# Mill Road Surgery

## Quality Report

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Mill Road Surgery on 6 October 2015. Overall the practice is rated as good.

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

- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles.
- There were systems in place to reduce risks to patient safety, for example infection prevention and control procedures and health and safety assessments.
- Staff understood and fulfilled their responsibilities to raise concerns and to report incidents, near misses and any identified safeguarding issues.
- Information about services and how to complain was available and easy to understand.
- The practice was responsive and regularly sought patient views how improvements could be made to

the service, through the use of patient surveys, NHS Choices website, Friends and Family Test, 'I Want Great Care' and the practice's patient representation group (PRG).

- Urgent appointments were available for patients the same day as requested, although not necessarily with a GP of their choice.
- Patients said they were treated with compassion, dignity and respect and were involved in care and decisions about their treatment.

We saw areas of outstanding practice:

- The practice used a buddy approach for all staff appraisals. This involved staff being allocated a buddy to undertake the pre-appraisal process, for example identify any learning needs and 360 degree feedback. The practice then met as a group to share any ideas identified at the pre-appraisal stage, for example ways in which the team could work more effectively.

# Summary of findings

Following this staff would then have a one to one with their manager to discuss and approve their appraisal. Staff had access to, and made use of, e-learning training modules.

- The practice provided care to residential care homes and hosted weekly community elderly psychiatry clinics for patients to ensure care is provided closer to home.
- The practice had a library to enable patients to access information on health including long term conditions such as diabetes.

However there were areas where the provider should make improvements.

Importantly the provider should:

- Ensure flooring where treatments are carried out is seamless and smooth, slip-resistant, easily cleaned and appropriately wear-resistant.
- Ensure there is signage in the waiting room and treatment rooms so patients are informed on how to access a chaperone.

**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 as there are areas where it should make improvements. Where treatments are carried out the practice should ensure the flooring is seamless and smooth, slip-resistant, easily cleaned and appropriately wear-resistant. There should be signage in the waiting room and treatment rooms so patients are informed on how to access a chaperone.

However, there were enough staff to keep patients safe. Staff understood and fulfilled their responsibilities to raise concerns and to report incidents, near misses and any identified safeguarding issues. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. There were effective processes in place for safe medicines management.

**Requires improvement**



### Are services effective?

The practice is rated good for providing effective services. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing mental capacity and promoting good health. Staff had received training appropriate to their roles, any further training needs had been identified through the use of a buddy system for annual appraisals. The practice demonstrated a strong commitment to develop and support staff to improve quality of care to patients. Staff worked with multidisciplinary teams to provide effective care and support to patients, improve outcomes and share best practice. Data showed patient outcomes were at or above average compared to other local practices.

**Good**



### Are services caring?

The practice is rated good for providing caring services. Care planning templates were available for staff to use during consultation. Information for patients about services was available and easy to understand. Data showed that patients rated the practice higher than others for almost all aspects of care. Patients spoke highly of the care they received from the practice. Feedback about patients' care and treatment was consistently positive. We observed a patient centred culture. Patients we spoke with during

**Good**



# Summary of findings

our inspection said they were treated with compassion, dignity and respect and were involved in decisions about their care and treatment. We saw staff treated patients with kindness, respect and maintained confidentiality.

## Are services responsive to people's needs?

The practice is rated good for providing responsive services. It reviewed the needs of its local population and engaged with Sheffield Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice was participating in the CCG care planning initiative (patient centred care plans for newly diagnosed patients with diabetes). The practice is part of a GP practice 'Hub' model pilot (to provide out of hours routine appointments to patients). The hub model has four provider localities within Sheffield and the practice is part of the north provider organisation. The GPs are on a rota system to provide extended hours to patients. The practice had good facilities and was well equipped to treat patients and meet their needs. There was an accessible complaints system and evidence showed the practice responded quickly to issues raised and learning from complaints was shared with staff. Urgent appointments were available for patients the same day as requested but not necessarily with a GP of their choice.

