

Rotherham Road Medical Centre PMS

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Rotherham Road Medical Centre on 14 December 2015. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- 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.
- There was a clear leadership structure and staff felt supported by management.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider should make improvements are:

- Complete the business continuity plan.
- Have a plan in place to calibrate all medical equipment annually.
- Document regular checks on the emergency equipment such as the defibrillator and the oxygen.
- Secure cords on blinds in patient areas.
- Provide access to clinical appraisal for practice nurses.
- DBS checks (DBS checks identify whether a person has a criminal record or is on an official list of people

Summary of findings

barred from working in roles where they may have contact with children or adults who may be vulnerable) should be done prior to employment where necessary.

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

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, people received support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data showed most patient outcomes were average for the locality. Performance for diabetes related indicators was lower than the CCG average; the practice was aware of this and was already acting on ways to improve these figures. For example, the nurses saw patients opportunistically for a diabetes review if they had attended for other reasons. There were plans in place for extended hours nurse clinics to enable better access for working patients with long term conditions.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits to improve quality had been undertaken.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff. There was no formal clinical appraisal in place for the practice nurses although training was encouraged and fully supported.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the GP Patient Survey 2015 showed that patients rated the practice as lower than others for some aspects of

Good



Summary of findings

care. The survey represented 2% of the practice population. This did not reflect what patients told us on the day. We spoke with eight patients and five members of the patient participation group who all spoke highly of the care they received at the practice.

- All the patients we spoke with said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible. Displays were seen in the waiting areas giving information about various clinics and health advice.
- We observed staff treating patients with kindness and respect and confidentiality was maintained.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients we spoke with 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.
- Information about how to complain was available and easy to understand.
- There was an active patient participation group (PPG) which met on a regular basis and spoke with patients to gather information to feed back to the practice. The practice was in the process of buying computer tablets. These were to be used by the members of the PPG in the waiting room to carry out patient surveys and encourage patients to learn more about mobile technology.

At the request of patients from a recent survey carried out by the practice, higher chairs with arms on had been purchased by the practice and were made available in the waiting room.

Good



Are services well-led?

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

- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.

Good



Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular multidisciplinary staff meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care.
- The provider was aware of and complied with the requirements of the Duty of Candour. The practice manager encouraged a culture of openness and honesty. The practice had systems in place to manage notifiable safety incidents.
- The practice proactively sought feedback from staff and patients, which it acted on. There was an active patient participation group.
- There was a strong focus on continuous learning and improvement at all levels.

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 proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people and offered home visits and urgent appointments for those with enhanced needs.

All patients over the age of 75 years had an annual review which could be combined with a long term condition review.

Good



People with long term conditions

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

- Nursing staff had lead roles in long term condition management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was 71% which was below the CCG average of 84% and national average of 89%, the practice was aware of this and had looked at ways to improve these figures. For example, the nurses saw patients opportunistically for long term condition reviews if they had attended for other reasons. There were appointments available for extended hours nurse clinics to enable better access for working patients with long term conditions.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. Patients diagnosed with multiple long term conditions were treated holistically where possible and reviewed in one appointment.
- For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

The practice is 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 and who were at risk, for

Good



Summary of findings

example, children and young people who had a high number of accident and emergency attendances. Immunisation rates were relatively high for all standard childhood immunisations compared to CCG averages.

- Patients told us that children and young people were treated in an age appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the 2014/15 cervical screening programme was 84%, which was comparable to the CCG and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies with room for pushchairs, baby changing facilities and a private room available for breast feeding on request.

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 working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering a full range of health promotion and screening that reflects the needs for this age group.
- Following a request by the patient participation group, nurse clinics were held on two evenings a week to enable better access for working patients needing nurse appointments.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in circumstances that could make them vulnerable including homeless people, travellers and those with a learning disability.
- A GP had lead roles to manage and coordinate the reviews and care for people with learning disabilities.
- It offered longer appointments for people with a learning disability.
- The practice regularly worked with multidisciplinary teams in the case management of people whose circumstances could make them vulnerable.

Good



Summary of findings

- It had told patients whose circumstances could make them vulnerable about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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).

