

Gladstone House Surgery

Quality Report

Gladstone Street

Ilkeston

Derbyshire

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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

We carried out an announced comprehensive inspection at Gladstone House Surgery on 11 August 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 were trained to the appropriate levels for their roles and encouraged to attend training sessions to enhance their professional development.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. The practice had a Carers Champion, an administrator who proactively sought to ensure that carers were identified and signposted to the appropriate places for help and guidance. Information about services and how to complain was available and easy to understand.
- 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. However learning from serious incidents were not always shared amongst the all relevant staff working at the practice.

- Risks to patients were assessed however children who had safeguarding issues were not always highlighted on the practice computer system and the practice did not have a policy for safeguarding adults. However after our conversations with staff we were satisfied that they knew what action to take should they have any concerns with regards to the safeguarding of adults and children.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs. However a risk assessment for legionella had not been carried out. Legionella is a bacterium which can contaminate water systems in buildings. A legionella risk

Summary of findings

assessment is a report by a competent person giving details as to how to reduce the risk of the legionella bacterium spreading through water and other systems in the practice.

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- However there were areas of practice where the provider needs to make improvements.

Importantly the provider must;

Ensure that a risk assessment for legionella is carried out

Importantly the provider should

- Ensure that there is a policy devised for the safeguarding of adults and that all children at risk of safeguarding incidents are flagged on the practice computer system.
- Ensure that learning from significant events is shared with all relevant members of staff to facilitate improvements and thus high quality patient care.
- **Professor Steve Field** CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services. There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had recently undertaken a health and safety risk assessment with an independent provider who had not found any urgent or immediate safety concerns

Appropriate standards of cleanliness and hygiene were followed. Staff were trained in infection control and the building was visibly clean.

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. All complaints received by the practice were entered onto the system and automatically treated as a significant event. The practice carried out regular analysis of the significant events in order to identify learning opportunities.

However when things went wrong whilst lessons were learned this learning was not always communicated with all relevant members of the multidisciplinary team in order to facilitate improvement in practice.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Staff worked well with other members of the multidisciplinary teams. There was an innovative system in place whereby staff created "task's" on their electronic data system to ensure that information was not only shared, but acted upon to enhance the standards of clinical care. Whilst clinical data showed that patient outcomes in some instances were below the local and national average, we saw evidence that the practice was seeking to and had made improvements in at least three areas.

Good



Are services caring?

The practice is rated as good for providing caring services. Data from patient interviews gathered on the day informed us that staff treated patients with kindness dignity and respect. We also witnessed staff treating patients with kindness and courtesy giving them privacy at all times. Data from the National GP Patient Survey July 2015 also highlighted that patients were satisfied with their experience

Good



Summary of findings

received at the practice which was at or above the CCG and national average. The Practice had a Carers Champion a member of the administrative team who was responsible in the identification of carers in order to offer them care and support.

Are services responsive to people's needs?

This practice is rated as good for being responsive to people's needs. The practice had a good working relationship with the CCG and engaged with the quality team in order to facilitate improvements in their practice. The practice had good facilities and services were designed and planned to meet patient requirements in the local area where individuals were not able to travel longer distances. Information about how to complain was available and we saw that staff responded promptly to issues raised.

Good



Are services well-led?

The practice is rated good for being well-led. It had a clear vision and strategy. Governance arrangements were underpinned by a clear leadership structure and staff felt supported by management. The practice had regular clinical meetings and created "tasks" on their electronic computer system to ensure that any issues identified in these meetings were acted upon quickly.

The practice had a number of policies and procedures to govern activity, however some of these required updating. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on and had an active PPG. Staff had received inductions, regular performance reviews and attended staff meetings and events. The practice was aware of future challenges

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as good for the care of older people. The practice offered personalised care to meet the needs of the older people in its population and had an enhanced service for example in its end of life care. The practice held fortnightly community delivery team meetings and risk profiling in order to reduce unplanned hospital admissions. It was responsive to the needs of older people for example, working with the local pharmacy to monitor compliance with medications. The practice also offered home visits from both GP's and nurses for those individuals whose poor health prevented them from travelling to the practice. transport arrangements were problematic. The practice also offered rapid access appointments for those with enhanced needs.