Good



## Are services well-led?

The practice is rated good for providing well-led services. It had a clear vision and strategy. Governance arrangements were underpinned by a clear leadership structure and staff told us they felt supported by the GPs and management. The practice had a number of policies and procedures to govern activity. There were systems in place to identify risk, monitor and improve quality. Staff had received inductions, regular performance reviews and attended staff meetings. They were encouraged to raise concerns, provide feedback or suggest ideas regarding the delivery of services. The practice proactively sought feedback from patients through the use of patient surveys and the patient representation group (PRG).

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 provider was rated as requires improvement for safety. The improvements which led to these ratings apply to everyone using the practice, including this population group.

The practice offered proactive, personalised care to meet the needs of older people in its population. Longer appointments, home visits and rapid access were available for those patients with enhanced needs. The practice worked closely with other health and social care professionals, such as the district nursing team and community matron, to ensure housebound patients received the care they needed. The practice also provided services for patients who resided in local nursing and care homes. The practice hosted 'Sheffield health walks'. This is a Sheffield City Council initiative where patients at the practice can participate in the weekly walking group to improve their health and also benefit socially.

**Requires improvement**



### People with long term conditions

The provider was rated as requires improvement for safety. The improvements which led to these ratings apply to everyone using the practice, including this population group.

Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All patients had a named GP and a structured annual review to check their health and medication needs were being met. For those people with the most complex needs, the named clinician worked with relevant health and care professionals to deliver a multidisciplinary package of care. The practice is involved in patient centred care planning for newly diagnosed diabetic patients on the admissions avoidance register. The practice had a library to enable patients to access information on health including long term conditions such as diabetes.

**Requires improvement**



### Families, children and young people

The provider was rated as requires improvement for safety. The improvements which led to these ratings apply to everyone using the practice, including this population group.

There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Appointments were available outside

**Requires improvement**



# Summary of findings

of school hours and the premises were suitable for children and babies. The practice told us all young children were prioritised and the under-fives were seen on the same day as requested. Patients told us children and young people were treated in an age-appropriate way and were recognised as individuals. The practice provided sexual health support and contraception, maternity services and childhood immunisations. Data showed immunisation uptake rates were higher than those for the locality.

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

The provider was rated as requires improvement for safety. The improvements which led to these ratings apply to everyone using the practice, including this population group.

The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible. The practice had extended hours on Saturday 9am to 12 noon. The practice also offered online services, telephone consultations and a full range of health promotion and screening that reflected the needs of this age group. They hosted an occupational health service for patients with work related health issues to obtain further advice.

**Requires improvement**



## **People whose circumstances may make them vulnerable**

The provider was rated as requires improvement for safety. The improvements which led to these ratings apply to everyone using the practice, including this population group.

The practice held a register of patients living in vulnerable circumstances, including those who had a learning disability. Longer appointments were available for patients as needed. Annual health checks were offered for those who had a learning disability and data showed 97% of eligible patients had received one in the last twelve months.

Staff knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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. The practice worked with multidisciplinary teams in the case management of this population group. It provided information on how to access various support groups and voluntary organisations.

**Requires improvement**



# Summary of findings

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

The provider was rated as requires improvement for safety. The improvements which led to these ratings apply to everyone using the practice, including this population group.

All patients had a named GP. Annual health checks were offered to these patients and data showed 95% had received one in the last twelve months. The practice actively screened patients for dementia and maintained a register of those diagnosed. It carried out advance care planning for these patients.

The practice regularly worked with multidisciplinary teams in the case management of people in this population group, for example the local mental health team. There was a lead GP for dementia and mental health. The practice also hosted Improving Access to Psychological Therapies programme (IAPT) to support patient's needs. The practice provided care to residential care homes and hosted weekly community elderly psychiatry clinics for patients to ensure care is provided closer to home.