- Performance for mental health related indicators was 65% which was significantly lower than the CCG average of 82%, and national average of 92%. The practice was aware of these figures and had put measures in place to improve the care for this group of patients. For example, a GP had taken a lead role for ensuring patients with mental health problems were assessed annually.
- The practice had 15 patients with a confirmed diagnosis of dementia, a prevalence rate of 0.4%, which was comparable to the CCG and national average and were actively screening all patients who were at risk.
- The practice regularly worked with multidisciplinary teams in the case management of people experiencing poor mental health, including those living with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support people with mental health needs and those living with dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015 showed there were 364 survey forms distributed for Rotherham Road Medical Centre and 110 forms were returned. This is a response rate of 30% and represented 2% of the practice population. The results showed the practice was comparable to local and national averages. Results included:

- 90% found it easy to get through to this surgery by phone compared to a CCG average of 67% and a national average of 73%.
- 89% found the receptionists at this surgery helpful (CCG average 87%, national average 87%).
- 76% were able to get an appointment to see or speak to someone the last time they tried (CCG average 81%, national average 85%).
- 89% said the last appointment they got was convenient (CCG average 91%, national average 92%).
- 67% described their experience of making an appointment as good (CCG average 70%, national average 73%).
- 82% usually waited 15 minutes or less after their appointment time to be seen (CCG average 67%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received no comment cards. We spoke with eight patients on the day of the inspection and they were all mostly positive about the standard of care received. The majority were satisfied with the appointment system although two people commented that they had difficulties getting appointments at times. All the patients we spoke with described the staff as helpful and said the care and treatment they received met their needs.

Rotherham Road Medical Centre PMS

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 specialist advisor.

Background to Rotherham Road Medical Centre PMS

Rotherham Road Medical Centre is situated within a purpose built surgery in the centre of Barnsley. The building has a car park and disabled access.

The practice provides Primary Medical Services (PMS) for 4434 patients in the NHS Barnsley Clinical Commissioning Group (CCG) area.

There are three GP partners, two male and one female. They are supported by two female practice nurses, a practice manager and a team of administration and reception staff.

The practice opening hours and surgeries are 8am to 6.30pm Monday to Friday. The practice provides extended hours from 6.30pm to 7.30pm on a Tuesday and Wednesday. Longer appointments are available for those who need them and home visits and telephone consultations are available as required.

Out of hours services are accessed by calling the practice telephone number or NHS 111.

The practice is registered to provide the following regulated activities; maternity and midwifery services; surgical procedures, family planning, diagnostic and screening procedures and treatment of disease, disorder or injury.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the 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.

How we carried out this inspection

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 14 December 2015. During our visit we:

- Spoke with a range of staff including a GP, a nurse, the practice manager and reception staff.
- Spoke with eight patients who used the service and five members of the patient participation group (PPG).

Detailed findings

- Observed interactions between staff and patients and talked with carers and/or family members.

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 living with dementia).

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

Are services safe?

Our findings

Safe track record and learning

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

- 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 a thorough analysis of the significant events.
- Significant events and learning points were discussed at weekly clinical and practice meetings.

We reviewed safety records, incident reports national patient safety alerts 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, the practice worked closely with social services, community psychiatric services and a care agency to safely assess and safeguard a patient in a timely efficient way as a team effort.

When there were unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and adults 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 children and adults. Alerts were used on patient records to identify those with safeguarding needs. GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Records of the dates when reports were due from other agencies was maintained and

monitored to ensure that GPs had access to the most up to date information. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.

- A notice in the waiting room advised patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Check (DBS check).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There was not a named clinical lead in infection prevention and control; the practice nurse liaised with the local infection prevention teams to keep up to date with best practice and was developing this role. There was an infection control protocol in place and staff had received up to date training. Detailed annual infection control audits were undertaken and we saw evidence that action was taken to address any shortfalls identified as a result. There was a legionella risk assessment in place and cleaning schedules.
- 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 carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed two personnel files and found that most recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications and registration with the appropriate professional body. Some references were taken verbally and not documented and for the latest recruit, a member of nursing staff the appropriate checks through the Disclosure and Barring Service (DBS) had been requested after employment.
- There were unsecured cords for blinds in patient areas, the practice manager ordered cleats to secure these while we were in the building.

Monitoring risks to patients

Risks to patients were assessed and well managed.

Are services safe?

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and carried out checks of fire equipment. All electrical equipment was checked to ensure the equipment was safe to use, however clinical equipment had not been checked recently to ensure it was working properly. We were told by the practice manager that this was to be done in the next month; evidence was seen that this had been booked.
- 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, infection control and legionella.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a clear and well developed rota system in place for all the different staffing groups to ensure that enough staff were on duty.
- 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. There was also a first aid kit and accident book available. The oxygen and defibrillator were in working order but there were no documented checks, the practice manager told us that this would be acted upon straight away and we saw evidence of all checks being carried out.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the emergency medicines we checked were in date and fit for use.