Good



People with long term conditions

This practice was rated as good for the care of people with Long Term Conditions. These patients had a six monthly review with either the GP and/or the nurse to check that their health and medication. The practice also engaged in regular fortnightly community delivery team meetings with District Nurses and Community Matrons. The practice nurses offered home visits to those patients who were either housebound or unable to attend the surgery. The practice encouraged patients to manage their conditions and were also referred to health education programmes if required.

Good



Families, children and young people

The practice was rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances. The practice worked closely with the Citizens Advice Bureau who held a weekly clinic in the surgery. Patients told us that children and young people were treated in an age-appropriate way for example the practice engaged in the "you're Welcome" teenage priority care scheme. Appointments were available outside of school hours, including telephone consultations and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses.

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). The needs of the

Good



Summary of findings

working age population, those recently retired and students had been identified and the practice had adjusted the services it offered in order to accommodate individual needs. For example, the practice offered telephone consultations, late appointments and individuals who were working could call in and request a late or early appointment to accommodate their needs. Appointments were offered online although the uptake for this was low despite the practice actively promoting this service

People whose circumstances may make them vulnerable

This practice is rated as good for the people whose circumstances make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with a learning disability. It had carried out annual health checks for people with a learning disability. With 53% of individuals receiving their annual check to date. Staff had been trained to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies. The practice had recently started to identify those who were “young carers”

Good



People experiencing poor mental health (including people with dementia)

This practice was rated as good for people experiencing poor mental health including people with dementia. 88% of people experiencing poor mental health had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health. Although the practice had low prevalence rates of patients with dementia this was due to the change in alignment of its dementia homes with other practices in the area as a CCG initiative. However we saw evidence that they were working to increase their diagnostic rates

The practice worked closely with Talking Mental Health a local group who provided visiting mental health workers who saw patients with mental health needs on site. The practice also engaged with a specialist mental health therapist who assisted patients in promoting behaviour change.

Staff had received training on how to care for people with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was performing in line with local and national averages.

- 83% of patients find it easy to get through to this surgery by phone compared with a CCG average of 75% and a national average of 73%
- 87% find the receptionists at this surgery helpful compared with a CCG average of 86% and a national average of 87%
- 61% of patients with a preferred GP usually get to see or speak to that GP compared with a CCG average of 50% and a national average of 61%
- 96% of patients said the last appointment they got was convenient compared with a CCG average of 92% and a national average of 73%

- 85% of patients described their experience of making an appointment as good compared with a CCG average of 70% and a national average of 73%
- 93% of patients said the last GP they saw or spoke to was good at listening to them which is above the CCG average of 88% and the national average of 89%.
- 84% of patients said they were able to get an appointment or speak to someone the last time they tried which was marginally lower than the CCG average of 87% and the national average of 85%

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 39 comment cards which were all positive about the standard of care received. GP's received praise for their care and concern and all patients commented on being treated with compassion, care and respect.

Areas for improvement

Action the service **MUST** take to improve

Ensure that a risk assessment for Legionella bacterium is carried out

Action the service **SHOULD** take to improve

- Ensure that there is a policy devised for the safeguarding of adults and that all children at risk of safeguarding incidents are flagged on the practice computer system.

- Ensure that learning from significant events is shared with all relevant members of staff to facilitate improvements and thus high quality patient care.

Gladstone House 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 adviser, a practice manager specialist adviser and an Expert by Experience.

Background to Gladstone House Surgery

Gladstone House Surgery provides medical services to 5200 patients for patients living in Ilkeston and the surrounding areas of Cotmanhay and Kirk Hallam. There is a high prevalence of chronic disease in the area largely relating to the past coal mining industry, smoking and deprivation.

The practice is managed by a principal GP (male) with four part time GP's (female) which is equal to three full time working GP equivalent.