Requires improvement





# Summary of findings

## What people who use the service say

Results from the NHS England GP patient survey published July 2015, showed the practice was performing in line with local and national averages. There were 254 responses which is a response rate of 43% of patients who responded. Some of the responses were rated higher than other practices located within Sheffield Clinical Commissioning Group (CCG) and nationally:

- 90% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 85%.
- 91% said the GP gave them enough time compared to the CCG average of 88% and national average of 87%.
- 86% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and national average of 76%.
- 95% 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 85%.
- 94% patients said they could get through easily to the surgery by phone compared to the CCG average of 70% and national average of 74%.
- 90% patients described their experience of making an appointment as good compared to the CCG average of 69% and national average of 74%.

The following responses were comparable or below average:

- 96% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%
- 48% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 62% and national average of 65%.

As part of the inspection process we asked for CQC comment cards to be completed by patients. We received 14 comment cards which were very positive about the standard of care received. During the inspection we spoke with seven patients, three of whom were also members of the patient representative group (PRG). They all told us they were treated with dignity and respect, thought the practice provided an excellent, caring and proficient service and would recommend it to others. Reception staff, nurses and GPs all received praise for their professional care and patients said they felt listened to and involved in decisions about their treatment. Patients informed us that they were treated with compassion and that GPs went the extra mile to provide care when patients required extra support.

## Areas for improvement

### Action the service **SHOULD** take to improve

- Ensure flooring where treatments are carried out is seamless and smooth, slip-resistant, easily cleaned and appropriately wear-resistant.
- Ensure there is signage in the waiting room and treatment rooms so patients are informed on how to access a chaperone.

## Outstanding practice

- The practice used a buddy approach for all staff appraisals. This involved staff being allocated a buddy to undertake the pre-appraisal process, for example identify any learning needs and 360 degree feedback. The practice then met as a group to share any ideas identified at the pre-appraisal stage, for example ways in which the team could work more effectively.
- Following this staff would then have a one to one with their manager to discuss and approve their appraisal. Staff had access to, and made use of, e-learning training modules.
- The practice provided care to residential care homes and hosted weekly community elderly psychiatry clinics for patients to ensure care is provided closer to home.

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- The practice had a library to enable patients to access information on health including long term conditions such as diabetes.

# Mill Road Surgery

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor and a practice manager advisor.

## Background to Mill Road Surgery

Mill Road practice is located in Ecclesfield, Sheffield. The practice is based in a purpose build health centre. They have 5200 registered patients at the practice. They have a higher than national average population of patients aged 40 to 75 year olds.

The practice provides General Medical Services (GMS) under a contract with NHS England. They also offer a range of enhanced services such as minor surgery, facilitating timely diagnosis and support for people with dementia, learning disabilities, patient participation and childhood vaccination and immunisations.

Mill Road Practice has four GP partners (three female, one male) and two GP Registrars. There are three female nurse nurses and two female health care assistants. These are supported by a practice manager and an assistant practice manager and an experienced team of reception/ administration staff.

The practice is open between 8.30am to 6.30pm Monday to Friday, with the exception on Thursday when the practice is closed at 1.00pm. The practice is also open on Saturday 9.00am to 12.00pm. Appointment times are Monday to

Friday 8.30am to 5.30pm, with the exception on Thursday when the last appointment is 11.00. When the practice is closed, out-of-hours services are provided by Sheffield GP Collaborative.

## Why we carried out this inspection

We carried out a comprehensive inspection of the services under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered 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 or data throughout this report, for example any reference to the Quality and Outcomes Framework or national GP patient survey, this relates to the most recent information available to CQC at that time.

## How we carried out this inspection

Before visiting the practice we reviewed information we hold about the practice and asked other organisations and key stakeholders, such as NHS England and Sheffield Clinical Commissioning Group (CCG), to share what they knew about the practice. We reviewed policies, procedures and other relevant information the practice manager provided before the inspection day. We also reviewed the latest available data from the Quality and Outcomes Framework (QOF) and national GP patient survey.

# Detailed findings

We carried out an announced inspection on the 6 October 2015. During our visit we spoke with three GPs, a GP Registrar, a practice nurse, two members of the reception team and the practice manager. We also spoke with four patients and three members of the patient representative group (PRG). We reviewed 14 CQC comment cards where patients had shared their views and experiences of the practice.