Arrangements to deal with emergencies and major incidents

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

The practice told us they did have a comprehensive business continuity plan in place for major incidents such as power failure or building damage but due to problems with the computer system it could not be accessed and was in the process of being rewritten. They did not have a hard copy. Staff we spoke with could tell us how they would respond effectively during a major incident.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with 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 keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. GPs told us NICE guidelines were routinely checked for updates. Nursing staff were able to give evidence of recent guidelines and how these had been incorporated into protocols and practice in areas relating to asthma, blood pressure monitoring and contraceptive devices.
- The practice monitored that guidelines were followed through risk assessments and audits.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recently published results for 2014/15 showed the practice had achieved 86% of the total number of points available, with 7% exception reporting. Data from 2014/15 showed:

- Performance for diabetes related indicators was 71% which was lower than the CCG average of 84% and national average of 89%.
- The percentage of patients with hypertension having regular blood pressure tests was 83%, comparable with the CCG average of 79% and national average of 81%.
- Performance for mental health related indicators was 65% which was significantly lower than the CCG average of 82%, and national average of 92%.
- The practice was aware of these figures and had put measures in place to improve the care for this group of patients. For example, a GP and a nurse had taken a lead role for ensuring patients with mental health problems were assessed annually.

- There had been ongoing problems with the computer system for several months and data had not always been saved correctly. These problems were now resolved and more recent data showed improvements. There were appointments available from the following month for extended hours nurse clinics to enable better access for working patients with long term conditions.
- The practice had 15 patients with a confirmed diagnosis of dementia, a prevalence rate of 0.4%, which was comparable to the CCG and national average. The practice had a GP and nurses with lead roles for the management of long term conditions. These staff had specific time dedicated to this area.
- Nurse led clinics were held to review patients with long term conditions. Patients with multiple conditions were seen at one appointment to minimise the number of visits to the practice for the patient. Patient attendance for review was monitored closely by the administration team and reminders were provided to ensure attendance.
- Care plans were developed for the patients in the top five percent of those at most risk of unplanned hospital admission and were provided to patients. These care plans were reviewed every three months or following a patients' admission to hospital. Care plans included exacerbation plans for chronic obstructive pulmonary disease (COPD) flare-up, asthma management and diabetes plans. Patients were prescribed medicines to assist them to manage an exacerbation of their condition.
- Monthly multidisciplinary meetings were held to monitor and review these patients' needs. Meetings included a social worker, a district nurse, a palliative care nurse, a nurse from memory services and community matron as required by the patient's needs.
- All patients in care homes were part of the long term condition service.

All patients over the age of 75 years had an annual review. If appropriate this would be combined with a long term condition review.

The practice also had a GP with lead roles to manage and coordinate the reviews and care for people with learning

Are services effective?

(for example, treatment is effective)

disabilities. Patients were initially seen by the nurse for blood tests (if needed), and recording of physical health checks, this was followed by a review and examination by the GP as part of a single continuous appointment.

- The practice participated in applicable local audits, national benchmarking and accreditation.
- Findings were used by the practice to improve services, for example, antibiotic prescribing was closely monitored.

Effective staffing

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

- The practice had a long standing staff group for many years, however in the last year there had been a sudden high staff turnover that the practice was in the process of managing.
- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, training and updates were being provided for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- 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. This included ongoing support during sessions, appraisals and mentoring. Although there was no clinical supervision for the nurses, there was facilitation and support for the revalidation of doctors. Staff had had an appraisal within the last 12 months.
- Staff received regular training which included: safeguarding, basic life support and information governance awareness. They had not received recent training in fire safety; we were told by the practice manager that this was organised for early in 2016.

- The practice had clear staff rotas which were completed at least one month in advance. These highlighted where additional cover may be required and staff worked flexibly to provide cover.

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 and its intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example, when referring people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings and palliative care meetings took place on a monthly basis and that care plans were routinely reviewed and updated. A palliative care register was held and information relating to these patients was made available to out of hour's services.

Consent to care and treatment

Staff sought patients' consent to care and treatment 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 although they had not received recent training. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear, the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.

Are services effective?

(for example, treatment is effective)

- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

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

- These included patients with palliative care needs, 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.
- There were displays within the waiting rooms on various conditions and clinics.