There are four practice nurses, a Health Care Assistant (HCA) a practice manager, reception and administration staff. The practice is open 8am to 6.30pm Monday to Friday. Patients requiring a GP outside of normal working hours are advised to contact the GP out of hours service provided by Derbyshire Health United. The Practice does not offer extended hours at this time.

The practice has a Personal Medical Service (PMS) contract and also offers enhanced services for example; extended hours

Why we carried out this inspection

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

How we carried out this inspection

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)

Detailed findings

The inspection team

- Reviewed information available to us from other organisations e.g. HealthWatch Derbyshire
- Spoke to staff and patients.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.

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. All complaints received by the practice were entered onto the system and automatically treated as a significant event. The practice carried out an analysis of the significant events and this also formed part of the GPs' individual revalidation process.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. However whilst lessons were learned this learning was not always communicated with all relevant members of the multidisciplinary team in order to enhance patient care.

Overview of safety systems and processes

- The practice could demonstrate its safe track record through having risk management systems in place for health and safety, medication management and staffing. Whilst there were arrangements in place to safeguard adults and children from abuse the practice only had a policy for safeguarding children which required some attention to detail. There was no policy for safeguarding adults. However we were satisfied that staff were aware of how to raise issues and concerns with regards to the safeguarding of both adults and children.
- The lead GP for safeguarding 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 displayed in the waiting room, advising patients that a chaperone would be available if required. All staff who acted as chaperones 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 who may be vulnerable.
- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had recently undertaken a health and safety risk

assessment with an independent provider who had not found any urgent or immediate safety concerns. However there was not any risk assessment for legionella bacteria.

- Whilst the lead nurse for infection control ensured that the taps were run every day in order to eliminate any potential legionella bacteria the practice had not undertaken a risk assessment for Legionella bacterium. Legionella is a term for particular bacteria which can contaminate water system's in buildings. A legionella risk assessment is a report by a competent person giving details as to how to reduce the risk of the legionella bacterium spreading through water and other systems in the work place. When we asked the practice manager why this assessment had not been carried out, she told us that she had been informed by an external agency that this was not required. She assured us that this risk assessment for legionella would be carried out as soon as possible.
- There was a health and safety policy available. The practice had up to date fire risk assessments and the latest fire drill was carried out on July 15 2015. All electrical equipment was checked to ensure it 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 control of substances hazardous to health and infection control.
- Appropriate standards of cleanliness and hygiene were followed. The practice nurse was the clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. All staff knew who the infection control lead was. There was an infection control protocol in place and staff had received up to date training. The practice took part in annual external audits from the local community infection control team and acted on any issues that had been identified. The practice also monitored its use of antibiotics to ensure they were not overprescribing in an attempt to tackle antimicrobial resistance.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice worked closely with the CCG pharmacist to ensure the

Are services safe?

clinicians were prescribing in line with best practice guidelines for safe prescribing. We saw evidence that the practice was not prescribing antibiotics excessively. Prescription pads were securely stored.

- Recruitment checks were carried out and the three personnel files we sampled contained all the information required under current legislation.
- **Arrangements to deal with emergencies and major incidents**

All staff received annual basic life support training and there were emergency medicines available in the

treatment room. The practice had an automated external defibrillator device on the premises and oxygen with adult and children's masks. 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. This plan was in place both on the staff intranet and also a hard copy which was kept with the emergency equipment. All staff knew where to access the plan.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. For example The practice had regular meetings with the CCG pharmacist where NICE guidelines were discussed. The Lead GP and Lead nurse for diabetes also consulted with the local CCG specialist diabetes group to ensure that they were following NICE guidelines in order to provide evidenced based care.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework(QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results from 2013/14 data showed that there were 92.7% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013/14 showed mixed results

- Performance for asthma related indicators were 0.5% above the CCG average and 2.8% above the national average
- Performance for heart failure related indicators were 0.6% above the CCG average and 2.9% above the national average.
- Performance for diabetes related indicators was 8.2% below the CCG average and 7.3% below the national average.
- The percentage of patients with hypertension related indicators was 8.5% lower than the CCG and 6% below national average
- The percentage of patients with depression related indicators was 21.2% below the CCG average and 21.5% below national average

We asked one of the GP's why there was a mixed performance and were told that the depression indicators

were lower than average because they were coded as depressed mood which was not recognised by QOF. During our inspection we saw asked to see 2014/2015 QOF data, which although not published nationally, indicates that the practice is making significant improvements in their performance. For example the practice had collected 95.7% of their total percentage points for performance in secondary prevention of heart disease 2014/2015 which had improved from 87.4% in the previous year 2013/14. We also saw that the indicators for depression had improved significantly. The practice manager also assured us that they were taking steps to improve health checks for patients with diabetes.