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

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

- Is it well-led?

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

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

# Are services safe?

## Our findings

### Safe track record and learning

There was a system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. The practice carried out an analysis of the significant events and this also formed part of the GPs' individual revalidation process.

Safety was monitored using information from a range of sources, including National Patient Safety Alerting System (NPSAS) and National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a patient home visit had not been booked. After investigation by the practice appropriate actions including additional checks were put in place. Details of the significant event, action and learning had been circulated to all clinicians.

### Overview of safety systems and processes

The practice could demonstrate its safe track record through having risk management systems in place for safeguarding, health and safety including infection prevention and control, medication management and staffing.

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A notice was not displayed in the waiting room or treatment rooms advising patients that a chaperone was available if required. The practice manager agreed

to put one in place. All staff who acted as chaperones were trained for the role. Practice Nurses and four non clinical staff acted as chaperones. The practice nurses had received a disclosure and barring check (DBS). These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults whose circumstances may make them vulnerable. The non clinical staff who acted as chaperones did not have a DBS check. The practice manager and GP partner said the risks had been considered and they were in the process of applying for DBS checks. We saw evidence of this.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments, fire drills, staff had received fire safety training and knew what to do in the event of a fire. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as health and safety and infection prevention and control.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice nurse room was carpeted. We were told treatments such as cervical smears were undertaken in this room. The carpet was visibly clean and there was a cycle of steam cleaning in place. In the event of spillage, the practice had appropriate equipment and protocol in place to clean the affected area. The practice manager and GP partner told us that the removal of the carpet was on their refurbishment plan and it would be removed as a priority. A practice nurse was the designated infection prevention and control (IPC) clinical lead, who kept up to date with best practice. There was an IPC protocol in place and staff had received up to date training. Annual infection prevention and control audits were undertaken and we saw evidence action was taken to address any improvements identified as a result. The practice had carried out regular flushing of water lines and were in the process of undertaking Legionella risk assessments. We saw evidence of this.

## Are services safe?

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads and blank prescriptions were securely stored and there were systems in place to monitor their use. The practice had a process for controlled drug prescriptions as per every other standard prescription in checking demographics and the prescription being authorised by the GP.
- Recruitment checks were carried out and the three files we sampled showed appropriate checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the relevant professional body and the appropriate checks through the DBS.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

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

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. Emergency medicines were easily accessible to staff, all staff knew of their location and they were kept in a secure area of the practice. All the medicines we checked were in date and fit for use. There was also a first aid kit and accident book available.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment and consent

The practice had a system in place to ensure all clinical staff had access to up-to-date guidelines from the National Institute for Health and Care Excellence (NICE), the local Clinical Commissioning Group (CCG) and local disease management pathways. We saw audits completed were based on NICE guidance. However, there was no assigned clinician who was responsible for ensuring that all new guidelines had been reviewed. Clinicians carried out assessments and treatments in line with these guidelines and pathways to support delivery of care to meet the needs of patients. The practice monitored these guidelines were followed through risk assessments, audits and patient reviews.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, such as the Mental Capacity Act 2005. Patients' consent to care and treatment was sought in line with these. Where a patient's mental capacity to provide consent was unclear, the GP or nurse assessed this and, where appropriate, recorded the outcome. When providing care and treatment for children 16 years or younger, assessments of capacity to consent were also carried out in line with relevant guidance, such as Gillick competency. This is used in medical law to decide whether a child is able to consent to his or her own medical treatment, without the need for parental permission or knowledge.

### Protecting and improving patient health

The practice's uptake for the cervical screening programme was 97%, which was higher than the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.

Childhood immunisation uptake rates for the vaccinations offered were higher than both the local CCG and national averages. For example, uptake rates for children aged 24 months and under were 98%, and for five year olds they ranged from 97% to 98%.