The practice's uptake for the 2014/15 cervical screening programme was 84%, which was comparable to the national average of 82%. 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 bowel and breast cancer screening programmes.

Childhood immunisation rates for the vaccinations given were comparable to the CCG averages in 2014/15. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 100% and five year olds from 94% to 100%. Flu vaccination rates for 2013/14 for the over 65s were 75%, and at risk groups 55%. These were also comparable with the CCG average.

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-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 that members of staff were courteous and helpful to patients and treated people with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All reception staff had received customer service training.

Results from the national GP patient survey showed the practice was rated lower than other practices in the area for some aspects of care.

- 81% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 73% said the GP gave them enough time (CCG average 87%, national average 87%).
- 93% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%).
- 77% said the last GP they spoke to was good at treating them with care and concern (CCG average 85%, national average 85%).
- 81% said the last nurse they spoke to was good at treating them with care and concern (CCG average 91%, national average 90%).
- 89 % said they found the receptionists at the practice helpful (CCG average 87%, national average 87%).

All of the patients we spoke with were positive about the service experienced. They told us they felt the practice

offered a good service and staff were helpful, caring and treated them with dignity and respect. We were told that the staff responded compassionately when they needed help and provided support when required.

We also spoke with five members of the patient participation group. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Care planning and involvement in decisions about care and treatment

Results from the national GP patient survey rated the practice lower than others in questions about their involvement in planning and making decisions about their care and treatment. For example:

- 75% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 67% said the last GP they saw was good at involving them in decisions about their care (CCG average 81%, national average 81%).

Patients we spoke with told us that 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.

Staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

A display in the patient waiting room told patients how to access a number of support groups and organisations.

Alerts were used on records to identify patients who may require extra time and support to access services.

Written information was available in the practice to direct carers to the various avenues of support available to them.

Staff told us that if families had experienced bereavement, their usual GP contacted them and visited them.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- There were longer appointments available for people with a learning disability and for those who needed them.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, baby changing facilities and translation services available.
- All clinical rooms were on the ground floor with good access throughout.

Access to the service

The practice was open for calls and appointments between 8am and 6.30pm Monday to Friday. Later appointments were available from 6.30pm to 7.30pm on a Tuesday and Wednesday. In addition pre-bookable appointments that could be booked up to six weeks in advance and urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to or above local and national averages.

- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 75%.
- 90% of patients said they could get through easily to the surgery by phone (CCG average 67%, national average 73%).
- 67% patients described their experience of making an appointment as good (CCG average 71%, national average 73%).
- 82% patients said they usually waited 15 minutes or less after their appointment time (CCG average 69%, national average 65%).

People told us on the day that they were able to get appointments when they needed them.

We spoke with eight patients during the inspection. All said they could access routine and urgent appointments when they needed them.

The practice had worked together with the patient participation group (PPG) to look at access to the practice and any improvements that could be made. For example, the PPG spoke with patients and found that the seating was too low for some people, higher seating, with arms to assist standing had been purchased.

The PPG which met on a regular basis. The practice were in the process of buying computer tablets for members of the PPG to use in the waiting room to carry out patient surveys and encourage patients to learn more about mobile technology. This would assist patients to access NHS Choices and online services.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available in the practice to help patients understand the complaints system. The procedure was displayed and a leaflet was available. Information about the complaints procedure was not available on the practice website.

We looked at four complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way.

Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, following a single complaint about reception staff, all staff attended training on customer service and no further complaints had been received.

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 and staff knew and understood the values.
- The practice had a strategy which reflected the vision and values and were regularly monitored.
- The practice had identified where improvements were required to patient care, particularly in relation to mental health and diabetes and had implemented measures to enable these patients' needs to be met.

Governance arrangements

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

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and reviewed regularly and were available to all staff.
- A comprehensive understanding of the performance of the practice.
- A programme of continuous clinical and internal audit was in place to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

The practice prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The partners were aware of and complied with the requirements of the Duty of Candour. The practice manager encouraged a culture of openness and honesty. The practice had systems in place to manage notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.

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

- Staff told us that the practice held regular team meetings.
- 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 were confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the practice manager. 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.

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

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

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The practice had also gathered feedback from meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

Are services well-led?

Good 

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

The practice had a good understanding of the patient group and the challenges which may impact on the quality of the services provided. It continually monitored and reviewed the service provision through the use of statistical data, audits and internal and external feedback.