The practice could evidence quality improvement with 2 cycle clinical audits and all relevant staff were involved. For example an audit was carried out to examine the recall system for blood monitoring in patients taking a medicine for severe arthritis, a disease which causes pain and swelling in multiple joints in the body. The initial audit identified that the recall system required improvement and the latest audit from July 2015 demonstrated that the recall system had improved significantly. This meant that patients were attending for their blood tests regularly to check that the medicine was working correctly.

Effective staffing

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

- The practice had an induction programme for newly appointed clinical and non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. We saw evidence of this from the training matrix provided on the day of inspection.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and were encouraged to attend training where it was relevant to their areas of expertise.

Are services effective?

(for example, treatment is effective)

- All appraisals were up to date, One GP had also recently been revalidated and the practice was ready for nurse revalidation which is a mandatory requirement from the Nursing and Midwifery Council.

Coordinating patient care and information sharing

Staff had all the information they needed to deliver effective care and treatment to patients who used services. All the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. We saw evidence that if a patient was receiving palliative care both the patient care plan and special patient notes were sent to the local Out of Hours Service. A copy of these documents was also given to the patient and or any nursing home where applicable. This would enable Out of Hours service had access to patients health records and any special information, to support quality of care received.

Consent to care and treatment

Patients' consent to care and treatment was 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. One nurse we spoke to gave an excellent example of how she had used the Mental Capacity Act to assess a patient with dementia who required a pneumonia vaccine. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. The practice computer system has started to use prompts for Gillick competency assessments and we were assured that the nursing staff would always ask GP's if they were unsure.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers and those requiring advice on their diet, smoking and alcohol cessation. The practice had a "carers champion" a receptionist who worked very closely with a care co-ordinator for the CCG. Her role was to identify any potential carers and with their consent signposted them to support groups or any other service which may help them to fulfil their needs.

Smoking cessation advice was available in-house. Clinics were run by the health care assistants and practice nurses.

The practice's uptake for the cervical screening programme was 81% which was comparable to the CCG average of 79.7% and the national average of 74.3%. The practice uptake for bowel cancer screening was 59% which despite being below the CCG average of 62% was in line with the national average of 58.3%.

Childhood immunisation rates for the vaccinations given were lower than both the CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds were just below average at 94.4% and five year olds from 92.7% to 97.7%. However pre inspection intelligence data suggested that there was a lack of uptake on immunisations and vaccinations within the local CCG which the practice had acknowledged and they assured us they would try to improve the uptake

The Practice flu data showed that the practice performed better than GP practices nationally and locally in 2013-14 for vaccinations for elderly population (over 65's).

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 years. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

Notices in the patient waiting room told patients how to access a number of support groups and organisations. The practice's computer system alerted GPs if a patient was also a carer, there was also a carers register and a carers champion,. Written information was available for carers to ensure they understood the various avenues of support available to them.

All of the 39 patient CQC comment cards we received were positive about the service experienced. Seven patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We also spoke with two members of the patient participation group (PPG) on the day of our inspection. They told us they were satisfied

with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. However data from the PPG survey 2015 highlighted that seven out of 40 patients who responded felt that privacy at reception was still an issue. We did see a sign on the reception desk which told patients they could discuss private issues when required.