The seasonal flu vaccination uptake rate for patients aged 65 and over was 78%. Uptake for those patients who were in a defined clinical risk group was 62%. These were also higher than both the local CCG 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 to 74. Where abnormalities or risk factors were identified, appropriate follow-up on the outcomes was undertaken.

The practice identified patients who were in need of additional support and signposted them to the relevant service. For example, smoking cessation advice, support for alcohol abuse or help with weight management.

The practice had a library to enable patients to access information on health including long term conditions such as diabetes. The practice manager told us that patients frequently used it.

### Coordinating patient care

The information needed to plan and deliver care and treatment was available to clinical staff in a timely and accessible way through the practice's patient record system and their intranet system. This included risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available.

Staff worked with other health and social care services to understand the complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, such as when they were referred or after a hospital discharge. We saw evidence multidisciplinary team meetings took place on a regular basis and that care plans were routinely reviewed and updated.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). This is a process intended to improve the quality of general practice and reward good practice. Information collected for the QOF and performance against national screening programmes was used to monitor outcomes for patients. Data from 2013/14 showed:

- The practice had achieved 97% of the total number of points available and was not an outlier for any QOF (or other national) clinical targets.
- Performance for diabetes related indicators was comparable to the CCG and national average.

# Are services effective?

(for example, treatment is effective)

- The percentage of patients with hypertension having regular blood pressure tests was comparable to the CCG and national average.
- Performance for mental health related and hypertension indicators were comparable to the CCG and national average.
- The dementia diagnosis rate was higher than the CCG and national average.

Clinical audits were carried out and all relevant staff were involved to improve care, treatment and patient outcomes. The practice could evidence quality improvement through three completed clinical audits. For example, osteoporosis. As a result of the audit, changes were made to their recall system to ensure patients had blood tests and medication compliance checks. The practice also participated in local CCG audits such as antibiotic prescribing.

## Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. Evidence reviewed showed:

- Staff had received mandatory training that included safeguarding, fire procedures, basic life support and infection prevention and control. The practice had an induction programme for newly appointed staff which also covered those topics.
- Staff had access to, and made use of, e-learning training modules. Individual training needs had been identified through the use of appraisals, meetings and reviews of practice development needs. The practice used a buddy approach for all staff appraisals. This involved staff being allocated a buddy to undertake the pre-appraisal process, for example identify learning needs and 360 degree feedback. The practice then met as a group to share any ideas identified at the pre-appraisal stage, for example ways in which the team could work more effectively. Following this, staff would have a one to one with their manager to discuss and approve their appraisal. Staff spoke positively about this approach.
- All GPs were up to date with their revalidation and appraisals.



# 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 those spoken with on the telephone. Curtains were provided in consulting rooms so that patients' privacy and dignity were maintained during examinations, investigations and treatments. We noted consultation and treatment room doors were closed during patient consultations and that conversations taking place in these rooms could not be overheard.

On the day of our inspection we spoke with four patients; three of whom were members of the patient representative group (PRG). Feedback from patients about their care and treatment was consistently and strongly positive. They all told us they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Reception staff were aware they could offer a private room when patients wanted to discuss sensitive issues or appeared distressed. Ninety three percent of respondents to the national GP patient survey found receptionists at the practice helpful, compared with a CCG average of 85% and a national average of 87%. This aligned with our findings. We also observed a patient-centred culture. Staff were motivated and offered kind and compassionate care and worked to overcome obstacles to achieve this.

The practice's computer system alerted clinicians if a patient was also a carer. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us if families had experienced bereavement, their usual GP contacted them to offer condolences and support. We saw one thank you card from a patient who described how they were treated with care, professionalism and commitment from staff during bereavement.

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 higher or comparable to local and national averages for its satisfaction scores on consultations with doctors and nurses. For example:

- 93% said the GP was good at listening to them compared to the CCG average of 90% and national average of 87%.
- 91% said the GP gave them enough time compared to the CCG average of 88% and national average of 87%.
- 96% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%
- 90% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 85%.
- 90% 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%.