Results from the national GP patient survey July 2015 showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was mainly above average with regards to patient satisfaction with the care they received. For example:

- 93% said the GP was good at listening to them compared to the CCG average of 88% and national average of 86%
- 90% said the GP gave them enough time compared to the CCG average of 87% and national average of 87%
- 99% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% 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 86% and national average of 85%
- 95% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 90%
- 87% patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and national average of 87%

• Care planning and involvement in decisions about care and treatment

- Patients we spoke with told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

- 94% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 86%
- 85% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 81%
- **Patient and carer support to cope emotionally with care and treatment**

Are services caring?

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

Staff told us that if families had suffered bereavement this would automatically flag up on the practice computer system. The individual concerned was then offered comfort and support which was tailored to suit individual needs.

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 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;

- The practice offered patients who were working the opportunity to have an appointment by special arrangement either at 8.00am or at the end of surgery to accommodate their working needs.
- 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.
- Practice nurses carried out home visits for those who were housebound or unable to travel to carry out chronic disease reviews.
- The practice engaged with the Citizens Advice Bureau allowing them to hold a clinic in the surgery for patients who were struggling financially
- There was a visiting mental health worker who held clinics at the practice to assist those individuals with mental health problems who could not travel.

• Access to the service

Data from the NHS GP Survey July 2015 identified that 74% of respondents were satisfied with the surgeries opening hours which is marginally below the CCG average of 75% and slightly below the national average of 75%. However we saw evidence that patient access was discussed on a regular basis at practice meetings to try and identify new and innovative ways to improve practice.

The practice was open between 8.00am to 6.30pm Monday to Friday. In addition to pre-bookable appointments that could be booked up to three weeks

urgent appointments were also available for people that needed them. Both GP's and nurses offered telephone consultations to help improve access. Patients we spoke with on the day also confirmed these findings.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages and people we spoke to on the day were able to get appointments when they needed them. For example:

- 83% patients said they could get through easily to the surgery by phone compared to the CCG average of 75% and national average of 73%
- 85 patients described their experience of making an appointment as good compared to the CCG average of 70% and national average of 73%
- 61% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 57% and national average of 58%
- **Listening and learning from concerns and complaints**

The practice has a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. Information about how to make a complaint was available in the waiting room and in a practice leaflet. The

complaints policy clearly outlined a time framework for when the complaint would be acknowledged and responded to. One patient we spoke to told us when they had made a complaint that this was dealt with very promptly. We also saw evidence of some correspondence from one of the GP's responding to a complaint raised which was in a timely manner.

The practice kept a complaints log for written complaints. There had been twelve formal complaints during 2015 which had been dealt with according to practice policy.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.

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 staff were aware of their own roles and responsibilities.
- There were practice policies in place and the practice is currently working on providing a safeguarding policy for adults. The practice had updated and improved its policies with regards to whistleblowing
- The practice had a programme of continuous clinical and internal audits which are used to monitor quality and to make improvement.
- The practice proactively gathered patients' feedback and engaged patients in the delivery of the service. We saw evidence from the latest PPG survey 2014/2015 which confirmed that the practice acted on concerns raised by both patients and staff.
- **Leadership, openness and transparency**

Staff told us that the senior leadership team were approachable and always take the time to listen to all members of staff. The partners encouraged a culture of openness and honesty. We witnessed this on the day of our inspection.

Staff told us that there was an open culture within the practice and they had the opportunity to raise any

issues at team meetings and confident in doing so and felt supported if they did. Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. This was evident whereby patient access to the service was being discussed at team meetings to find ways in which to improve. We also saw a document which the team had produced focussing on their weakness, with a section containing strategies already in place to improve. For example provision of more consultation rooms and working towards recruiting a further GP to increase access by patients.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which carried out patient surveys and submitted proposals for improvements to the practice management team.

Innovation

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and had just been awarded the opportunity to become a research practice, which was instigated by the practice manager. The carer's champion who seeks to improve caring for carers was another example of innovative practice.

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 |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control |
| Diagnostic and screening procedures | The practice was in breach of this regulation as they did not have any legionella assessment. Legionella is a term for a particular bacteria which can contaminate water systems in buildings. A Legionella risk assessment is a report by a competent person giving details as to how to reduce the risk of the legionella bacterium spreading through water and other systems in place |
| Family planning services | |
| Treatment of disease, disorder or injury | |