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

Patients told us health issues and treatments were discussed with them and they felt listened to. They felt involved in the decisions made about the care they received and the choice of treatment available to them.

Data from the July 2015 national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. This was in line with local and national averages. For example:

- 87% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 91% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 81%

Staff told us that translation services were available for patients who did not have English as a first language. Some non clinical staff had also undertaken sensory awareness training. This enabled them to be aware of the barriers experienced by patients who have a sensory loss that is people who are deaf, hard of hearing, blind and visually impaired, explores effective communication skills, sighted guiding skills, and ways of making information and services more accessible.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice worked with the local CCG to improve outcomes for patients in the area. For example, they were participating in a care planning initiative (patient centred care plans for newly diagnosed patients with diabetes).

The practice was also part of a GP practice 'Hub' model pilot (to provide out of hours routine appointments to patients). The hub model has four provider localities and the practice is part of the north provider organisation. The GPs are on a rota system to provide extended hour to patients. At the time of inspection no referrals had been made and therefore no data available to support the intended outcomes.

There was an active patient representative group (PRG) which met on a regular basis. The PRG carried out patient surveys. We saw minutes of PRG meetings and evidence of improvements made to the service as a result. For example, raising patient's awareness of the online booking service for repeat prescriptions and appointments. As a result of increased promotion the practice now has 18.7% of patients registered to use the online service.

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

- The practice offered appointments on Saturdays 9am to 12 noon for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Home visits were available for patients who could not physically access the practice.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.

### Access to the service

The practice is open between 8.30am to 6.30pm Monday to Friday, with the exception on Thursday when the practice is closed at 1.00pm. The practice is also open on Saturday 9.00am to 12.00pm. Appointment times are Monday to

Friday 8.30am to 5.30pm, with the exception on Thursday when the last appointment is 11.00. Appointments could be pre-booked up to six weeks in advance and urgent appointments were available.

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

- 94% patients said they could get through easily to the surgery by phone compared to the CCG average of 70% and national average of 74%.
- 90% patients described their experience of making an appointment as good compared to the CCG average of 69% and national average of 74%.

The following response was below local and national average:

- 48% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 62% and national average of 65%.

During our inspection we observed that patients were generally seen on time or had a maximum wait of five minutes. We also observed a patient without an appointment who was seen straight away by the GP.

### 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. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The complaints policy outlined the timescale the complaint should be acknowledged by and where to signpost the patient if they were unhappy with the outcome of their complaint.

Information how to make a complaint was available in the waiting room, the practice leaflet and on the practice website.

The practice kept a complaints register for all written and verbal complaints. There had been one complaint over the last 12 months. We found they had all been satisfactorily dealt with, identifying actions, the outcome and any learning. The practice had a patient feedback book in the entrance to the practice and we saw that they had acted

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

upon one patients comment. For example, the practice reduced the lunchtime hours from one hour 45 minutes to one hour. The practice also had a high quantity of compliments they had received from patients.

# 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. Our discussions with staff indicated the vision and values were embedded within the culture of the practice with patient safety as a priority. Staff told us this was achieved through joint decision making, communication and by having an open, friendly and team approach.

### 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:

- A clear leadership structure with staff being aware of their own roles and responsibilities.
- All staff being supported to undertake continuing professional development, including GPs with regard to their validation requirements.
- Implemented practice policies which all staff could access.

- A system of reporting incidents without fear of recrimination, whereby learning from outcomes of analysis of incidents took place.
- A system of continuous audit cycles which could demonstrate an improvement on patients' health and well-being
- Clear methods of communication which involved all the practice staff and other healthcare professionals, to disseminate best practice guidelines and other information which could impact on the delivery of patient care.
- Proactively gaining patients' feedback on delivery of the service.

### Innovation

The practice team was forward thinking and part of local and national schemes to improve outcomes for patients in the area. For example:

- CCG care planning initiative (patient centred care plans for newly diagnosed patients with diabetes).
- Healthy walking group
- Buddy appraisal system
- Part of a local GP practice 'Hub' model (to provide out of hours routine appointments to patients)